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Narrative Review

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SPIRITUAL HISTORY ASSESSMENT IN HEALTH PROFESSIONALS AND STUDENTS: A NARRATIVE LITERATURE REVIEW

Jan A. Santiago-Torres[*1] **Almarely L. Berríos-Negrón**[1] **& Orlando M. Pagán-Torres**[1]

[1]Ponce Health Sciences University, Ponce, Puerto Rico.

*Correo responsable de la correspondencia: jasantiago23@stu.psm.edu

RESUMEN

Objetivo. Esta revisión narrativa de literatura tuvo como objetivo explorar cómo se ha implementado el historial espiritual (HE) entre profesionales y estudiantes de psicología, medicina y enfermería, así como identificar barreras que dificultan su aplicación adecuada. **Método.** Para asegurar rigor metodológico, se establecieron criterios de elegibilidad específicos para la selección de artículos. Los estudios debían: (1) estar publicados en revistas profesionales revisadas por pares; (2) tener título y resumen en inglés; (3) enfocarse principalmente en HE entre profesionales o estudiantes de psicología, medicina o enfermería; (4) ser estudios empíricos con participación humana; y (5) estar publicados desde el año 2014 en adelante. La estrategia de búsqueda incluyó cinco bases de datos: PubMed, Google Scholar, PsychInfo, PsychArticles y Psychology and Behavioral Sciences Collection. Los artículos seleccionados fueron analizados por diseño, tamaño de muestra, instrumentos de recopilación de datos y enfoque analítico. **Resultados.** Se identificaron 16 estudios que cumplían con los criterios: 11 con profesionales y cinco con estudiantes. Los resultados resaltan la importancia del HE para cuidado integral. Barreras como falta de capacitación, limitaciones de tiempo e incomodidad para abordar el HE en entornos clínicos fueron identificadas. A pesar del reconocimiento del valor del HE, su implementación consistente es limitada. También se observó investigaciones limitadas dentro del campo de psicología, destacando la necesidad de investigar y promover la integración del HE en la formación y práctica psicológica. **Conclusiones.** Por tanto, se recomienda desarrollar intervenciones que integren la formación del HE tanto en el desarrollo profesional como en programas académicos en las ciencias de la salud.

Palabras clave: religión, espiritualidad, historial espiritual, cuidado espiritual, cuidado de la salud

ABSTRACT

Objective. This narrative literature review aimed to explore how spiritual history (SH) has been implemented among professionals and students in psychology, medicine, and nursing, as well as to identify barriers that hinder its adequate application. **Methods.** To ensure methodological rigor, specific eligibility criteria guided the selection of articles. Studies had to be (1) published in peer-reviewed professional journals; (2) have a title and abstract in English; (3) primarily focus on SH among health professionals or students in psychology, medicine, or nursing; (4) be empirical research studies involving human participants; and (5) published from 2014 onward. The search strategy included five databases: PubMed, Google Scholar, PsychInfo, PsychArticles, and the Psychology and Behavioral Sciences Collection. Selected articles were then analyzed for design, sample size, data collection tools, and analytical approach. **Results.** Sixteen studies that met the criteria were identified: 11 including professionals and five including students. Results highlight the importance of SH in providing holistic care. Barriers such as lack of training, time constraints, and discomfort in addressing SH in clinical settings were identified. However, despite the recognition of the value of SH, its consistent implementation was limited. We also noted limited research within the field of psychology, highlighting the need to investigate and promote the integration of HS into psychological training and practice. **Conclusions.** Thus, we recommend developing targeted interventions that integrate SH training into both professional development and academic programs among the health sciences.

Keywords: religion, spirituality, spiritual history, spiritual care, healthcare

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INTRODUCTION

Sensitivity and cultural competence in addressing religious and spiritual issues in clinical practice are essential components of ethical services designed to promote well-being (Richards & Bergin, 2014; Vieten & Lukoff, 2022; Vieten et al., 2013). Cultural sensitivity (CS) is defined as the ability to recognize and value the norms, beliefs, and values of a cultural, ethnic, racial, or other group (American Psychological Association [APA], 2017). Whereas cultural competence (CC) involves acquiring specific skills and knowledge about a culture, enabling effective collaboration with individuals from diverse cultural backgrounds in both professional and personal contexts (APA, 2017). Swithart et al. (2023) emphasize that CC includes the capacity to deliver healthcare services that address individuals' cultural, social, and religious needs. Thus, CS and CC serve as foundational pillars of human diversity within the healthcare context, encompassing a wide range of topics, including the intersection of religion/spirituality (R/S) and health (APA, 2017; Cobb et al., 2012; Leong et al., 2014).

The study of the impact of R/S on health has been a focus since the early development of psychology and health professions (Ferngren, 2012; Hood, 2024; Koenig et al., 2024; Main, 2008). However, Pargament et al. (2013) noted that the psychology of religion and spirituality (PRS) has historically been more research-oriented than practice-oriented, leading to a limited body of literature addressing the clinical implications of research findings. The emphasis on research in the field of PRS has been so significant that recently it was identified in a bibliometric analysis that studies published in specialized PRS journals had on average greater statistical power than studies published in major journals of social personality, clinical psychology, and sports psychology (Davis et al., 2024).

Pargament (2023) outlined the evolution of PRS over the past 50 years in three distinct stages, or "waves," reflecting the integration of theory, research, and practice. In the first wave, researchers sought to empirically determine whether a connection existed between R/S and individual functioning. This initial effort was constrained by a lack of methodologically robust studies, limiting the understanding of the relationship between R/S and health. The second wave marked a shift toward integrating major psychological theories into the study of R/S. During this stage, R/S began to be recognized as vital components of health and well-being. Notably, it was highlighted that the first experimental study on the effectiveness of religiously integrated psychotherapy was conducted during this period (Pargament, 2023; Propst, 1988). This wave also saw the development of new religiosity instruments, which enabled researchers to explore a broader range of religious experiences and expressions previously unexamined.

According to Pargament (2023), the field of psychology of PRS is currently in its third wave, which focuses on integrating R/S into psychological treatment. While this phase is relatively recent, the substantial and enduring progress made in incorporating R/S into therapeutic practices is highlighted (Pargament, 2023). Additionally, significant efforts have been taken to merge PRS with other social sciences and to translate empirical findings into clinical applications. This has been achieved through the development and implementation of psychological interventions specifically addressing aspects of R/S (Bouwhuis-Van Keulen et al., 2024; Captari et al., 2018; Captari et al., 2021; de-Abreu-Costa & Moreira-Almeida, 2022; Paloutzian & Park, 2013; Pagán-Torres, 2022; Richards et al., 2023; Sargeant & Yoxall, 2023).

Conversely, in recent years, researchers from various disciplines, including medicine, nursing, and chaplaincy, have increasingly focused on the clinical implications of R/S through the study and promotion of spiritual care (Koenig et al., 2024; Lucchetti et al., 2019). Spiritual care (SC) involves identifying and understanding a patient's spiritual needs and resources to develop an individualized treatment plan (Nissen et al., 2021). Numerous systematic reviews have highlighted the positive impact of SC on well-being and quality of life (Gijsberts et al., 2019; Zhang et al., 2024). As part of efforts to promote SC, Culliford (2007) noted that one key initiative has been the development of instruments to explore spiritual history (SH).

Koenig (2006) emphasized that the primary purpose of collecting SH is to understand how individuals manage their condition, the types of support systems available in their community, and the beliefs that may influence their mental health. According to Koenig et al. (2024), the exploration of SH involves a series of questions about

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patients' religious/spiritual backgrounds, religious/spiritual beliefs and practices, participation in religious communities, importance of R/S and its role in coping. Other questions may address religious experiences during upbringing, past positive and negative experiences with R/S, the impact of R/S on current symptoms, and the influence of R/S on the willingness to seek health services (Koenig et al., 2024).

Kao and Peteet (2021) highlight four key reasons for exploring SH in clinical practice: (1) to understand the patient as a whole person, (2) to establish a diagnosis and treatment plan, (3) to respect the patient's preferences, and (4) to directly benefit the patient. Thus, SH exploration aims to provide culturally sensitive services that align with individuals' values, beliefs, and preferences, promote SC, and identify their spiritual needs (Koenig, 2017a; Payman, 2016). Currently, the collection of SH in clinical settings is endorsed by the World Psychiatric Association and is a requirement for meeting the standards of the Joint Commission for the Accreditation of Healthcare Organizations in the United States (Koenig et al., 2024; Lucchetti et al., 2013; Moreira-Almeida et al., 2016).

Moreira-Almeida et al. (2014) systematically reviewed 985 articles, including empirical studies and reviews, on the assessment of R/S in clinical practice. The most consistent finding across the reviewed articles was the recognition of the need for SH in clinical settings and the importance of exploring it (Moreira-Almeida et al., 2014). Similarly, Blaber et al. (2015) emphasized that collecting SH is crucial for addressing the spiritual needs of patients, particularly in end-of-life care. In a more recent systematic review, Mosqueiro et al. (2023) identified 41 articles that underscored the necessity of gathering the SH as a strategy for delivering culturally sensitive healthcare services. Other reviews have further discussed the relevance of SC, particularly when assessing SH (Cosentino et al., 2020; Hodge, 2001; McEvoy et al., 2013; Puchalski et al., 2019).

However, despite the reviews conducted on the relevance of exploring and documenting SH, we did not identify any studies that examined the implementation of SH among health professionals and/or students. Therefore, our goal was to conduct a narrative literature review to explore the implementation of SH among health professionals and students in the fields of psychology, medicine and nursing. Our aims were to [1] explore how SH is currently implemented by health professionals and students and [2] to identify possible barriers that may impede proper SH implementation.

METHODS

A narrative literature review was conducted. Narrative reviews are characterized by summarizing and synthesizing the available literature on a particular topic in a non-systematic manner (Paré & Kitsiou, 2017). This type of review can also be very useful for grouping published findings to provide readers with a synthesized and relevant background on a study topic. It aims to summarize, analyze, and interpret the literature in a way that builds a narrative around the topic. Unlike systematic reviews, narrative reviews are more flexible and less structured, allowing for a broader scope and a more interpretive approach (Sukhera, 2022). The research questions guiding this review were: "How has SH been implemented in professionals and students in the fields of psychology, medicine, and nursing?" and "What barriers impact SH intake in these settings?".

The articles included in this review were carefully assessed to ensure they met the eligibility criteria presented subsequently. The research team carried out a preliminary evaluation to emphasize the methodological quality of the selected articles. Aspects such as the study design, sample size, data collection tools, and the type of analysis used were revised. The evaluation process was intended to ensure that the findings in the selected articles were reliable, valid, and aligned with the objectives of the review. Thus, we ensured the information presented in this review came from research with sufficient methodological rigor to increase the validity of our findings.

Eligibility criteria

For this review, five eligibility criteria were established. First, the articles had to be published in peer-reviewed professional journals. Second, they must have had a title and abstract in English. Third, the articles needed to primarily focus on SH among health professionals and students in the field of psychology, medicine and nursing. Fourth, they had to be research studies (quantitative, qualitative, or mixed methods) involving

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participants. Therefore, theoretical research (e.g., narrative, systematic, critical reviews) and studies using clinical samples were excluded. Finally, we included articles published from 2014 onward. This time frame was selected based on the review by Lucchetti et al. (2013), which highlighted that most SH instruments were developed between 1979 and 2010. Additionally, we aimed to focus on more recent and methodologically robust studies. We also excluded articles that discussed the relevance of SC but did not specifically address the importance of taking SH as the principal focus.

Information sources, research strategy and selection process

The article search was conducted across the databases PubMed, Google Scholar, PsychInfo, PsychArticles, and the Psychology and Behavioral Sciences Collection. These databases were selected to expand the scope of the search by including journals from various health professions, rather than focusing solely on psychology databases. Specifically, we used three psychology databases (PsychInfo, PsychArticles, Psychology and Behavioral Sciences Collection) and two databases that index journals from other health disciplines (PubMed and Google Scholar). The following keywords were used in the search across these databases: (1) Spiritual History, (2) Spiritual History Assessment, (3) Religious History, (4) Religious History Assessment, and (5) Spiritual Care.

For the article selection process, the research team first reviewed the titles to identify articles containing at least one term related to "Spiritual History," "Spiritual Assessment," "Religious History," "Spiritual Needs," "Spiritual Care," or an SH instrument, along with references to health professionals or students. Articles that met this initial criterion proceeded to a second review, where the abstracts were examined to determine if they met all eligibility criteria. Articles that did not meet the criteria were excluded. The remaining articles were then organized into a table summarizing key information, including authors, publication year, title, study design, participants, and results. After the table was compiled, the research team conducted a final review to confirm that all articles met the eligibility criteria.

RESULTS

After reviewing the eligibility criteria, a total of 16 articles were selected. Of these, 11 focused on the integration of SH among health professionals and five studies on students respectively. The findings will be presented and discussed by population group: first, the studies involving health professionals, followed by those involving students. Each section will include a summary of key findings, methodological approaches, and identified barriers to the implementation of SH in each context.

Studies about SH in health professionals

Among the studies involving health professionals such as psychologists, doctors, nurses, or physician assistants, the majority were quantitative (six studies), with three using mixed methods and two using qualitative methods. Sample sizes ranged from 11 to 737 participants. The results of these studies consistently indicate that while most healthcare providers recognized the importance of SH, they did not routinely explore it in practice. Additionally, the provision of SC, often involving the encouragement or affirmation of patients' beliefs, was the most common form of support offered. Moreover, a consistent finding in our review was that only one study included psychologists as participants (Paal et al., 2017). Training programs were shown to improve healthcare providers' ability and willingness to incorporate SH into patient care, although actual changes in practice were less consistent. Common barriers included time constraints and the perceived relevance of spiritual assessments in clinical settings (see Table 1).

Studies about SH in students

Among the studies involving students, four were quantitative and one was qualitative. Sample sizes ranged from 14 to 260 participants. The results revealed that students often experience increased comfort and a positive shift in their attitude towards taking SH after receiving training. However, a significant gap in training was noted, with many students lacking sufficient education in SC, which hindered their ability to incorporate SH into their practice. While some students reported changes in their attitudes and behaviors regarding spirituality in medicine, the impact of these interventions varied, highlighting the need for more follow-up and practical experience to ensure students feel fully prepared to address

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spiritual needs in their future clinical roles (see Table 2).

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Table 1

Studies about SH in healthcare professionals

Author (year)	Title	Design	Participants	Results
Epstein-Peterson et al. (2015)	Examining forms of spiritual care provided in the advanced cancer setting	Quantitative: cross-sectional	339 oncology nurses and doctors	Spiritual care is provided infrequently, with the most common type being encouraging or affirming beliefs (20%). SH and referrals to chaplaincy represented 10% and 16%, respectively.
Vermandere et al. (2015)	The Ars Moriendi Model for spiritual assessment: A mixed-methods evaluation	Mixed method: explanatory sequential design	17 nurses and 4 family doctors in the quantitative phase, and 19 nurses and 5 family doctors in the qualitative phase	The model was perceived as important. Many patients shared their wishes and expectations regarding the end of life. Most professionals reported feeling that the patient-provider relationship had been strengthened as a result of the spiritual assessment.
Vermandere et al. (2016)	Spiritual history taking in palliative home care: A cluster randomized controlled trial	Quantitative: randomized clinical trial	245 healthcare providers (204 nurses and 41 doctors)	The study showed no demonstrable effect of SH taking on patient scores for spiritual well-being, quality of life, health-care relationship trust, or pain.
Koenig et al. (2017a)	The spiritual history in outpatient practice: Attitudes and practices of health professionals in the Adventist Health System	Quantitative: cross-sectional	513 doctors or mid-level practitioners and 224 nurses/staff	Among doctors, 45% agreed that healthcare professionals should take the SH; 56% of mid-level professionals agreed; and 54% of nurses/staff agreed. However, few (11-17%) currently take an SH, although the majority were willing to take an SH.
Koenig et al. (2017b)	Effects of a 12-month educational intervention on clinicians' attitudes/practices regarding the screening spiritual history	Quantitative: single group experimental study	427 doctors and 93 mid-level practitioners	The belief that doctors should take the SH did not change significantly over time. However, those who took the SH frequently/always increased from 16.7% at the start to 34.8% at the 12-month follow-up, and the perceived acceptance/appreciation by patients increased from 72.1% to 80.5%.
Paal et al. (2017)	Expert discussion on taking a spiritual history	Qualitative: hermeneutical circle	Ten discussants representing psychologists, theologians, physicians, nurses, and researchers from the field of palliative care.	The quality of SH taking will remain poor unless the health-care professionals revise the meaning of spirituality and the art of caring on individual level.

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Author (year)	Title	Design	Participants	Results
Rombola (2019)	Australian doctors' perspectives on spiritual history-taking skills	Quantitative: cross-sectional	147 doctors	Most doctors (91%) acknowledged that spiritual care played some role in holistic medical care. Spirituality was included in medical consultations at least occasionally by 47% of doctors.
Kunsmann-Leutiger et al. (2021)	Training general practitioners and medical assistants within the framework of HoPES3, a holistic care program for elderly patients to integrate spiritual needs, social activity, and self-care into disease management in primary care	Quantitative: experimental	16 general practitioners and 18 physician assistants	All participants expressed high satisfaction with the training. 85% of doctors reported an increased ability to address patients' spiritual needs. Around 88% of physician assistants were satisfied with the training but expressed difficulties in integrating the theoretical knowledge into their daily professional routine.
Whitehead et al. (2022)	Discussing spiritual health in primary care and the HOPE tool: A mixed methods survey of GP views	Mixed method: explanatory sequential design	177 general practitioners in England	49.71% of participants reported feeling comfortable asking patients about spiritual health. 65% of participants found the use of the HOPE tool with patients acceptable, although its limitations were acknowledged. Qualitative data showed concerns about significant barriers to discussions, especially in cases where there was a discrepancy between the patient's and the doctor's backgrounds.
Huperz et al. (2023)	Experiences of German health care professionals with spiritual history taking in primary care: A mixed methods process evaluation of the HoPES3 intervention	Mixed method	11 German general practitioners and 12 physician assistants in the qualitative phase, 14 general practitioners in the quantitative phase	Doctors considered the SH very useful for the patient in 27% of cases and somewhat stressful in 2% of cases. The interviews indicated that doctors found it easier than expected to discuss the SH.
Bovero et al. (2024)	Spiritual issues, beliefs, needs, and resources in palliative healthcare providers: An Italian qualitative study	Qualitative: phenomenological	48 healthcare professionals who work in palliative care units	The findings underscore how spirituality is perceived as more relational than transcendent, potentially fostering connections between the self, patients, and colleagues, thereby enhancing resilience.

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Table 2

Studies about SH in students from healthcare professions

Author (year)	Title	Design	Participants	Results
Gonçalves et al. (2016)	Learning from listening: Helping healthcare students to understand spiritual assessment in clinical practice	Quantitative: cross-sectional	50 health students	60% of the students felt more comfortable taking the SH, 85% believed that patients liked the approach, and 72% believed that more benefits could be obtained with follow-up. When students felt more comfortable, they tended to believe that patients: liked the approach, felt better, and were more motivated.
Williams et al. (2016)	Clinical nursing education: Using the FICA spiritual history tool to assess patients' spirituality	Quantitative: pre-experimental design with one group	31 nursing students	Changes, although not statistically significant, were revealed in students' spirituality, religiosity, and the provision of spiritual care.
Atkinson et al. (2018)	Teaching third-year medical students to address patients' spiritual needs in the surgery/anesthesiology clerkship	Quantitative: single group experimental study	165 medical students	105 students (64%) provided long-term feedback and indicated that spirituality training impacted their attitudes towards the role of religion/spirituality in medicine and their behaviors with patients.
So et al. (2023)	Teaching spirituality to Canadian medical students: Students' perceptions of a spiritual history taking clinical skills session	Qualitative: phenomenological	14 medical students	Focus groups and post-session interviews demonstrated students' perceptions of increased comfort, knowledge, and awareness when discussing spirituality with patients.
Wenham et al. (2024)	An online survey of Australian medical students' perspectives on spiritual history taking and spiritual care	Quantitative: cross-sectional	260 medical students	One in nine students had witnessed the taking of a SH. One of ten students had had the opportunity to do so. Two-thirds of the students did not recall receiving any training in spiritual care. Final-year medical students recognize that spiritual care deserves a place in the modern and comprehensive medical school curriculum.

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DISCUSSION

This discussion synthesizes the findings to examine their implications for both the practice and education of SC and SH among health professionals and students. The review identified 16 studies in total, 11 involving health professionals and five focusing on students in health-related fields. The majority of these studies employed quantitative methodologies, with a smaller number utilizing qualitative or mixed-methods approaches. While the use of quantitative designs contributes to scientific rigor, it also represents a limitation, as there is growing recognition that qualitative methods may be better suited for exploring spiritual assessment, given their capacity to capture depth, context, and individual experience (McSherry et al., 2019). This methodological trend reflects a broader pattern in R/S and health research, where empirical measurement often takes precedence over clinical applicability and the nuanced perspectives of patients and providers.

The reviewed studies underscore a growing recognition of the importance of incorporating SC into clinical practice through the appropriate use of SH intake. This reflects the increasing emphasis in recent years on integrating R/S into healthcare settings (Koenig et al., 2024; Lucchetti et al., 2019). Additionally, the focus on cultural sensitivity and competence when addressing R/S issues aligns with both the implementation strategies and the barriers to SH intake identified across the reviewed literature. On the other hand, most studies were concentrated within the disciplines of medicine and nursing, with only one study focused on the field of psychology. This suggests a notable disparity in the integration of SC within psychology compared to other health disciplines. Prior research has emphasized the urgent need to incorporate R/S into psychological training (Lukoff et al., 2013; Vieten & Lukoff, 2022). Therefore, there is a clear need to develop and implement strategies and techniques that support the use of SH within psychological education and practice.

An important limitation identified is that none of the studies were conducted in Latino/Hispanic countries. This gap suggests that scientific efforts to integrate R/S into holistic health services for Spanish-speaking populations remain underrepresented. A possible explanation for this finding is that research on R/S and health in Latin America is less prevalent compared to Anglo-Saxon countries (Lucchetti et al., 2014). For example, Davis et al., (2024) found in their bibliometric review that 80% of studies were conducted in North America and Europe, while 15% of the revised studies were conducted in the Global South (Africa, South America, Oceania, or Asia).

Furthermore, our review found that although healthcare professionals and students recognize the importance of integrating SH into clinical practice, its implementation remains inconsistent. This discrepancy highlights a gap between the acknowledgment of SH's value and its actual application in practice. However, among students in health professions, the integration of SH into educational programs yielded positive outcomes. This included increased comfort and more favorable attitudes toward conducting SH assessments. One of the central themes that emerged in our review was instruction on how to conduct an SH. However, significant gaps in training persist. Many students reported inadequate preparation in SC, which not only hinders their ability to conduct SH effectively but also compromises their readiness to meet patients' spiritual needs in future clinical practice. This is consistent with the findings of a recent systematic review conducted by Crozier et al. (2022). The authors examined articles published from 1926 to 2020 on courses teaching spirituality to medical students. The review found a limited number of studies describing specific courses on spirituality in U.S. medical schools.

We also note the limited involvement of mental health professionals in research related to SH intake for effective SC. Only one study included mental health professionals, with psychologists as participants, and this discrepancy in representation was acknowledged (Paal et al., 2017). Additionally, we found a review by Lucchetti et al. (2013) where different SH intake instruments were identified, however none were developed by psychologists or published in psychology journals. Although a more recent instrument, the Spiritual Attachment History, was designed within a psychotherapy context (Dansby et al., 2017), it lacked participant-based research and was limited to two case study examples. In addition, we identified the instrument SSOPP developed by a psychologist (Lukoff, 2014) but we could not find evidence of its

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implementation among health professionals and/or students. These gaps underscore the critical need to promote the SH intake specifically within the mental health field, which represents a key direction for future works (Vieten & Lukoff, 2022).

Findings from this narrative review reveal that, although the importance of SH is widely recognized in the literature, its consistent application in clinical settings remains limited. Barriers such as time constraints and uncertainty about its clinical relevance continue to hinder its use in practice. These challenges point to the need for targeted interventions, particularly the integration of SH training into both health professional development programs and the curricula of health profession students. This aligns with existing literature emphasizing the critical role of SH in delivering culturally sensitive and holistic care. Koenig et al. (2006) stress that understanding a patient's spiritual background is essential to comprehensive treatment, and numerous studies have supported the integration of religious and spiritual worldviews into clinical practice (Josephson & Peteet, 2004; Richards et al., 2023), underscoring the value of SH in contemporary healthcare.

In our review, we identified that Oxhandler et al. (2024) highlighted potentially harmful approaches in integrating R/S into treatment. These include a lack of openness to clients' R/S practices, imposing personal religious beliefs, therapist bias against or avoidance of R/S, and failing to address or integrate R/S in treatment. Such practices underscore the critical need to foster the development of spiritual and religious competencies—encompassing attitudes, knowledge, and skills—in healthcare professionals (Swihart et al., 2023; Richards & Bergin, 2014; Vieten et al., 2013; Vieten & Lukoff, 2022; Vieten & Scammell, 2015). Therefore, incorporating teaching and training focused on the importance of SH taking across various health professions and educational programs is essential to ensure proper SH intake and promote effective SC.

A notable finding in this review was the limited use of SH among health professionals. This can be understood through the lens of the Transtheoretical Model proposed by Prochaska and DiClemente (1983), which suggests that without institutional support and a clearly defined strategy for SH implementation, the use of SH may remain in the contemplation stage due to a lack of training or uncertainty about how to apply it in practice. Additionally, limited SH implementation may reflect broader resistance to change and the absence of structured training programs (Lukoff et al., 2013). In contrast, the fields of medicine and nursing have adopted SH more formally, which highlights a disparity with psychology. This difference may stem from psychology's lack of a shared framework for integrating spirituality into therapeutic practice (Crozier et al., 2022). Therefore, it is essential for institutions, educators, and clinicians to apply theoretical models such as the Transtheoretical Model to assess and enhance their readiness for change. Doing so can support the meaningful integration of SH into healthcare practices.

We also desire to draw attention to potentially harmful practices associated with the integration of SH into treatment and clinical practice. These include a lack of openness to clients' R/S beliefs, the imposition of personal religious views, therapist bias or avoidance of R/S topics, and the failure to appropriately address or integrate R/S into clinical care (Currier et al., 2023). Such practices highlight the urgent need to cultivate spiritual and religious competencies among health professionals and students (Swihart et al., 2023; Richards & Bergin, 2014; Vieten et al., 2013; Vieten & Lukoff, 2022; Vieten & Scammell, 2015). Therefore, it is essential to incorporate focused education and training on the importance of conducting SH assessments across health professions and academic programs, to ensure competent SH intake and promote effective SC.

Limitations

This review presents some limitations inherent to its design. First, a narrative literature review represents a high potential of selection bias. It also limits the generalizability of findings. In addition, despite using this approach to synthesize recurring themes in each discipline, the lack of a systematic structure can impact the replication and objectivity of these findings. On the other hand, the subjective interpretation by the authors can impact the generalization of the findings of this review. Recognizing the limitations of the narrative literature review is essential for

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contextualizing the scope and implications of the results in this study.

CONCLUSION

We conclude that the integration of SH into clinical practice and education remains a critical yet underdeveloped area within different health professions. The examination of SH in health professionals and students has been most notably studied in medicine and nursing fields. Thus, the findings from the reviewed studies highlight both the potential and the challenges of incorporating R/S into healthcare, emphasizing the need for continued efforts to bridge the gap between research and practice. By addressing the barriers to SH integration, both professionals and students can be better equipped to offer culturally sensitive and holistic care that acknowledges the spiritual dimensions of health.

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