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Roles and collaboration of nurses and chaplains in spiritual care: A scoping review

Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

Abstract

Background: Spiritual care is an essential component of holistic healthcare, with equal importance to physical, psychological, and social care. Nurses have the primary responsibility for assessing and addressing patients' spiritual needs, while chaplains or spiritual care providers serve as professional partners who complement spiritual care services, particularly for patients in critical, palliative, and end-of-life settings. However, the implementation of collaborative spiritual care between nurses and chaplains continues to face various challenges.
Purpose: This scoping review aimed to map the existing evidence on the roles of nurses and chaplains in providing spiritual care, identify key concepts related to spiritual care competencies, interprofessional collaboration, and barriers to implementation, and explore evidence gaps in the literature, particularly within Indonesia and other Muslim-majority countries.
Method: A scoping review was conducted following the Arksey and O'Malley framework, as refined by the Joanna Briggs Institute (JBI). Literature searches were performed in PubMed, CINAHL, Scopus, Google Scholar, and Garuda Portal for studies published between 2021 and 2025. The article selection process followed the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines, resulting in 40 studies that met the inclusion criteria.
Results: Three major themes emerged from the synthesis: (1) the roles of nurses, including spiritual assessment, spiritual interventions, patient advocacy, and documentation; (2) the roles of chaplains or spiritual care providers, including spiritual counseling, end-of-life support, mediation among patients, families, and healthcare teams, and education for healthcare professionals; and (3) interprofessional collaboration, demonstrating that integrated spiritual care models contribute to improved patient satisfaction, enhanced quality of care, and reduced spiritual distress.
Conclusions: Nurses and chaplains play complementary and indispensable roles in addressing patients' spiritual needs. Strengthening nurses' spiritual care competencies, standardizing chaplain competencies within hospital settings, and developing integrated interprofessional collaboration models are essential strategies for improving the quality of patient-centered spiritual care.

Keywords: Chaplains; Holistic Nursing; Interprofessional Collaboration; Nurses' Roles; Scoping Review; Spiritual Care.

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INTRODUCTION

Spirituality is increasingly recognized as a fundamental dimension of holistic healthcare, encompassing the search for meaning, purpose, hope, connectedness, and transcendence, particularly during illness and suffering. Patients experiencing chronic, life-threatening, critical, or terminal illnesses frequently encounter spiritual concerns that influence their psychological well-being, coping mechanisms, decision-making, and overall quality of life. These concerns often involve questions regarding the meaning of illness, personal values, hope, forgiveness, relationships with others, and connection with God or a transcendent reality. Consequently, spiritual care has become an essential component of person-centered healthcare rather than an optional or complementary aspect of clinical practice (Balboni, VanderWeele, Doan-Soares, Long, Ferrell, Fitchett, & Koh, 2022; Koenig, 2023; Puchalski, 2025).

Growing evidence demonstrates that addressing patients' spiritual needs contributes to improved health outcomes. Spiritual care has been associated with reduced anxiety, depression, and spiritual distress, enhanced coping ability, greater treatment adherence, improved quality of life, and increased patient and family satisfaction. Conversely, unmet spiritual needs may exacerbate emotional suffering, decrease trust in healthcare providers, impair treatment adherence, and negatively affect patients' overall healthcare experiences. These findings reinforce the recognition of spirituality as an integral dimension of health that should be incorporated into comprehensive healthcare delivery alongside physical, psychological, and social care (Koenig, 2023; Murgia, Notarnicola, Caruso, De Maria, Rocco, & Stievano, 2022).

Among healthcare professionals, nurses occupy a unique position in providing spiritual care because they maintain continuous and close interactions with patients throughout the healthcare journey. Their sustained presence enables them to identify spiritual concerns, assess patients' spiritual needs, provide therapeutic support, facilitate communication with families, and coordinate referrals to appropriate spiritual care providers when necessary. Contemporary nursing standards increasingly recognize spiritual assessment and intervention as integral components of holistic nursing practice, requiring nurses to possess adequate knowledge, communication skills, cultural sensitivity, and professional competence in spiritual care (Khasha & Permana, 2021; Husna & Betty, 2023).

Although nurses play a central role in recognizing and responding to spiritual needs, comprehensive spiritual care cannot be delivered effectively by nurses alone. Chaplains or spiritual care providers possess specialized competencies in spiritual counseling, religious rituals, ethical consultation, grief support, and end-of-life care. Their expertise complements nursing care, particularly in complex situations involving existential distress, serious illness, palliative care, and end-of-life decision-making. Increasingly, healthcare organizations advocate collaborative spiritual care models in which nurses and chaplains work together to ensure that patients receive comprehensive, culturally appropriate, and individualized spiritual support (Kirchoff, Tata, McHugh, Kingsley, Burton, Manning, Lapid, & Chaudhary, 2021; Handzo, Buhuro, Kidd, Saks, & Ferrell, 2023).

Recent studies have demonstrated the clinical value of collaborative spiritual care. Integrated spiritual care involving multidisciplinary teams has been associated with improvements in patients' spiritual well-being, quality of life, emotional adjustment, family satisfaction, and overall quality of healthcare. Furthermore, collaboration between nurses and chaplains facilitates timely identification of spiritual distress, more appropriate referrals, and continuity of spiritual support across different stages of illness. These findings indicate that effective spiritual care depends not only on individual professional competence but also on well-coordinated interprofessional collaboration (Kirchoff et al., 2021; Puchalski, 2025).

Despite increasing recognition of spiritual care in healthcare, several important knowledge gaps remain. First, much of the existing literature has examined the roles of nurses and chaplains independently, providing limited understanding of how these professionals collaborate to deliver integrated spiritual care. Consequently, the characteristics of effective interprofessional collaboration, including shared responsibilities, communication pathways, referral mechanisms, and collaborative decision-making, remain insufficiently described. Second,

Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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although several professional organizations have emphasized the importance of collaborative spiritual care, there is still limited evidence regarding standardized competency frameworks that define complementary roles and responsibilities for nurses and chaplains across different healthcare settings. Third, barriers to implementing collaborative spiritual care—including limited education, role ambiguity, organizational constraints, workload, and cultural differences—have not been comprehensively synthesized. Finally, evidence from Indonesia and other Muslim-majority countries remains relatively scarce despite the strong influence of religious beliefs and cultural values on healthcare practices and patients' spiritual needs. These contextual differences may affect the implementation of spiritual care and therefore require further investigation.

A preliminary search of PubMed, Scopus, CINAHL, Google Scholar, and Garuda Portal identified several systematic reviews and narrative reviews addressing nurses' spiritual care competencies, chaplains' roles in healthcare, or the effectiveness of spiritual care interventions among specific patient populations. However, no previous scoping review was identified that comprehensively maps the roles of nurses and chaplains, their competencies, patterns of interprofessional collaboration, implementation barriers, and existing evidence gaps across diverse healthcare settings, particularly within Indonesia and other Muslim-majority countries. Furthermore, the available literature is characterized by considerable heterogeneity in study design, healthcare settings, patient populations, and cultural contexts, making it difficult to obtain a comprehensive overview of current evidence.

Given these knowledge gaps, a scoping review is the most appropriate methodological approach because it enables comprehensive mapping of the available evidence, identification of key concepts, characterization of existing research, and recognition of areas requiring further investigation. Following the methodological framework developed by Arksey and O'Malley and subsequently refined by the Joanna Briggs Institute, this review provides a broad synthesis of the current evidence without restricting inclusion to specific study designs. Such an approach is particularly suitable for complex topics involving multidisciplinary practice and evolving conceptual frameworks (Peters, Marnie, Tricco, Pollock, Munn, Alexander, McInerney, Godfrey, & Khalil, 2020).

Therefore, this scoping review aims to map the available evidence regarding the roles of nurses and chaplains in delivering spiritual care, identify key concepts related to professional competencies, interprofessional collaboration, and implementation barriers, and explore existing evidence gaps to inform future research, education, clinical practice, and health policy. By synthesizing the current literature, this review seeks to support the development of collaborative spiritual care models that strengthen holistic, patient-centered healthcare across diverse cultural and healthcare contexts.

RESEARCH METHOD

This study employed a scoping review methodology following the framework proposed by Arksey and O'Malley and subsequently refined by the Joanna Briggs Institute (JBI). The review was conducted and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). A scoping review was considered the most appropriate approach because the objective of this study was to comprehensively map the existing evidence, identify key concepts, describe patterns of evidence, and highlight research gaps regarding the roles of nurses and chaplains in providing spiritual care across healthcare settings.

Eligibility criteria were developed using the Population–Concept–Context (PCC) framework recommended by the Joanna Briggs Institute. Population; Clinical nurses, chaplains or other spiritual care providers, and patients receiving spiritual care services. Concept; Roles, competencies, spiritual care interventions, interprofessional collaboration, implementation barriers, and integrated models of spiritual care involving nurses and chaplains. Context; All healthcare settings, including hospitals, intensive care units, palliative care services, hospices, long-term care facilities, and community healthcare services.

Studies were eligible if they: were published between January 2021 and December 2025; investigated spiritual care involving nurses, chaplains, or spiritual care providers; addressed professional roles, competencies, collaboration, or implementation of spiritual care; were written in English or Indonesian;

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Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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and were available in full text. Quantitative, qualitative, mixed-methods, instrument development, implementation, and evidence synthesis studies were considered eligible.

Studies were excluded if they were editorials, commentaries, letters, conference abstracts without full reports, opinion papers, or articles that did not specifically address nurses' or chaplains' roles in spiritual care.

A comprehensive literature search was conducted in PubMed/MEDLINE, Scopus, CINAHL, Google Scholar, and the Garuda Portal. The search covered publications from January 2021 to December 2025.

Search terms were developed using the PCC framework and adapted for each database. Controlled vocabulary (Medical Subject Headings [MeSH]) and free-text keywords were combined using Boolean operators (AND, OR). The principal search terms included *spiritual care*, *spiritual needs*, *nurse*, *nursing intervention*, *chaplain*, *chaplaincy*, *spiritual care provider*, *chaplain*, *interprofessional collaboration*, *holistic nursing*, *spiritual assessment*, *spiritual distress*, *palliative care*, and *end-of-life care*.

All retrieved references were imported into Mendeley reference management software, where duplicate records were removed. Two reviewers independently screened titles and abstracts against the eligibility criteria. Full-text articles were subsequently assessed to determine final eligibility. Disagreements were resolved through discussion until consensus was achieved. The study selection process was documented using a PRISMA-ScR flow diagram.

Data were extracted using a standardized charting form developed according to the JBI guidance. The extracted information included author, publication year, country, study design, study setting, participant characteristics, objectives, findings related to nurses' roles, findings related to chaplains' roles, models of interprofessional collaboration, implementation barriers, and authors' recommendations.

Extracted data were synthesized using thematic analysis. The analysis involved familiarization with the included studies, coding of relevant findings, categorization of similar concepts, development of overarching themes, and refinement of themes to ensure consistency across the evidence. Findings were subsequently integrated through narrative synthesis to describe the roles of nurses and chaplains, patterns of collaboration, implementation barriers, and existing knowledge gaps.

Consistent with the methodological guidance for scoping reviews, formal methodological quality appraisal was not used as a criterion for study exclusion because the primary purpose of this review was to map the breadth and characteristics of the available evidence rather than to determine the effectiveness of interventions.

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RESEARCH RESULTS

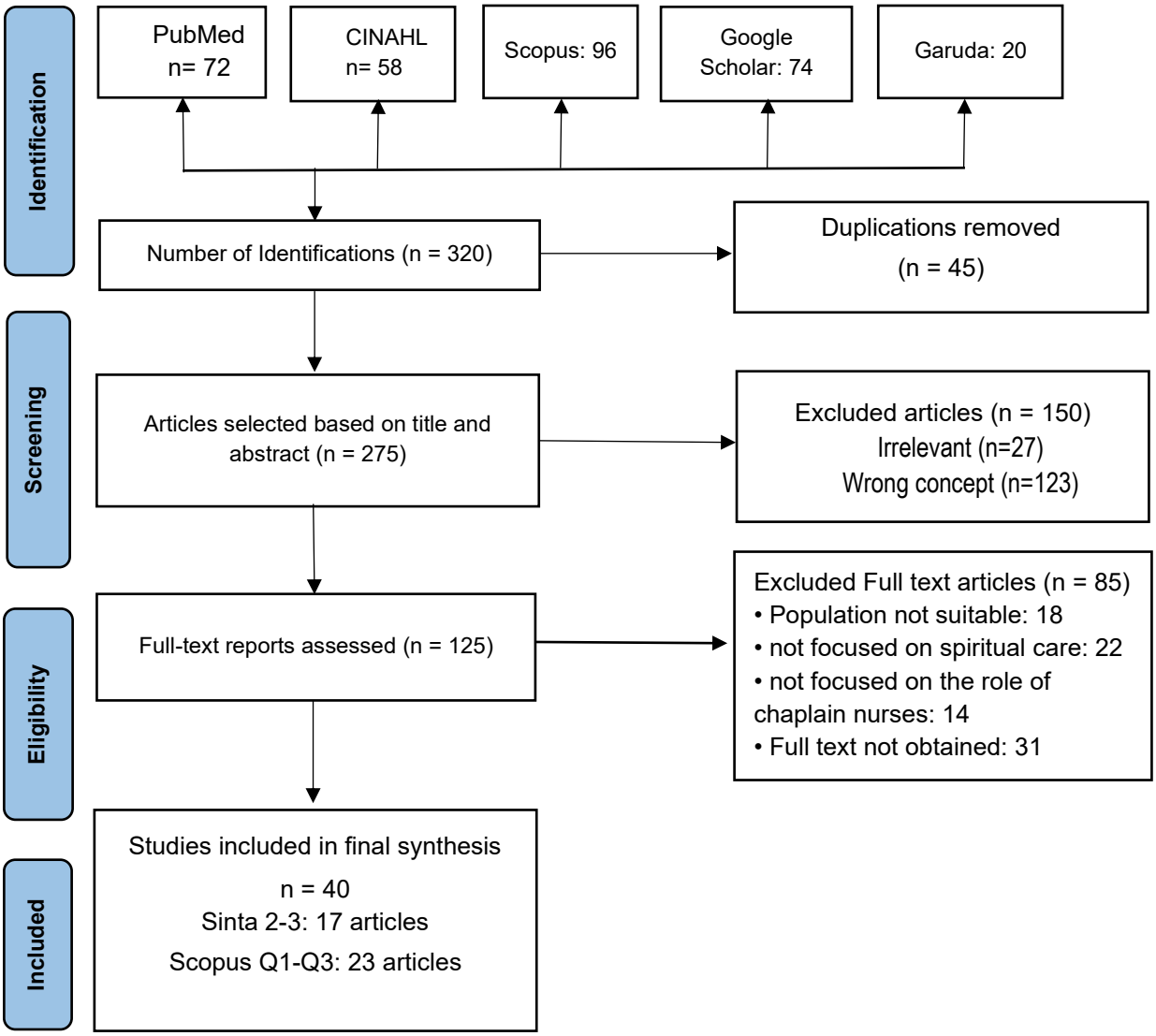


Figure 1. **PRISMA-ScR Flowchart — Study Selection Process**

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Table 1. Summary of Selected Articles

(Author, Year) (Country)	Study Design	Purpose	Findings
(Sianipar, 2021) (Indonesia)	Descriptive Study	Describe the implementation of pastoral care by nurses in the ICU.	Nurses implemented pastoral care through religious assistance, spiritual counseling, patient visitation, and accompaniment. Pastoral care supported healing, emotional support, guidance, and reconciliation for critically ill patients.
(Balboni et al., 2022) (United States)	Meta Analysis/ *Systematic Review*	Integrating global evidence regarding the impact of spirituality on*outcome* critically ill patients.	Less than 20% of terminally ill patients receive spiritual care; integration of spiritual care is correlated with improved quality of life and ICU cost efficiency.
(Best et al., 2023) (Australia)	Descriptive Quantitative	Explore chaplains' perspectives regarding the role of spirituality and chaplaincy services in Australian healthcare and aged care settings.	Chaplains provide spiritual support by helping patients find meaning, hope, comfort, and coping strategies during health crises. Their contribution is considered important in supporting emotional and existential needs of patients, although integration of chaplaincy into clinical care requires further development.
(Kirchoff et al., 2021) (USA)	Systematic Review	Systematically evaluate the outcomes of hospital chaplaincy services and spiritual care interventions for hospitalized patients and to identify the role of chaplains in improving patient care.	Chaplain-led spiritual care was associated with improved patient satisfaction, emotional well-being, coping, spiritual well-being, and decision-making, particularly in palliative and end-of-life care. The review highlighted the importance of interdisciplinary collaboration between nurses, physicians, and chaplains to provide holistic patient care.
(Dos Santos et al., 2024) (Brazil)	Propensity score matched cohort	Examine the effect of nurse-delivered spiritual care on comfort among older adults with chronic illness.	Patients receiving spiritual care had significantly higher psychological comfort than matched controls ($\beta = 0.479$, $p = 0.041$). No significant difference was found for physical comfort. The study supports integrating spiritual care into routine nursing practice.

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Dewi et al., 2025) (Indonesia)	Sequential Explanatory Mixed-Methods	Evaluate the effectiveness of spiritual care education on the competencies, self-confidence, and caring attitudes of nursing students in Indonesia.	Spiritual care education enhances students' clinical competencies, self-confidence, and caring attitudes, thereby supporting collaborative practice in spiritual care.
(Sitorus et al., 2025) (Indonesia)	Quantitative cross-sectional	Analyze the relationship between nurses' spiritual well-being and their spiritual care competence using the Spiritual Care Competence Scale (SCCS).	There is a significant positive relationship between spiritual well-being and nurses' spiritual care competence.
(Safrina et al., 2021) (Indonesia)	Qualitative Phenomenology	Exploring nurses' experiences in providing spiritual care to end-of-life patients.	The study found that collaboration with other professions, including religious leaders and chaplains, is an important part of spiritual care, although coordination and referral systems are not yet functioning optimally.
(Handzo et al, 2023) (USA)	Consensus Statement	Establish consensus on the role, qualifications, and standards of healthcare chaplains for research and quality improvement.	Healthcare chaplains are essential members of interdisciplinary teams. The statement recommends standardized competencies, integration into routine healthcare, evidence-based spiritual care, quality indicators, and stronger collaboration between chaplains and other healthcare professionals.
(Sitefane et al. 2025) (Portugal)	Quasi-experimental, non-equivalent control group, pre-test/post-test design	Evaluating the effectiveness of the spiritual care competency-based education program (EPICC) among nursing students.	The education program enhances students' spiritual care competencies in the areas of assessment, planning, intervention, and evaluation of spiritual care.
(Koenig, 2023)	Review	Synthesizing the impact of neuroscience and	Spiritual activities lowering cortisol and inflammatory cytokine levels, which

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(Author, Year) (Country)	Study Design	Purpose	Findings
(USA)	Narrative Understanding sif	psychology of spiritual care on the recovery of clinical patients.	accelerates the patient's physical recovery.
(Khasha & Permana, 2021) (Indonesia)	Structured Review (Literature Review)	Describe the implementation of spiritual care by nurses in hospitals.	Five themes were identified: time allocation for spiritual care, common spiritual interventions, relationship between nurses' spirituality and spiritual care provision, barriers to implementation, and outcomes of spiritual care. The review concluded that nurses need greater knowledge and skills to provide effective spiritual care.
(Nuridah & Yodang, 2025) (Indonesia)	Qualitative Descriptive Study (Multiple-Perspective Interviews)	Explore spiritual care services in hospital settings from the perspectives of patients, families, nurses, nurse leaders, and institutional stakeholders.	Spiritual care services in Indonesian hospitals are influenced by limited regulations, lack of standardized procedures, and unclear collaboration mechanisms. Nurses recognize the importance of spiritual care but require stronger institutional support and structured systems for implementation.
(Bannon et al., 2024) (California)	Cross-sectional descriptive survey study (pre-intervention evaluation)	Evaluate nurses' perceptions and willingness to involve chaplains in pain management as part of holistic patient care.	Most nurses did not routinely consider chaplain referral for patients with uncontrolled pain. Nurses' understanding of chaplain roles influenced collaboration; education regarding when and how to involve chaplains was recommended to strengthen nurse–chaplain partnership.
(Asih & Setyawan, 2021) (Indonesia)	Quantitative descriptive cross-sectional survey	Describe emergency nurses' perceptions of spirituality and the fulfillment of patients' spiritual needs in the Emergency Department (ED).	Most emergency nurses had positive perceptions of spirituality and recognized spiritual care as an important component of holistic nursing. However, the implementation of spiritual care in the ED was not optimal due to heavy workloads, limited time, the critical condition of patients, and the priority given to life-saving interventions. The study recommended improving nurses' competence and integrating spiritual care into emergency nursing practice.

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Rachmawati & Aristina, 2022) (Indonesia)	Qualitative phenomenological study	Explore nurses' experiences in providing spiritual care to patients.	Nurses perceived spiritual care as an essential component of holistic nursing. However, its implementation was influenced by nurses' competence, personal spiritual awareness, workload, limited time, and institutional support. Participants emphasized that spiritual care improves patient comfort, coping, and psychological well-being.
(Büssing, 2021) (Germany)	Psychometric review / Measurement study	Summarize the development, psychometric properties, and clinical applications of the Spiritual Needs Questionnaire (SpNQ).	The Spiritual Needs Questionnaire (SpNQ) demonstrated good validity and reliability across multiple countries and languages, supporting standardized assessment of patients' spiritual needs and facilitating the integration of spiritual assessment into clinical practice.
(Taylor & Trippon, 2021) (USA)	Cross-sectional descriptive online survey with qualitative thematic analysis	Explore chaplains' perspectives regarding collaboration with nurses and nurses' roles in providing spiritual care.	Chaplains reported that nurse–chaplain collaboration is essential for effective spiritual care. Major barriers included nurses' limited understanding of chaplain roles, unclear professional boundaries, and inconsistent referral practices. Despite these challenges, chaplains expressed willingness to collaborate with nurses to improve holistic patient care.
(Tartaglia et al., 2024) (United States)	Exploratory survey	Evaluate organizational structures, staffing, and integration of chaplaincy services in modern hospitals.	Hospital chaplaincy programs were increasingly integrated into healthcare systems; however, differences in staffing levels, referral processes, and institutional support influenced service implementation.
(van Leeuwen et al., 2021) (Netherlands, Norway, UK, Malta, and other European countries)	Educational mixed-methods study using Delphi consensus approach	Develop a standardized spiritual care education framework for undergraduate nursing and midwifery students across Europe.	The study developed the EPICC Spiritual Care Education Standard, consisting of four core competencies: (1) intrapersonal spirituality, (2) interpersonal spirituality, (3) spiritual care assessment and planning, and (4) spiritual care intervention and evaluation. The framework established competencies, knowledge, skills, and attitudes required for nursing and midwifery students to provide spiritual care.

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Pentaris & Tripathi, 2022) (United Kingdom (UK) and India)	Qualitative exploratory study (in-depth interviews with thematic analysis)	Explore palliative care professionals' perspectives regarding the role and importance of religion, belief, and spiritual identities in end-of-life care.	Religion and spirituality were considered important components of end-of-life care because they provide comfort, meaning-making, hope, and emotional support for patients and families. Professionals reported challenges related to limited religious literacy, cultural diversity, and uncertainty regarding how to integrate spiritual and religious needs into clinical practice. The study emphasized the need for culturally competent communication and collaboration between healthcare professionals and spiritual/religious representatives.
(Taylor et al., 2023) (International study (Indonesia, Iran, Malaysia, Philippines, Portugal, Taiwan, Turkey, and USA))	Quantitative cross-sectional descriptive study	Compare the frequency of nurse-provided spiritual care across diverse cultural settings.	The frequency of nurse-provided spiritual care varied across countries and healthcare settings. Nurses most frequently provided spiritual care through therapeutic presence, while structured documentation of spiritual care and referral to chaplains were among the least frequent practices. The study highlighted the need for education, institutional support, and integration of spiritual care into nursing practice.
(Mardiyati & Ayuningtyas, 2021) (Indonesia)	Policy analysis / document analysis case study	Evaluate hospital policy implementation regarding spiritual-religious service standards.	Formal hospital policies, service standards, staff competency, and monitoring systems were essential factors in implementing spiritual care. The absence of structured organizational support may limit consistent spiritual service delivery.
(Puchalski, 2025) (USA)	Conceptual / Consensus Consortium m Global	Formulate global clinical guidelines for integrating spiritual care in the treatment of chronic diseases.	Recommend the integration of spiritual care into national hospital quality indicators to ensure adequate financing sustainable.

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Nurmala et al., 2021) (Indonesia)	Quantitative analytic cross-sectional study	Analyze the influence of nurses' knowledge and attitudes toward spiritual care implementation among patients.	Nurses demonstrated varying levels of spiritual care knowledge and attitudes. The study showed that nurses' knowledge and attitudes significantly influenced the implementation of spiritual care. The findings emphasized the importance of spiritual care education and training to improve nurses' competence in meeting patients' spiritual needs.
(Husna & Betty, 2023) (Indonesia)	Qualitative Phenomenology	Explore nurses' experiences in providing care and meeting the spiritual needs of critically ill patients.	Nurses understand spiritual care as part of holistic care, but their implementation is influenced by the critically ill patient's condition, job demands, and the need for support systems.
(Momeni et al., 2022) (Iran)	Qualitative content analysis study	Explore barriers to providing spiritual care from nurses' perspectives in hospital settings, including intensive care environments.	Two major categories of barriers were identified: individual barriers and organizational barriers. Organizational barriers included inadequate nurse staffing, inappropriate nurse–patient ratios, high workload, limited time, insufficient managerial support, lack of spiritual care training, environmental limitations, and weak interprofessional collaboration. The study emphasized that organizational changes and educational support are required to improve spiritual care implementation.
(Heidari et al., 2022) (Iran)	Quantitative correlational cross-sectional study	Examine the relationship between nurses' spiritual health and their spiritual care competence in clinical practice.	A significant positive correlation was found between nurses' spiritual health and spiritual care competence. Nurses with higher levels of spiritual health demonstrated greater competence in providing spiritual care, including recognizing spiritual needs, supporting patients' spiritual concerns, and facilitating spiritual interventions. Spiritual well-being of nurses was identified as an important predictor of spiritual care competence.

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Watania et al., 2021) (Indonesia)	Quantitative, Cross-sectional	Examine the relationship between church visitation and the spiritual well-being and comfort level of hospitalized cancer patients.	Church visitation was significantly associated with better spiritual well-being (p = 0.008). Patients receiving church visitation demonstrated higher levels of spiritual well-being (77.4%), while family support also significantly contributed (p = 0.017). The authors recommend that nurses facilitate spiritual visits as part of holistic cancer care.
(Pohan et al., 2024) (Indonesia)	Commentary/ Perspective	Describe the strategic role of chaplains in interdisciplinary palliative care.	Chaplains facilitate communication between patients, families, and healthcare professionals, support culturally sensitive decision-making, and strengthen interdisciplinary collaboration in palliative care.
(Mailani et al., 2024) (Indonesia)	Quantitative correlational study	Examine the relationship between spiritual well-being and quality of life among chronic kidney disease patients undergoing hemodialysis.	Spiritual well-being was significantly associated with quality of life among chronic kidney disease patients undergoing hemodialysis. Higher spiritual well-being contributed to better adaptation and psychosocial outcomes in patients with chronic illness.
(Campbell et al., 2023) (USA)	Quasi-experimental (Quality Improvement)	Evaluate the effectiveness of implementing a standardized spiritual screening tool integrated into the EMR to improve chaplain referrals.	Standardized spiritual screening increased identification of patients with spiritual needs, improved referrals to chaplains, and strengthened nurse–chaplain collaboration in delivering holistic care.
(Hou et al., 2024) (China)	*Systematic Review and Meta-analysis of RCTs*	Evaluate the effectiveness of mHealth interventions on quality of life, anxiety, and depression in patients with coronary heart disease.	mHealth interventions significantly improved quality of life (SMD = 0.49; p < 0.001) and reduced anxiety (SMD = −0.46; p = 0.02) and depression (SMD = −0.34; p = 0.003) compared with usual care.

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Murgia et al., 2022) (Italy)	Scoping Review	Synthesize operational definitions and application of spirituality in practice global nursing.	Affirming that the biggest obstacle to implementation *spiritual care* nature systemic (workload) not due to nurses' reluctance.
(Gugun et al., 2022) (Indonesia)	Quantitative, Cross-sectional	Examine the relationship between spirituality and medication adherence among patients with type 2 diabetes mellitus.	Higher spirituality was significantly associated with better treatment adherence ($r = 0.262$, $p = 0.035$). The obedience dimension of spirituality was also positively correlated with adherence ($r = 0.34$, $p = 0.021$).
(Fleenor et al., 2025) (USA)	Modified e-Delphi consensus study	Establish integrated curriculum standards for healthcare chaplaincy education through expert consensus.	Identified 8 competency domains and 78 knowledge/skill competencies. Consensus was achieved among experts regarding essential chaplain competencies, including spiritual care, ethics, diversity, healthcare systems, interprofessional practice, and research-informed practice.
(Amal et al., 2024) (Indonesia)	Quantitative descriptive	Describe the implementation of spiritual nursing care services provided by nurses in hospital settings.	The implementation of spiritual nursing care was still suboptimal. Nurses recognized the importance of spiritual care, but its integration into daily nursing practice remained limited due to lack of standardized procedures, limited training, and workload constraints.
(Fatna et al., 2023) (Indonesia)	Qualitative phenomenological study	Explore nurses' experiences in addressing patients' spiritual care needs and to identify nurses' roles and barriers in providing spiritual care in hospital settings.	Nurses played an important role in identifying patients' spiritual needs, respecting patients' beliefs, facilitating religious practices, providing emotional and spiritual support, and establishing therapeutic relationships. However, the implementation of spiritual care was limited by inadequate spiritual care training, workload and time constraints, lack of organizational support or recognition, and insufficient supporting facilities. These barriers affected the optimal integration of spiritual care into nursing practice.

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Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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(Author, Year) (Country)	Study Design	Purpose	Findings
(Labuschagne et al., 2021) (USA)	Retrospective cohort study	Examine association between chaplain involvement and end-of-life outcomes in ICU patients.	Early chaplain involvement may support goals-of-care discussions, spiritual needs, and family decision-making during critical illness.
(Fitri et al., 2021) (Indonesia)	Quasi-experimental study	Evaluate the effect of spiritual intervention on anxiety and depression among cancer patients.	Spiritual intervention significantly reduced anxiety and depression symptoms ($p = 0.001$), supporting integration of spiritual care into holistic oncology nursing practice.

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Characteristics of Included Studies

A total of 40 studies met the inclusion criteria and were included in this scoping review. The included studies demonstrated considerable methodological diversity, comprising 14 qualitative studies, 11 quantitative studies, 7 mixed-methods studies, 5 literature reviews, and 3 model development studies. Most studies were conducted in Indonesia, followed by research from several Asian, European, and North American countries, reflecting growing international interest in spiritual care within healthcare settings.

The studies were undertaken across diverse clinical contexts, including hospitals, intensive care units (ICUs), oncology departments, palliative care services, hospice settings, and community healthcare facilities. Publication trends indicated a gradual increase in research activity between 2021 and 2025, with the highest number of publications reported in 2023 and 2024. Across the included studies, three major themes emerged: (1) the roles of nurses in spiritual care, (2) the roles of chaplains in spiritual care, and (3) interprofessional collaboration between nurses and chaplains. An additional theme addressed barriers and facilitators influencing the implementation of spiritual care.

Roles of Nurses in Spiritual Care

Twenty-eight studies described nurses' roles in providing spiritual care. Four principal responsibilities were consistently identified: spiritual assessment, implementation of spiritual interventions, patient advocacy, and documentation.

Spiritual assessment represented the initial stage of care and involved identifying patients' spiritual needs, sources of hope, religious beliefs, and indicators of spiritual distress using clinical interviews, observation, and standardized assessment tools. Although spiritual assessment was widely recognized as an essential nursing responsibility, reported competency levels varied considerably across studies, with several studies indicating limited confidence and inconsistent implementation.

Spiritual interventions included therapeutic communication, active listening, facilitating religious practices, providing emotional support, encouraging hope, and referring patients to chaplains or other spiritual care providers when appropriate. Nurses also acted as patient advocates by ensuring that patients' spiritual preferences were respected during clinical decision-making and by coordinating access to religious resources. Documentation of spiritual assessment and interventions was reported inconsistently across healthcare settings and was often limited by the absence of standardized documentation systems.

Roles of Chaplains in Spiritual Care

Twenty-two studies described the contribution of chaplains or spiritual care providers. Their responsibilities extended beyond conducting religious rituals and included spiritual counseling, emotional support, grief counseling, end-of-life care, ethical consultation, family support, and education for healthcare professionals.

Several studies highlighted the expanding role of chaplains within multidisciplinary healthcare teams. In Indonesia, spiritual care was predominantly delivered within Islamic cultural and religious contexts, whereas studies from other countries described more diverse interfaith approaches. Across settings, chaplains were frequently involved in supporting patients experiencing serious illness, existential distress, and end-of-life decision-making.

Interprofessional Collaboration Between Nurses and Chaplains

Nine studies specifically examined collaborative practices between nurses and chaplains. Three distinct collaboration models were identified. The parallel model involved nurses and chaplains providing spiritual care independently with minimal communication. The consultation model relied on nurses identifying patients with spiritual needs and referring them to chaplains when specialized support was required. The integrative model represented the highest level of collaboration, characterized by shared assessment, joint care planning, coordinated interventions, and continuous communication among members of the healthcare team.

Studies consistently reported that the integrative model was associated with improved continuity of spiritual care, enhanced patient satisfaction, reduced spiritual distress, and more coordinated multidisciplinary practice.

Figure 2 illustrates the conceptual relationships among nurses, chaplains, patients, families, and healthcare organizations within the spiritual care ecosystem.

Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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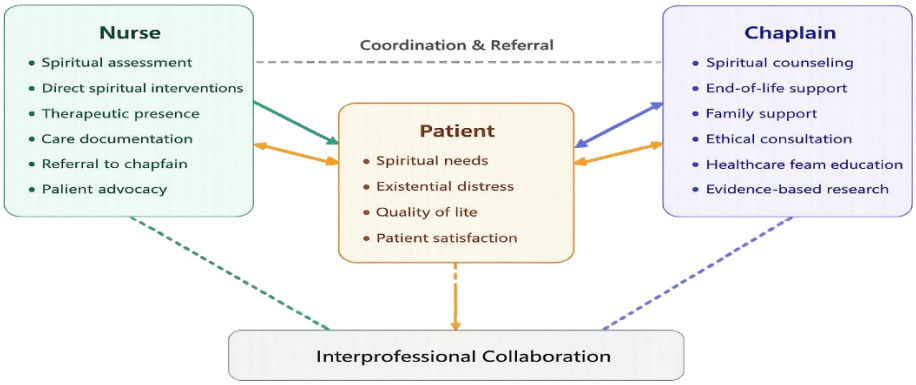


Figure 2. Concept map of the roles of nurses, chaplains, and patients in the spiritual care ecosystem

Barriers and Facilitators to Spiritual Care Implementation

Six studies explored factors influencing the implementation of spiritual care. The identified barriers were grouped into three categories. At the individual level, barriers included limited knowledge and confidence among nurses, uncertainty regarding professional responsibilities, and perceptions that spirituality represented a private matter rather than a clinical concern. At the organizational level, barriers included heavy workloads, insufficient staffing, limited time for spiritual assessment, lack of institutional policies, absence of standardized documentation systems, and inadequate integration of chaplain services within healthcare organizations. At the system level, barriers included the absence of national competency standards for chaplains, variability in educational preparation, and limited organizational support for collaborative spiritual care. Common facilitators included leadership commitment, continuing professional education, institutional policies supporting interdisciplinary collaboration, standardized spiritual care protocols, and organizational cultures promoting holistic patient care.

Evidence-Based Models of Spiritual Care

Five studies presented evidence-based models designed to strengthen the implementation of spiritual care. The identified models included structured spiritual assessment frameworks, culturally adapted nursing models, integrated multidisciplinary care models, and digital spiritual care services delivered through telehealth platforms. These models emphasized systematic spiritual assessment, individualized care planning, coordinated collaboration between nurses and chaplains, and continuous evaluation of patients' spiritual outcomes. Across the included studies, integrated models consistently emphasized collaboration between nurses and chaplains as a key component of comprehensive spiritual care. Common elements included early identification of spiritual needs, coordinated care planning, interdisciplinary communication, and ongoing evaluation throughout the patient's healthcare journey.

DISCUSSION

This scoping review highlights the essential roles of nurses and chaplains in addressing patients' spiritual needs through a collaborative and holistic approach. Nurses occupy a frontline position in identifying, assessing, and facilitating spiritual needs, particularly among patients experiencing critical illness, terminal conditions, and significant psychological distress. Their continuous interaction with patients places nurses in a strategic position to recognize early signs of spiritual distress and incorporate spiritual dimensions into comprehensive nursing care plans (Koenig, 2023; Husna & Betty, 2023). The findings demonstrate that nurses' contributions to spiritual care extend beyond religious rituals and include spiritual assessment, therapeutic interventions, patient advocacy, and documentation of spiritual needs. These roles reflect the principles of holistic nursing, which recognize spirituality as an essential component of person-centered care.

Despite the recognized importance of nurses' roles, this review identified a persistent gap between professional expectations and actual spiritual care practices. Limited competency in spiritual

Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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assessment, insufficient educational preparation, time constraints, and the absence of standardized clinical guidelines remain major barriers to effective implementation (Sitefane, Afonso, Ross, Mcsherry, Rabiais, & Caldeira, 2025; Fatna, Husna, Syarif, & Susanti, 2023). In Indonesia, where religious beliefs strongly influence patients' coping mechanisms and health experiences, these challenges require particular attention. Patients' spiritual needs are often interconnected with religious practices, family values, and cultural expectations. Therefore, strengthening nurses' spiritual care competencies through undergraduate nursing education, continuing professional development, and competency-based training is necessary to ensure the consistent delivery of culturally sensitive spiritual care.

Chaplains function as specialized members of interprofessional healthcare teams who address complex existential, religious, and spiritual concerns that may exceed the scope of routine nursing interventions. This review indicates that the role of chaplains extends beyond providing religious rituals and includes spiritual counseling, end-of-life support, family assistance, ethical decision-making support, healthcare professional education, and contribution to evidence-based spiritual care development (Kirchoff et al., 2021; Handzo et al., 2023). In the Indonesian healthcare context, the role of chaplains is particularly significant because spiritual care is frequently influenced by religious values, especially Islamic perspectives. However, effective spiritual care requires more than theological knowledge; it also requires competencies in psychological understanding, therapeutic communication, and culturally appropriate approaches. Therefore, establishing competency standards and certification pathways for hospital chaplains is an important step toward ensuring the quality and consistency of spiritual services.

A key finding of this review is that effective collaboration between nurses and chaplains is fundamental to optimizing spiritual care delivery. The synthesis of existing evidence identified three major collaboration patterns: the parallel model, consultative model, and integrative model. Among these approaches, the integrative model demonstrates the greatest potential because it promotes coordinated communication, shared decision-making, and continuity of spiritual care. In this model, nurses function as initial assessors who identify spiritual concerns and determine the need for referral, whereas chaplains provide specialized spiritual interventions according to patients' individual needs (Kirchoff et al., 2021; Handzo et al., 2023). The integration of these professional roles allows spiritual care to become an organized component of healthcare delivery rather than an individual initiative.

The integrative model is particularly relevant for Indonesia because patients' spiritual experiences are shaped simultaneously by religious beliefs, family involvement, and cultural values. The implementation of this model requires structured referral mechanisms, collaborative care planning, integrated documentation systems, and evaluation of spiritual outcomes. The spiritual care process can be organized into five stages: (1) nurses perform initial spiritual assessment; (2) spiritual needs are identified and referral decisions are established; (3) chaplains conduct further spiritual assessment and intervention; (4) patients and families participate in collaborative spiritual support; and (5) spiritual outcomes are documented and evaluated. This approach recognizes the family as an important source of spiritual support, which is consistent with collectivist cultural characteristics commonly found in Indonesia and other Muslim-majority societies.

Beyond individual competencies, organizational and systemic factors strongly influence the successful implementation of spiritual care. This review identified several barriers, including unclear professional boundaries, inadequate institutional policies, limited organizational support, insufficient training opportunities, and low nurse confidence in providing spiritual interventions (Momeni, Hashemi, & Hemati, 2022; Fatna et al., 2023). Although spiritual care is recognized as an important component of holistic healthcare, implementation remains inconsistent when healthcare institutions lack formal structures and standardized procedures. Studies indicate that only a proportion of nurses are able to consistently implement spiritual care due to workload pressures and the absence of validated assessment tools. The availability of structured instruments, such as the BRAVE framework adapted from established spiritual assessment approaches including FICA and HOPE, may support nurses in systematically identifying patients' spiritual needs (Hidayah, Amal, Rauf, & Abidin, 2025).

Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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Conversely, institutional policies that promote interdisciplinary teamwork, leadership support, continuous education, and a culture of holistic care serve as important facilitators of spiritual care implementation (Sitefane, Afonso, Ross, Mcsherry, Rabiais, & Caldeira, 2025; Murgia et al., 2022). Therefore, improving spiritual care quality requires a multidimensional strategy involving healthcare professionals, educational institutions, healthcare organizations, and policymakers. Reliance solely on individual nurse competence is insufficient without supportive organizational systems and clear professional frameworks.

The findings of this review also emphasize the importance of developing evidence-based spiritual care models adapted to cultural contexts. Approaches such as Islamic Spiritual Nursing Care (SINC) and interfaith spiritual nursing education provide potential strategies for improving nurses' knowledge, attitudes, and clinical skills in delivering culturally sensitive spiritual care (Amal, Gani, Hidayah, & Mazriani, 2021). Future healthcare systems should prioritize the development of standardized collaboration protocols between nurses and chaplains, integration of spiritual care competencies into nursing curricula, and implementation of institutional policies that recognize spiritual care as an essential component of quality patient-centered healthcare.

Overall, this scoping review demonstrates that spiritual care is most effectively delivered through a collaborative, structured, and culturally responsive approach. Nurses provide continuous assessment and integration of spiritual care into daily nursing practice, while chaplains contribute specialized expertise in addressing complex spiritual and existential concerns. Strengthening nurse– chaplains collaboration through an integrative model may enhance spiritual care quality, reduce spiritual distress, and support more comprehensive healthcare delivery, particularly within the Indonesian healthcare context.

RESEARCH LIMITATIONS

This scoping review has several limitations that should be acknowledged. First, publication bias and the limited inclusion of grey literature may have resulted in the omission of relevant studies, particularly those from Indonesia that are not comprehensively indexed in major international databases. Second, the considerable methodological heterogeneity among the 40 included studies—including qualitative, quantitative, mixed-methods, review, and model development designs—precluded quantitative synthesis or meta-analysis of effect sizes. Third, consistent with the Joanna Briggs Institute methodology for scoping reviews, a formal critical appraisal of the methodological quality of the included studies was not conducted, as this is not a mandatory requirement for this type of evidence synthesis. Finally, the rapidly evolving body of literature on spiritual care and interdisciplinary collaboration means that newly published studies may not have been captured, highlighting the need for periodic updates of the evidence base (Büssing, 2021; Murgia et al., 2022). Although these limitations should be considered when interpreting and applying the findings, they do not diminish the overall value of this review in mapping the current evidence, identifying research gaps, and informing future research, education, and clinical practice in spiritual care.

CONCLUSION

This scoping review successfully mapped, synthesized, and critically examined the current evidence regarding the roles of nurses and chaplains in spiritual care by analyzing 40 credible studies published between 2021 and 2025. The findings provide a comprehensive overview of contemporary evidence and identify key directions for clinical practice, education, and future research.

Five major conclusions emerged from the thematic synthesis. First, spiritual care has a measurable positive impact on patients' quality of life, spiritual well-being, and overall care experience, supporting its recognition as an integral component of holistic healthcare. Second, nurses and chaplains perform complementary and mutually reinforcing roles: nurses function as frontline providers responsible for spiritual assessment, early identification of spiritual needs, care coordination, and ongoing support, whereas chaplains contribute specialized expertise through spiritual counseling, ethical consultation, religious rituals, and professional education for healthcare teams. Third, the implementation of effective spiritual care continues to be constrained by interrelated barriers at the individual, organizational, and health-system levels, highlighting the need for comprehensive policies,

Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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standardized protocols, competency-based education, and institutional support. Fourth, the available evidence indicates that integrated nurse–chaplain collaboration is associated with improved spiritual care outcomes, including significant reductions in spiritual distress and higher levels of satisfaction with spiritual care among patients, although the magnitude of these effects should be interpreted in light of the methodological diversity of the included studies. Finally, the findings underscore the importance of developing culturally responsive spiritual care models that integrate Islamic values alongside local cultural wisdom within Indonesia's pluralistic religious and sociocultural context, thereby ensuring that spiritual care remains both evidence-based and contextually relevant.

Overall, this review strengthens the evidence supporting interdisciplinary collaboration between nurses and chaplains as a cornerstone of high-quality spiritual care. It also provides a foundation for developing clinical guidelines, educational curricula, and future implementation research aimed at improving the quality, accessibility, and sustainability of holistic spiritual care across diverse healthcare settings.

RECOMMENDATION

The findings of this scoping review highlight the need for coordinated efforts across policy, education, clinical practice, and research to strengthen the implementation of spiritual care in healthcare settings. From a policy perspective, national and institutional regulations should establish standardized competency frameworks for hospital chaplains, define clear protocols for nurse–chaplain collaboration, and incorporate spiritual care indicators into hospital accreditation and quality assurance systems (Mardiyati & Ayuningtyas, 2021; Fleenor, Tartaglia, Haythorn, Rambo, & Fitchett, 2025; Pohan, Khadijah, Pohan, Astuti, Pohan, Pohan, & Marimbun, 2024). Such policies would promote consistent, equitable, and high-quality spiritual care across healthcare institutions.

In nursing education, spiritual care competencies should be integrated longitudinally throughout undergraduate and continuing professional education. Interprofessional education (IPE) initiatives involving nursing, chaplaincy, and other healthcare disciplines are essential for strengthening collaborative competencies, communication skills, and shared decision-making in addressing patients' spiritual needs (Sitefane et al., 2025; Brannon, Felix, Meyers, Stamey, & Spilman, 2024; van Leeuwen, Attard, Ross, Giske, Kleiven, McSherry, & EPICC Network, 2021).

In clinical practice, healthcare organizations should adopt an integrated nurse–chaplain partnership model, particularly in settings where spiritual needs are most prominent, such as intensive care units, oncology, and palliative care. Routine spiritual assessment using standardized instruments, timely referral pathways to chaplaincy services, multidisciplinary case discussions, and the integration of digital technologies, including tele-spiritual care, may further improve the accessibility, continuity, and quality of spiritual care services (Best, 2023; Handzo et al., 2023; Hou, Liu, & Wu, 2024).

Future research should prioritize the development and validation of culturally responsive spiritual care assessment tools and intervention models that reflect Indonesia's diverse religious and cultural contexts. In addition, implementation studies, multicenter longitudinal research, and rigorous intervention trials are needed to evaluate the effectiveness, feasibility, and sustainability of nurse–chaplain collaborative care models across diverse healthcare settings. Such studies would strengthen the evidence base and support the translation of research findings into clinical practice and health policy (Sitorus, Laoli, Juniarta, & Situmorang, 2025; Torke, Quest, Kinlaw, Egnor, Reisinger, & Kodish, 2024; Dos Santos, Macieira, Yao, Ardelt, & Keenan, 2024).

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Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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Kamriani, Nur Hidayah*, Syamsiah Rauf

Program Studi Magister Keperawatan Universitas Islam Negeri Alauddin Makassar
Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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Corresponding author *E-mail: nur.hidayah@uin-alauddin.ac.id

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