Little is known about spiritual care experiences of Iranian nursing students. This qualitative study aimed to provide greater insight into how nursing students experience spiritual care. Using descriptive, exploratory qualitative approach researchers concurrently collected and thematically analyzed data from interviewing 18 Iranian nursing students (BS course) enrolled at the Universities of Iran. A semistructured interview with each student provided data on their spiritual care experiences. Data were analyzed using constant comparative analysis techniques. Thematic categories were constructed based on religious beliefs, nursing spiritual care, and the cultural aspects of spiritual care. The results of this study demonstrated that nursing students in Iran had experiences related to spiritual care, and there were cultural barriers prohibiting their actions, which resulted in trying some spiritual interventions from others or addressing spiritual needs or not. Students wanted to recognize their patients’ spiritual needs, but providing such care was difficult.

**KEY WORDS**
cultural beliefs of care, nursing students’ spiritual care, spiritual care

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In recent years, there has been a growing interest in the spiritual dimension of healthcare. Nursing theorists in late 1970s to 1980s began to emphasize the importance of holistic and spiritual care. The World Health Organization defined health composed of four domains for human well-being: (1) physical, (2) mental, (3) social, and (4) spiritual. According to WHO, spiritual health is at the core of determining if a person is living a meaningful life. With this recommendation, provisions in nursing curriculum all over the world were made to include spiritual care. Nurse leaders such as Henderson (1961), Travel-bee (1971), Macrae (1995), and Neumann (1995) believed that nurses are the best witnesses of how spiritual care can improve patients’ health and overcome disease. Therefore, offering spiritual care is a fundamental part of the nursing role, and nurses have a significant influence on the patients’ spiritual well-being.

While most studies agree that providing spiritual care is a necessary part of nursing care, there seem to be some challenges in delivery of optimal spiritual care. Sheldon believed that although spiritual care is difficult for some nurses, it is an important part of care and not to be ignored. One assumption is that many nurses are unprepared for providing spiritual care and often neglect this aspect of the patient care. Others have discussed the complexity of finding definitions for spirituality and spiritual care and increasing nurses’ understanding and practices of spiritual care. Some studies have reported that when students are clinicians engaged in spiritual care, they gain experience for spiritual care in practice. Nursing textbooks have insufficient information or clear direction for teaching and learning spiritual care concepts. While nursing is strongly a caring profession, little is known about how to teach spiritual care to students. Bradshaw believed that spiritual learning is “caught rather than taught,” and students learn by observing their teacher’s behavior. Some of the nursing graduates have reported that their perception of spirituality came from personal experiences, family beliefs, and the teacher’s behavior.

Although it is sometimes difficult for nurses to incorporate a spiritual assessment and interventions into their