



MALAHAYATI INTERNATIONAL JOURNAL
OF NURSING AND HEALTH SCIENCE
ISSN 2620-9152 (Print)
ISSN 2621-4083 (Online)
DOI: 10.33024



ARTICLE INFORMATION

Received: July, 20, 2026

Revised: September, 26, 2026

Available online: September, 27, 2026

at : <https://e-jurnal.iphorr.com/index.php/minh>

Spiritual care integration in palliative nursing: A scoping review of barriers, intervention characteristics, and implications for Islamic healthcare contexts

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Abstract

Background: Spiritual care is internationally recognised as a core dimension of palliative nursing, yet its integration into routine clinical practice remains inconsistent, particularly in Muslim-majority and non-Western settings where culturally responsive frameworks are lacking.

Purpose: To systematically map evidence on spiritual care integration in palliative nursing, focusing on multi-level barriers, intervention characteristics across cultural contexts, and implications for Islamic healthcare settings.

Method: A scoping review was conducted using the Arksey and O'Malley framework, the JBI methodology, and the PRISMA-ScR guidelines. Four databases, PubMed, Scopus, DOAJ, and Europe PMC, were searched in May 2026 for studies published between January 2015 and May 2026 in English or Indonesian.

Results: Thirty-seven studies were included. Barriers to integrating spiritual care emerged at individual, organizational, and system levels, with inadequate documentation, unclear role definitions, and limited institutional support as the most persistent challenges. While universal principles of spiritual care were consistently reflected, effective interventions varied across religious, cultural, and healthcare contexts. The synthesis highlights contextual adaptation as essential for translating universal principles into meaningful practice, particularly within Muslim-majority healthcare settings.

Conclusions: Integrating spiritual care into palliative nursing requires not only individual competence but also organizational readiness, interdisciplinary collaboration, and sensitivity to patients' religious and cultural contexts. This review introduces a conceptual framework that situates contextual adaptation as the link between universal principles of spiritual care and their clinical application, thereby supporting culturally responsive practice and guiding future model development.

Keywords: Clinical Competence; Cultural Competence; End-Of-Life Care; Muslim Patients; Spiritual Well-Being.

INTRODUCTION

Palliative care is a holistic approach that aims to improve the quality of life of patients and their families facing life-threatening illnesses through the prevention and relief of physical, psychosocial, and spiritual suffering (World Health Organization, 2020). Although spiritual care is recognised internationally as an essential dimension of palliative care, its integration into routine nursing practice remains

limited and inconsistent across many settings. Globally, more than 56 million people require palliative care annually, yet spiritual needs continue to be under-addressed, particularly in low- and middle-income countries (Knaul et al., 2018; Sleeman et al., 2019).

In nursing, spiritual care is considered a core professional responsibility rather than an optional

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element. Evidence shows that effective spiritual care is associated with reduced existential distress, better quality of life, and higher patient satisfaction at the end of life (Puchalski et al., 2014; Best et al., 2023). However, many nurses report that they rarely provide structured spiritual care (Taylor et al., 2023). This gap often results in “invisible care” spiritual support that is delivered informally but is rarely documented, measured, or evaluated within clinical systems (Lundmark, 2026; Miller et al., 2023; Timmins & Caldeira, 2017).

The challenge is particularly acute in Indonesia, the world's largest Muslim-majority country (Statistics Indonesia, 2021). This invisibility stems not only from individual factors but also from deeper structural and cultural barriers. Most existing spiritual care frameworks and tools were developed in Western, secular, or Christian contexts, emphasising individual meaning-making and autonomy. These approaches may not fully align with theocentric Islamic spirituality, which centres on closeness to God (*taqarrub ila Allah*), acceptance of divine will (*tawakkul*), gratitude (*syukur*), and viewing death as a sacred transition (Sulmasy, 2009; Puchalski et al., 2014).

Given that Muslims constitute over 1.8 billion people worldwide and Indonesia has the largest Muslim population (Pew Research Center, 2017; Statistics Indonesia, 2021), the need for culturally congruent spiritual care is both a national priority and a global health concern. Although Indonesian national policy acknowledges spiritual care within palliative services (Ministry of Health of the Republic of Indonesia, 2007), implementation remains inconsistent and largely unevaluated. Previous reviews have examined spiritual care interventions or general barriers, but none have comprehensively addressed the intersection of structural barriers, cultural variations, and specific implications for Islamic healthcare contexts.

RESEARCH METHOD

This study was conducted as a scoping review to systematically map the extent, range, and nature of evidence on spiritual care integration in palliative nursing, with particular emphasis on barriers, intervention characteristics, and implications for Islamic healthcare contexts. The review was guided by the Arksey and O'Malley framework (2005), as refined by Levac et al. (2010), and the Joanna Briggs Institute (JBI) methodology for scoping reviews

(Peters et al., 2021). The reporting of this review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018).

The review questions were developed using the PCC (Population, Concept, Context) framework recommended by JBI. The population included key stakeholders in palliative and end-of-life care, comprising nurses, nursing students, patients with life-limiting illnesses, family caregivers, chaplains, and other healthcare professionals. No restrictions were applied regarding age, diagnosis, or care setting. The Concept focused on spiritual care integration, encompassing barriers to implementation, characteristics of interventions, documentation practices, training, competencies, and models/frameworks. The Context covered palliative care settings, including palliative units, hospice facilities, oncology wards, and long-term care hospitals across various countries, with special attention to Islamic healthcare contexts.

A comprehensive literature search was conducted on 21-22 May 2026 across four electronic databases; PubMed, Scopus, DOAJ, and Europe PMC. The search strategy was developed based on the review objectives and the PCC framework and combined four key concepts: (1) spiritual care, (2) palliative care, (3) nursing, and (4) implementation-related factors. Keywords and synonyms included terms such as *spiritual care*, *spirituality*, *religious care*, *spiritual needs*, *palliative care*, *end-of-life care*, *hospice care*, *nursing*, *barriers*, *facilitators*, *integration*, *implementation*, *competency*, and *documentation*. Additional terms related to Islamic healthcare contexts, including *Islam* and *Muslim*, were used during supplementary searches to identify literature relevant to the third review question.

Search terms were adapted to the indexing systems and search functionalities of each database. In PubMed, field tags ([tiab]) were used to search titles and abstracts, whereas Scopus searches were conducted using the TITLE-ABS-KEY function. Multiple search combinations were applied in DOAJ to maximise retrieval of relevant open-access literature. Europe PMC searches employed a simplified Boolean strategy reflecting the same conceptual domains.

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Table 1. Boolean Search Strings and Records Retrieved Across Four Databases

No	Database & Date	Search String	Records (n)
Database 1 — PubMed Date: 21 May 2026 Records retrieved: 397			
1	PubMed (MEDLINE) 21 May 2026	("spiritual care"[tiab] OR "spirituality"[tiab] OR "religious care"[tiab] OR "pastoral care"[tiab] OR "spiritual needs"[tiab] OR "spiritual intervention"[tiab] OR "spiritual assessment"[tiab] OR "spiritual well-being"[tiab] OR "meaning-making"[tiab] OR "dignity therapy"[tiab]) AND ("palliative care"[tiab] OR "end-of-life care"[tiab] OR "hospice care"[tiab] OR "terminal illness"[tiab] OR "palliative nursing"[tiab]) AND ("nurs*"[tiab] OR "nursing practice"[tiab] OR "nursing care"[tiab]) AND ("integrat*"[tiab] OR "barrier*"[tiab] OR "facilitator*"[tiab] OR "implement*"[tiab] OR "documentation"[tiab] OR "holistic care"[tiab] OR "quality indicator*"[tiab] OR "challeng*"[tiab] OR "obstac*"[tiab] OR "enabler*"[tiab] OR "competen*"[tiab] OR "practice"[tiab] OR "perception*"[tiab] OR "attitude*"[tiab] OR "experience*"[tiab] OR "deliver*"[tiab]) AND ("2015"[pdat]:"2026"[pdat]) AND ("english"[lang] OR "indonesian"[lang])	397
Database 2 — Scopus Date: 21 May 2026 Records retrieved: 701			
2	Scopus 21 May 2026	TITLE-ABS-KEY(("spiritual care" OR "spirituality" OR "religious care" OR "pastoral care" OR "spiritual needs" OR "spiritual intervention" OR "spiritual assessment" OR "spiritual well-being" OR "meaning-making" OR "dignity therapy") AND ("palliative care" OR "end-of-life care" OR "hospice care" OR "terminal illness" OR "palliative nursing") AND ("nurse*" OR "nursing practice" OR "nursing care") AND ("integrat*" OR "barrier*" OR "facilitator*" OR "implement*" OR "documentation" OR "holistic care" OR "quality indicator*" OR "challeng*" OR "obstac*" OR "enabler*" OR "competen*" OR "practice" OR "perception*" OR "attitude*" OR "experience*" OR "deliver*") AND PUBYEAR > 2014 AND DOCTYPE(ar OR re)	701

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No	Database & Date	Search String	Records (n)
Database 3 — DOAJ Date: 21 May 2026 Records retrieved: 209			
3a	DOAJ String 1 21 May 2026	"spiritual care" AND "palliative care" AND nursing	—
3b	DOAJ String 2 21 May 2026	spirituality AND "end-of-life" AND nursing	—
3c	DOAJ String 3 21 May 2026	"spiritual care" AND "palliative" AND "Islam**"	—
3d	DOAJ String 4 21 May 2026	spiritual care AND palliative AND barriers	—
	DOAJ Combined total	Total records across all four DOAJ strings (after internal deduplication)	209
Database 4 — Europe PMC Date: 22 May 2026 Records retrieved: 499			
4	Europe PMC 22 May 2026	("spiritual care" OR "spirituality") AND ("palliative care" OR "end-of-life care") AND ("nurs*") AND ("barrier*" OR "integrat*" OR "challeng*" OR "experience*" OR "attitude*" OR "perception*")	499
Total records identified across all databases			1,806

Note: Search strings were adapted across databases to account for differences in indexing systems, controlled vocabulary, and field-searching syntax. [tiab] = title and abstract field restriction (PubMed). TITLE-ABS-KEY = title, abstract, and keyword fields (Scopus). Truncation symbol (*) captures word variants. DOAJ searches were conducted using four separate strings due to limited Boolean functionality; records were pooled and deduplicated internally before the global deduplication stage. Date restrictions: PubMed used [pdat] filter 2015–2026; Scopus used PUBYEAR > 2014; DOAJ and Europe PMC applied date filters during the screening phase. Language: English and Indonesian only. (—) = individual DOAJ string counts not recorded separately; combined total reported.

The search was limited to articles published between January 2015 and May 2026 and restricted to publications in English and Indonesian. Only peer-reviewed original studies and review articles were considered. Grey literature, conference abstracts, editorials, commentaries, and non-peer-reviewed publications were excluded.

Eligibility criteria were established a priori based on the PCC framework. Studies were included if they (1) addressed spiritual care within palliative or end-of-life care settings, (2) involved nurses as primary participants or providers of spiritual care, and (3) discussed at least one of the following: barriers to integration, intervention characteristics,

documentation, training, or models/frameworks. All study designs were eligible, including qualitative, quantitative, mixed-methods, systematic reviews, and scoping reviews. Studies were excluded if they focused exclusively on non-nursing professionals, paediatric populations, non-palliative settings, or lacked empirical data.

All identified records were imported into Mendeley for duplicate removal, then transferred to Rayyan software for screening. Two-phase screening was conducted: (1) title and abstract screening, and (2) full-text assessment. Data extraction was performed using a standardised JBI data charting form, which included bibliographic information, study

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characteristics (design, country, year), population, concept, context, key findings, and relevance to the review sub-questions. All screening and data extraction processes were conducted by the primary

reviewer, with uncertainties resolved through discussion with the research team. No formal ethical approval was required, as this study involved secondary analysis of publicly available literature.

RESEARCH RESULTS

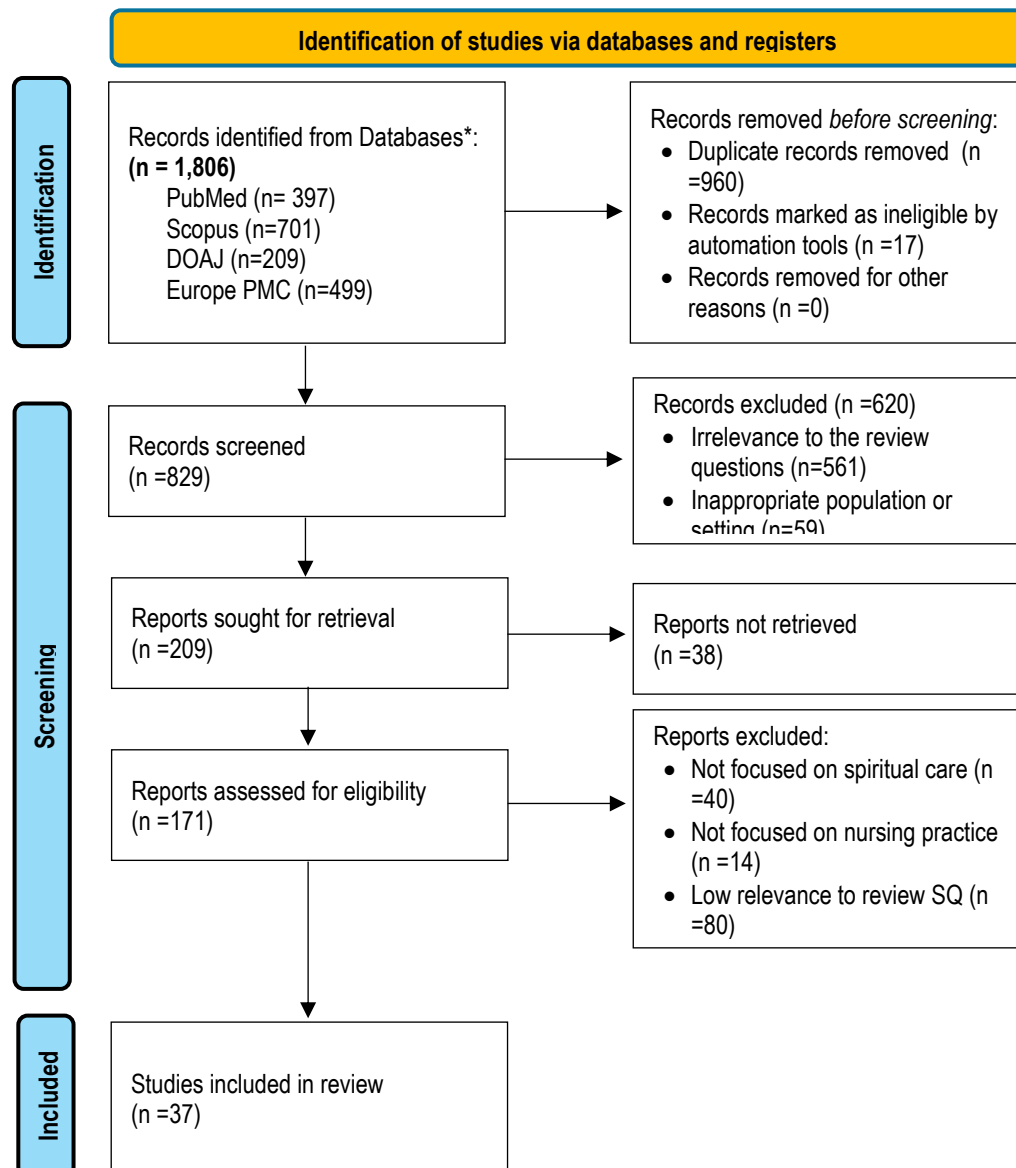


Figure 1. Prisma-ScR Flow Diagram

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Table 2. Characteristics and Key Findings of the Included Studies

Author (Year), Country	Purpose	Study Design	Population/Setting	Key Findings	SQ
Group A: Islamic/Muslim (n = 11)					
Suprayitno & Setiawan (2021), Indonesia	To provides an Islamic perspective about nurses' roles in palliative care, which can be applied worldwide, especially in Muslim-majority countries	Literature review	Nurses in palliative care; Islamic hospital context	Islamic spiritual care is centred on facilitating religious practices; however, implementation remains constrained by the lack of formal documentation and integration frameworks.	SQ1,2,3
Cengiz et al. (2021), Turkey	To determine the perception of spiritual care and the variables that might affect the perception of spiritual care among palliative care nurses.	Quantitative — cross-sectional	Palliative care nurses in eastern Turkey (n = 152)	Nurses reported positive attitudes toward spiritual care; however, implementation was hindered by limited training, structural barriers, and the absence of standardized documentation despite the influence of Islamic beliefs.	SQ1,3
Komariah et al. (2024), Indonesia	To investigate the effect of a religious caring program on the psychological well-being of Indonesian females with breast cancer.	Quantitative — quasi-experimental	Indonesian Muslim women with breast cancer (n = 60); hospital setting	Islamic prayer, dhikr, and spiritual support significantly enhanced psychological well-being among Muslim women with breast cancer.	SQ2,3
Al Shhadat et al. (2025), Multi-countries	To provide an overview of the current issues that have been studied and influence access to and use of PC, as well as the EOL decisions by people of Muslim faith in countries with and without a Muslim majority.	Scoping review	Muslim patients receiving palliative care; international settings	Islamic values shape end-of-life preferences among Muslim patients, revealing the need for culturally and religiously responsive palliative care frameworks.	SQ2,3
Rababa et al. (2023),	To examine these practices and how they relate to physical and psychosocial outcomes among critically ill adult patients.	Systematic review	Critically ill adult Muslim patients; ICU and acute care settings	The most commonly documented Islamic spiritual care practices include Quranic recitation, dhikr, and supplication (du'a). These practices provided comfort and meaning for patients but remain unintegrated into formal nursing protocols.	SQ2,3

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Author (Year), Country	Purpose	Study Design	Population/Setting	Key Findings	SQ
Wilson et al. (2024), Indonesia	To identify barriers and mechanisms in the development of palliative care in the province of Aceh, North West Indonesia.	Qualitative	Palliative care stakeholders in Aceh province, Indonesia	Palliative care development was hindered by policy, training, and infrastructure barriers, while Islamic beliefs influenced understandings of death but remained insufficiently integrated into formal care systems.	SQ1,3
Rochmawati et al. (2018), Indonesia	To report on a study which explored cultural elements that influence the provision of palliative care for people with cancer.	Qualitative — ethnography	Palliative care nurses and patients; Indonesian hospitals	Spirituality and religion were central to palliative care culture, but religious practices were integrated informally without standardized documentation or professional guidelines.	SQ2,3
Melhem et al. (2016), Jordan	To describe nurses' perceptions of spirituality and spiritual care in Jordan, and to investigate the relationship between their perceptions and their demographic variables	Quantitative — cross-sectional	Nurses across all healthcare sectors in Jordan (n = 280)	Nurses reported positive perceptions of spiritual care but felt clinically unprepared; Islamic values influenced care perspectives in the absence of formal spiritual care frameworks.	SQ1,2,3
Klitzman et al. (2023), United States	To explore how Muslims and Non Muslims view and experience a wide range of challenges and opportunities in their work, related, for instance, to obtaining clinically-important information, using rituals, determining lengths of visits and relationships with patients and facing rejections from patients.	Qualitative — interview	Hospital chaplains serving Muslim patients; United States	Muslim patients required support for prayer, ritual purification, halal practices, and faith-based decision-making, while chaplains reported challenges integrating these needs into clinical care.	SQ3
Lampinley et al. (2026), Multi-countries	To inform the development of Islamic-sensitive palliative care guidelines tailored to Ghana and other Sub-Saharan African contexts.	Scoping review	Studies involving Muslim inpatients receiving palliative care; international settings	Existing palliative care guidelines insufficiently address the religious and clinical needs of Muslim inpatients, highlighting the need for Islamic value-responsive end-of-life care guidelines.	SQ3

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Author (Year), Country	Purpose	Study Design	Population/Setting	Key Findings	SQ
Jaman-Mewes et al. (2024), Multi-countries	To identify and map spiritual care interventions to address spiritual needs and alleviate suffering of patients in the context of palliative care.	Scoping review	Palliative care patients receiving spiritual care interventions; international	Seven categories of spiritual care interventions were identified, with existing approaches largely dominated by Western models and limited adaptation for Islamic and other non-Western contexts.	SQ2,3
Group B: Barriers & Integration (n = 12)					
Minton et al. (2018), United States	To describe rural and urban palliative/hospice care nurses' communication strategies while providing spiritual care for patients and families at end of life.	Qualitative — grounded theory	Nurses in various clinical settings; United States	Spiritual care delivery was constrained primarily by institutional and structural barriers rather than nurses' willingness to provide care.	SQ1,2
O'Brien et al. (2019), United Kingdom	To explore nurses' and healthcare professionals' perceptions of spiritual care and the impact of spiritual care training on their clinical roles.	Qualitative — thematic analysis	Nurses and healthcare professionals; UK palliative care settings	Inadequate training was a major barrier to spiritual care delivery, reducing nurses' confidence in addressing end-of-life spiritual needs.	SQ1,2
Amiri et al. (2021), Iran	To investigate the impact of an online training program on nurses' empowerment for integrating clients' R/S into clinical practice.	Quasi-experimental	Nurses participating in online training program; Iran	Online training improved nurses' competency in integrating religion and spirituality into clinical practice and offered a feasible approach to overcoming educational barriers.	SQ1,2
Donesky et al. (2020), United States	To explore the domains of religion, spirituality, and culture as commonly conceptualized by chaplains, as a framework for nurses to provide spiritual care interventions to patients in acute care hospitals.	Conceptual/practice model	Nurses and chaplains in palliative care settings; United States	Collaboration between nurses and chaplains improved spiritual care delivery by reducing role ambiguity and supporting systematic integration into palliative practice.	SQ1,2
Anshasi et al. (2024), Middle East Countries	To explore nurses' experiences of delivering spiritual care in an oncology setting.	Qualitative — semi-structured interview	Oncology nurses caring for cancer patients; Middle East	Institutional barriers, including absent documentation systems and unclear role definitions, limited spiritual care delivery, highlighting the need for clear practice guidelines.	SQ1,2

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Author (Year), Country	Purpose	Study Design	Population/Setting	Key Findings	SQ
Lundmark (2026), Sweden	To replicate a study conducted twenty years ago regarding difficulties associated with spiritual care at an oncology clinic	Mixed methods — longitudinal case study	Nursing staff at an oncology clinic over 20 years; Sweden	Persistent structural barriers, including the absence of documentation systems, quality indicators, and evaluation criteria, continued to hinder spiritual care integration over two decades.	SQ1
Lee & Park (2025), South Korea	To identify the influence of hospice palliative nursing knowledge, empathy, and attitudes toward end-of-life care on spiritual care competence of nurses in long-term care hospitals.	Quantitative — cross-sectional	Nurses in long-term care hospitals; South Korea	Spiritual care competence was associated with education, empathy, job satisfaction, and attitudes toward end-of-life care, highlighting the need for systematic competency development programs.	SQ1,2
Best et al. (2016), Australia	To investigate spiritual conversations for doctors caring for patients with advanced cancer; why these conversations so difficult; and what the underlying challenges are for discussing spirituality with patients;	Qualitative — focus group	Healthcare professionals in palliative and clinical settings; Australia	Personal discomfort, fear of inadequacy, and uncertainty about professional boundaries hindered spiritual discussions, highlighting the need for structured training and support.	SQ1
Taylor et al. (2023), Multi-countries	To compare the frequency of nurse-provided spiritual care across diverse cultures.	Quantitative — cross-sectional survey	Nurses in palliative and clinical settings; multiple countries	The frequency of nurse-provided spiritual care varied across countries, with time constraints and limited institutional support identified as major barriers to implementation.	SQ1,2
Vivat et al. (2023), European countries	To present an overview of the sociodemographic characteristics of all respondents who answered some or all of the core substantive items, a thematic analysis of the examples of spiritual care provided where requested at item 24, and a content analysis of responses to the final item, 28	Quantitative — survey (EAPC)	Palliative care professionals across European settings	Conceptual ambiguity surrounding spiritual care contributed to inconsistent practice and hindered systematic integration across palliative care settings.	SQ1,2

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Miller et al. (2023)	To highlight the relevance of spiritual care to palliative nursing and offers practical tips to incorporate spiritual care into everyday nursing practice.	Conceptual/narrative review	Palliative care nurses; hospice and palliative settings	Palliative nurses routinely provide spiritual care, yet this role remains insufficiently recognized, documented, and evaluated, underscoring the need for spiritual care as a core professional competency.	SQ1,2
Dewi et al. (2025), Middle East and Asian countries	To assess the effectiveness of spiritual care education programs in enhancing undergraduate nursing students' competencies in these regions	Systematic review	Nursing students in Middle East and Asian countries	Substantial gaps remain in the development of spiritual care competencies among nursing students, with a lack of culturally adapted competency frameworks across Middle Eastern and Asian contexts.	SQ1,2
Group C: Intervention Characteristics (n = 8)					
Prieto-Crespo et al. (2024), Multi-countries	To systematically review and synthesise the scientific evidence on the impact of spiritual support interventions, including music therapy, dance therapy, counselling, and dignity therapy, on the quality of life and spiritual well-being of adult patients in palliative care settings.	Systematic review	Adult patients receiving palliative care; international settings	Multidimensional spiritual support interventions positively influenced psychological comfort, spiritual well-being, and acceptance of end-of-life experiences.	SQ2
Agustini et al. (2024), Indonesia	To review the existing evidence on the assessment of spiritual needs and family support in palliative end-of-life nursing care.	Narrative review	Palliative care patients and families; Indonesian hospital settings	Comprehensive assessment of spiritual needs and family support was identified as a key component of holistic palliative care delivery.	SQ2
Gulo et al. (2023), Indonesia	To assess the effectiveness of the Spiritual Management Approach in improving the quality of life of palliative patients in hospitals.	Quantitative — pre-post test	Palliative care patients; Indonesian hospital settings	A Spiritual Management Approach improved quality of life and enhanced patient well-being and nursing competence in palliative care.	SQ2

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Sleeth et al. (2025), Multi-countries	To explore interest, applications and evaluations of one of the well-known SH/SA tools - the HOPE spiritual assessment.	Scoping review	Healthcare settings using HOPE tool; international	The HOPE spiritual assessment model was widely validated across healthcare settings and supported culturally sensitive spiritual assessment in diverse populations.	SQ2
Best et al. (2023), Multi-countries	To provide a summary overview of the place of spiritual care in end-of-life care	Systematic review of reviews	Patients in palliative care settings; international	Spiritual care was consistently associated with improved quality of life, reduced existential distress, and greater patient satisfaction, although implementation remained inconsistent across settings.	SQ1,2
Khouzani et al., (2025)	To identify the key components necessary for providing spiritual care in hospitals.	Scoping review	Healthcare professionals involved in spiritual care; hospital settings	Effective spiritual care requires integration of patient-centred principles, organizational support systems, diverse interventions, and interdisciplinary collaboration.	SQ2
Austin et al. (2025), Multi-countries	To systematically synthesise the available evidence from systematic reviews concerning (a) the efficacy of spiritual care interventions and (b) the extent and nature of spiritual care interventions used in specialist palliative care settings.	Umbrella review	Palliative care patients receiving spiritual interventions; international	Spiritual interventions improved spiritual well-being and quality of life, with the greatest benefits observed when interventions were culturally and religiously tailored.	SQ2
Chen et al. (2018), Multi-countries	To evaluate the effects of spiritual care on quality of life and spiritual well-being among patients with terminal illness.	Systematic review	Patients with terminal illness; international palliative care settings	Spiritual care interventions were associated with improved quality of life and spiritual well-being, supporting integration of spiritual care into routine palliative practice while respecting patients' spiritual and cultural preferences.	SQ2
Group D: Cultural Context & Asia (n = 6)					
Aghaei et al. (2023), Iran	To explore the meaning of care in the process of providing palliative care to Iranian people with cancer and to develop a theory that would explain the phenomenon.	Qualitative — grounded theory	Iranian patients with cancer; palliative care settings	Palliative care promoted psycho-emotional recovery through emotional connection, positive thinking, and maintenance of personal values and meaning.	SQ2

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Author (Year), Country	Purpose	Study Design	Population/Setting	Key Findings	SQ
Sitanggang et al. (2024), Indonesia	To explore the perspectives of Christian nurses on a peaceful death in Indonesia.	Qualitative — descriptive	Indonesian Christian nurses; palliative care settings	Peaceful death was understood through physical, psychological, and spiritual dimensions, with companionship and faith-based beliefs about the afterlife shaping end-of-life care.	SQ2
Mamier et al. (2021), South Korea and United States	To measure the frequency of spiritual needs, identify the factors associated with these needs among Korean and American persons living with an advance chronic illness and compare them from a cross-cultural perspective.	Quantitative — comparative cross-sectional	Korean and American patients with advanced chronic illness	Spiritual needs were broadly similar across cultures, but priorities, expressions, and preferred forms of support differed, highlighting the importance of culturally responsive spiritual care.	SQ2
Wisesrih et al. (2021), Thailand	To explore the experiences of Thai nurses who provide spiritual care.	Qualitative — phenomenology	Nurses providing EOL care for older adults; Thailand	Although recognized as important, spiritual care was often secondary to physical care and remained dependent on individual initiative rather than systematic practice.	SQ2
Fang et al. (2016), Multi-countries	To explore attitudes, behaviours and patterns to utilization of EoL care by culturally and spiritually diverse groups and identify gaps in EoL care practice and delivery methods	Scoping review	Patients and families from diverse cultural backgrounds at EOL; international	Culturally responsive end-of-life care must incorporate patients' religious values, family structures, and community contexts to ensure effective spiritual care.	SQ2
Chung et al. (2025), Malaysia	To explore the experiences and preferences of Malaysian patients with advanced cancer.	Qualitative — semi-structured interview	Malaysian patients with advanced cancer and families	Spirituality served as an important coping resource for patients facing advanced cancer, highlighting the need for culturally sensitive end-of-life discussions and improved spiritual care support.	SQ2

Note. Data extracted using a modified JBI data extraction form for scoping reviews (Peters et al., 2021). SQ1 = Barriers & Integration; SQ2 = Intervention Characteristics; SQ3 = Islamic Healthcare Context. ME = Middle East. Studies may address more than one sub-question. All 37 entries fully verified from original abstracts or full texts. Verification status: 37/37 entries verified.

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Study Selection

The literature search yielded 1,806 records across four electronic databases: PubMed (n = 397), Scopus (n = 701), DOAJ (n = 209), and Europe PMC (n = 499). After removing 977 duplicates, 829 unique records were retained for title and abstract screening. Of these, 620 were excluded—561 for irrelevance to the review questions and 59 due to inappropriate population or setting identified at the abstract level. The remaining 209 records were retrieved, of which 38 full texts were unavailable. The 171 accessible articles underwent eligibility assessment, resulting in the exclusion of 40 not focused on spiritual care, 14 not addressing nursing practice, and 80 with limited relevance to the review sub-questions. Ultimately, 37 studies satisfied all inclusion criteria and were incorporated into the final synthesis. The complete selection process is presented in Figure 1, in accordance with PRISMA-ScR reporting guidelines.

Study Characteristics

The 37 included studies were published between January 2015 and May 2026 and represented evidence from Indonesia, Muslim-majority countries, Western countries, other Asian countries, and international or multi-country settings. The study designs included qualitative studies (n = 10), quantitative cross-sectional and survey studies (n = 7), quasi-experimental studies (n = 3), systematic reviews (n = 5), scoping reviews (n = 6), a systematic review of reviews (n = 1), an umbrella review (n = 1), narrative/literature reviews (n = 2), a conceptual/practice model (n = 1), and a mixed-methods longitudinal case study (n = 1).

Based on thematic synthesis, the studies were categorized into four thematic groups according to their primary focus: Group A: Islamic/Muslim/ Context (n = 11), Group B: Barriers and Integration of Spiritual Care (n = 12), Group C: Intervention Characteristics and Outcomes (n = 8), and Group D: Cultural Context and Asian Perspectives (n = 6).

Regarding the review sub-questions, 17 studies addressed barriers to spiritual care implementation (SQ1), 31 studies examined spiritual care interventions, practices, or outcomes (SQ2), and 11 studies specifically explored Islamic or Muslim-related perspectives in palliative care (SQ3).

Findings by Sub-question

Seventeen studies (45.9%) examined barriers to integrating spiritual care in palliative nursing, identifying challenges at individual, institutional, and systemic levels. At the individual level, nurses reported discomfort with spiritual discussions, uncertainty about professional boundaries, and limited confidence, largely due to inadequate preparation rather than unwillingness (Best et al., 2016; O'Brien et al., 2019; Minton et al., 2018). Institutional barriers were most consistently noted, including absent documentation systems, unclear role expectations, limited guidance, and insufficient organisational support, which persisted over two decades despite growing recognition of spiritual care (Anshasi et al., 2024; Lundmark, 2026; Miller, 2023). Systemic barriers encompassed policy gaps, workforce constraints, and lack of standardised education, with delivery varying according to resources and training (Wilson et al., 2024; Taylor et al., 2023; Lee & Park, 2025). Across all levels, a common challenge was conceptual ambiguity, reflecting inconsistent definitions and implementation of spiritual care (Vivat et al., 2023). Educational gaps further hindered competency development, particularly in Middle Eastern and Asian contexts (Dewi et al., 2025). Collectively, these findings indicate that barriers stem less from individual shortcomings than from entrenched organisational and systemic limitations impeding integration.

DISCUSSION

This scoping review highlights a central paradox in contemporary palliative nursing: although spiritual care is widely endorsed as a core dimension of holistic care, its translation into consistent clinical practice remains limited and fragmented across settings. Global evidence underscores several universal principles, compassionate presence, empathetic listening, spiritual assessment, and authentic human connection that consistently emerge as foundational to effective spiritual support. These principles hold relevance across diverse populations and appear to underpin improvements in spiritual well-being, existential comfort, and quality of life.

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Nevertheless, the realisation of these universal principles depends heavily on contextual adaptation. Spiritual care is not a one-size-fits-all intervention but must be thoughtfully aligned with patients' religious worldviews, cultural norms, organisational realities, and broader healthcare system characteristics. The reviewed literature highlights that while core principles remain relevant, their expression and implementation vary significantly according to context. This suggests that the principal challenge is no longer a lack of recognition of spiritual care, but the absence of implementation approaches capable of translating universal principles into contextually meaningful clinical practice.

In religious contexts, particularly within Islamic healthcare settings, spirituality often centres on a relationship with the Divine, acceptance of God's will, and religious practices such as Qur'anic recitation, *dhikr*, supplication, and facilitation of worship. These elements provide deep existential anchoring for many Muslim patients and families, while similar culturally grounded expressions are observed across other traditions. Organisational and healthcare system contexts further shape integration. Across settings, institutional factors, including documentation systems, role clarity, leadership support, and interprofessional collaboration, frequently determine whether spiritual care remains invisible or becomes a visible and accountable component of care.

The synthesis presented in this review argues for a contextually responsive approach to spiritual care integration. To advance this agenda, we propose a multi-level conceptual framework that integrates universal spiritual care principles with religious and cultural influences, organisational and system-level enablers, and meaningful patient, family, and clinician outcomes. This framework positions contextual adaptation as the critical bridge through which universal spiritual care principles are translated into effective and culturally meaningful clinical practice. This process enables spiritual care to move beyond universal recommendations toward implementation that is responsive to the realities of diverse healthcare contexts.

The question is no longer whether spiritual care is universal, but how universal principles can be translated into contextually meaningful nursing practice. These findings suggest that the field should

move beyond asking whether spiritual care ought to be integrated and instead focus on how such integration can be achieved effectively, sustainably, and respectfully across diverse cultural and healthcare contexts.

Ultimately, the future of palliative nursing lies not in standardising spiritual care, but in ensuring that its universal principles are implemented in ways that remain responsive to the diverse spiritual worldviews of the people receiving care. This review contributes to that vision by offering a generative synthesis and a conceptual framework that can guide future implementation research and model development in palliative nursing.

CONCLUSIONS

This scoping review demonstrates that effective integration of spiritual care in palliative nursing depends not only on individual competence but also on organisational readiness, interdisciplinary collaboration, and responsiveness to patients' religious and cultural contexts. Although universal principles of spiritual care are consistently recognised across healthcare settings, their successful implementation requires thoughtful adaptation to local clinical, cultural, and spiritual realities.

Building on these findings, this review proposes a conceptual framework for contextually responsive spiritual care integration that positions contextual adaptation as the bridge between universal spiritual care principles and meaningful implementation in practice. The framework provides a foundation for future research aimed at developing culturally congruent implementation models, validating context-specific assessment tools, and strengthening organisational strategies to embed spiritual care within routine palliative nursing.

STUDY LIMITATIONS

This scoping review has several limitations that should be considered when interpreting the findings. First, the search was restricted to four databases (PubMed, Scopus, DOAJ, and Europe PMC), English and Indonesian languages, and the period 2015–2026. Consequently, relevant studies published in other languages (e.g., Arabic, Turkish, Farsi), grey literature, or before 2015 may have been missed. Second, in line with scoping review methodology

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(Peters et al., 2021; Tricco et al., 2018), formal critical appraisal of methodological quality was not conducted, as this is not a required component of the scoping review approach. Although the data extraction and thematic categorisation process involved team discussion to resolve uncertainties, this may have introduced some degree of selection and interpretive bias.

Despite these limitations, this review offers a valuable mapping of the theory-practice gap in spiritual care for Muslim patients in palliative settings and highlights culturally relevant issues that deserve further attention.

REFERENCES

- Aghaei, M. H., Vanaki, Z., & Mohammadi, E. (2023). Psycho-emotional recovery, the meaning of care in the process of providing palliative care to Iranian people with cancer: A grounded theory study. *Nursing Open*, 10(2), 889-900. <https://doi.org/10.1002/nop2.1357>.
- Agustini, N. L. P. I. B., Israfil, I., Suyasa, I. G. P. D., & Sujianto, U. (2026). Critical aspects in assessing palliative end-of-life care: A narrative review of family support and spiritual needs. *Indonesian Contemporary Nursing Journal (ICON Journal)*, 10(2), 179-193. DOI: <https://doi.org/10.20956/icon.v10i2.44511>.
- Al Shhadat, I., Wobst, L. M., Meyer, G., Makhmutov, R., & Fleischer, S. (2025). The use of palliative care by people of Islamic faith and their preferences and decisions at the end of life: A scoping review. *Palliative & Supportive Care*, 23, e84. <https://doi.org/10.1017/S1478951525000148>
- Amiri, H., Farokhzadian, J., & Tirgari, B. (2021). Empowerment of nurses for integrating clients' religion/spirituality into clinical practice: outcomes of an online training program. *BMC nursing*, 20(1), 210. <https://doi.org/10.1186/s12912-021-00723-y>.
- Anshasi, H. A., Fawaz, M., Aljawarneh, Y. M., & Alkhawaldeh, J. F. M. (2024). Exploring nurses' experiences of providing spiritual care to cancer patients: a qualitative study. *BMC nursing*, 23(1), 207. <https://doi.org/10.1186/s12912-024-01830-2>.
- Arksey, H., & O'malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, 8(1), 19-32. <https://doi.org/10.1080/1364557032000119616>.
- Austin, P. D., Lee, W., Keall, R., & Lovell, M. R. (2025). Efficacy of spiritual interventions in palliative care: An umbrella review of systematic reviews. *Palliative medicine*, 39(1), 70-85. <https://doi.org/10.1177/02692163241287650>.
- Best, M., Butow, P., & Olver, I. (2016). Why do we find it so hard to discuss spirituality? A qualitative exploration of attitudinal barriers. *Journal of clinical medicine*, 5(9), 77.
- Best, M. C., Vivat, B., & Gijbsberts, M. J. (2023). Spiritual care in palliative care. *Religions*, 14(3), 320. <https://doi.org/10.3390/rel14030320>.
- Cengiz, Z., Olmaz, D., & Turan, M. (2021). Perception of spiritual care among palliative care nurses: cross-sectional study in eastern Turkey. *International Journal of Palliative Nursing*, 27(5), 235-243. <https://doi.org/10.12968/ijpn.2021.27.5.235>.
- Chen, J., Lin, Y., Yan, J., Wu, Y., & Hu, R. (2018). The effects of spiritual care on quality of life and spiritual well-being among patients with terminal illness: a systematic review. *Palliative medicine*, 32(7), 1167-1179. <https://doi.org/10.1177/0269216318772267>.
- Chung, I., Khoo, S. Y., & Low, L. L. (2025). An insight into the experiences of Malaysian patients with advanced cancer and their preferences in end-of-life care: a qualitative study. *American Journal of Hospice and Palliative Medicine®*, 42(1), 5-13. <https://doi.org/10.1177/10499091241233599>.
- Dewi, I. P., Haroen, H., Agustina, H. R., Pahria, T., Arisanti, N., & Keawpimon, P. (2025). Spiritual care competencies among nursing students in the middle East and Asia: a systematic review. *BMC nursing*, 24(1), 401. <https://doi.org/10.1186/s12912-025-03047-3>.

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Spiritual care integration in palliative nursing: A scoping review of barriers, intervention characteristics, and implications for Islamic healthcare contexts

- Donesky, D., Sprague, E., & Joseph, D. (2020). A new perspective on spiritual care: Collaborative chaplaincy and nursing practice. *Advances in Nursing Science*, 43(2), 147-158.
- Fang, M. L., Sixsmith, J., Sinclair, S., & Horst, G. (2016). A knowledge synthesis of culturally-and spiritually-sensitive end-of-life care: findings from a scoping review. *BMC geriatrics*, 16(1), 107. <https://doi.org/10.1186/s12877-016-0282-6>.
- Gulo, A. R. B., Sipayung, R. R., & Lase, Y. R. F. (2025). Spiritual approach as nursing management strategy to improve the quality of life of palliative patients. *International Journal of Nursing and Health Services (IJNHS)*, 8(6), 190-200. <https://doi.org/10.35654/ijnhs.v8i6.897>.
- Jaman-Mewes, P., de Oliveira, M. C. D. S., Mazotti, M. R., & de Goés Salvetti, M. (2024). Spiritual care interventions for palliative care patients: A scoping review. *Palliative & supportive care*, 22(5), 1449-1468. <https://doi.org/10.1017/S1478951524000592>.
- Khouzani, P., K., Yazdi-Feyzabadi, V., Setayesh, M., Mehrolhassani, M. H., & Rahimisadegh, R. (2025). Identifying the key components of providing spiritual care in the hospital: a scoping review study. *BMC palliative care*, 24(1), 142. <https://doi.org/10.1186/s12904-025-01762-x>.
- Klitzman, R., Di Sapia Ntarelli, G., Garbuzova, E., Sinnappan, S., & Al-Hashimi, J. (2023). Muslim patients in the US confronting challenges regarding end-of-life and palliative care: the experiences and roles of hospital chaplains. *BMC palliative care*, 22(1), 28. <https://doi.org/10.1186/s12904-023-01144-1>.
- Knaul, F. M., Farmer, P. E., Krakauer, E. L., De Lima, L., Bhadelia, A., Kwete, X. J., & Zimmerman, C. (2018). Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *The Lancet*, 391(10128), 1391-1454. [https://dx.doi.org/10.1016/S0140-6736\(17\)32513-8](https://dx.doi.org/10.1016/S0140-6736(17)32513-8).
- Komariah, M., Agustina, H. R., Rahayuwati, L., Kurniawan, K., Gartika, N., Mago, A., & Maulana, S. (2024). Strengthening psychological well-being of Indonesian females with breast cancer through the religious-based caring program: A quasi-experimental study among Muslim population. *Belitung nursing journal*, 10(4), 416. <https://doi.org/10.33546/bnj.3452>.
- Lampinley, A., Filmlalter, C. J., Orogun, D., Morerwa, S. J., & Ofosu-Poku, R. (2026). Developing religious and healthcare-sensitive palliative care guidelines for Muslim inpatients: A scoping review. *European Journal of Oncology Nursing*, 103142. <https://doi.org/10.1016/j.ejon.2026.103142>.
- Lee, H. J., & Park, M. S. (2025). The influence of hospice-palliative nursing knowledge, empathy, and attitude toward end-of-life care on spiritual care competence of nurses in long-term care hospital. *Journal of Hospice and Palliative Care*, 28(2), 71. <https://doi.org/10.14475/jhpc.2025.28.2.71>.
- Levac, D., Colquhoun, H., & O'brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation science*, 5(1), 69. <https://doi.org/10.1186/1748-5908-5-69>.
- Lundmark, M. (2026). Difficulties associated with spiritual care according to the nursing staff at an oncology clinic: A 20-year longitudinal mixed method case study. *Journal of Advanced Nursing*, 82(1), 807-819. <https://doi.org/10.1111/jan.16929>.
- Mamier, I., Kim, S. M., Petersen, D., Bae, H. J., Taylor, E. J., & Kang, K. A. (2021). Spiritual needs among Koreans and Americans with advanced chronic illnesses: A cultural comparison. *Journal of clinical nursing*, 30(23-24), 3517-3527. <https://doi.org/10.1111/jocn.15854>.
- Melhem, G. A. B., Zeilani, R. S., Zaqqout, O. A., Aljwad, A. I., Shawagfeh, M. Q., & Abd Al-Rahim, M. (2016). Nurses' perceptions of spirituality and

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DOI: <https://doi.org/10.33024/minh.v9i7.3995>

Spiritual care integration in palliative nursing: A scoping review of barriers, intervention characteristics, and implications for Islamic healthcare contexts

- spiritual care giving: A comparison study among all health care sectors in Jordan. *Indian journal of palliative care*, 22(1), 42. <https://doi.org/10.4103/0973-1075.173949>.
- Miller, M., Addicott, K., & Rosa, W. E. (2023). Spiritual care as a core component of palliative nursing. *AJN The American Journal of Nursing*, 123(2), 54-59. <https://doi.org/10.1097/01.NAJ.0000919748.95749.e5>.
- Ministry of Health of the Republic of Indonesia. (2007). *Keputusan Menteri Kesehatan Republik Indonesia Nomor 812 Tahun 2007 tentang Kebijakan Perawatan Paliatif*. Kemenkes RI. <https://dinkes.kolakkab.go.id/wp-content/uploads/2018/06/skmenkes812707.pdf>.
- Minton, M. E., Isaacson, M. J., Varilek, B. M., Stadick, J. L., & O'Connell-Persaud, S. (2018). A willingness to go there: Nurses and spiritual care. *Journal of clinical nursing*, 27(1-2), 173-181. <https://doi.org/10.1111/jocn.13867>.
- O'Brien, M. R., Kinloch, K., Groves, K. E., & Jack, B. A. (2019). Meeting patients' spiritual needs during end-of-life care: A qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training. *Journal of clinical nursing*, 28(1-2), 182-189. <https://doi.org/10.1111/jocn.14648>.
- Peters, M. D., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., & Khalil, H. (2021). Updated methodological guidance for the conduct of scoping reviews. *JBI evidence implementation*, 19(1), 3-10. <https://doi.org/10.11124/JBIES-20-00167>.
- Pew Research Center. (2017). *The changing global religious landscape*. Babies born to Muslims will begin to outnumber Christian births by 2035; people with no religion face a birth dearth. <https://www.pewresearch.org/religion/2017/04/05/the-changing-global-religious-landscape/>
- Prieto-Crespo, V., Arevalo-Buitrago, P., Olivares-Luque, E., García-Arcos, A., & López-Soto, P. J. (2024). Impact of spiritual support interventions on the quality of life of patients who receive palliative care: a systematic review. *Nursing Reports*, 14(3), 1906-1921. <https://doi.org/10.3390/nursrep14030142>.
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: reaching national and international consensus. *Journal of palliative medicine*, 17(6), 642-656. <https://doi.org/10.1089/jpm.2014.9427>.
- Rababa, M., & Al-Sabbah, S. (2023). The use of Islamic spiritual care practices among critically ill adult patients: A systematic review. *Heliyon*, 9(3). <https://doi.org/10.1016/j.heliyon.2023.e13862>.
- Rochmawati, E., Wiechula, R., & Cameron, K. (2018). Centrality of spirituality/religion in the culture of palliative care service in Indonesia: An ethnographic study. *Nursing & health sciences*, 20(2), 231-237. <https://doi.org/10.1111/nhs.12407>.
- Sitanggang, Y. F., & Fangidae, E. (2024). Indonesian Christian nurses' perspectives on peaceful death: A qualitative study. *Belitung Nursing Journal*, 10(5), 571. <https://doi.org/10.33546/bnj.3475>.
- Sleeman, K. E., De Brito, M., Etkind, S., Nkhoma, K., Guo, P., Higginson, I. J., & Harding, R. (2019). The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *The Lancet Global Health*, 7(7), e883-e892. [http://dx.doi.org/10.1016/S2214-109X\(19\)30172-X](http://dx.doi.org/10.1016/S2214-109X(19)30172-X).
- Sleeth, G., Gottlieb, P., Srinivasan, A., Thaddeus, U., Mennillo, M., & Anandarajah, G. (2025). Evaluation of the HOPE spiritual assessment model: a scoping review of international interest, applications and studies over 20+ years. *BMC Palliative Care*, 24(1), 191. <https://doi.org/10.1186/s12904-025-01809-z>.
- Statistics Indonesia. (2021). Hasil sensus penduduk 2020. Badan Pusat Statistik Indonesia. <https://www.bps.go.id/id/pressrelease/2021/01/21/1854/hasil-sensus-penduduk-2020.html>.

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DOI: <https://doi.org/10.33024/minh.v9i7.3995>

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- Sulmasy, D. P. (2009). Spirituality, religion, and clinical care. *Chest*, 135(6), 1634-1642. <https://doi.org/10.1378/chest.08-2241>.
- Suprayitno, E., & Setiawan, I. (2021). Nurses' roles in palliative care: An Islamic perspective. *Belitung Nursing Journal*, 7(1), 50. <https://doi.org/10.33546/bnj.1254>.
- Taylor, E. J., Pariñas, S., Mamier, I., Atarhim, M. A., Angeles, L., Aslan, H., & Dehom, S. (2023). Frequency of nurse-provided spiritual care: An international comparison. *Journal of Clinical Nursing*, 32(3-4), 597-609. <https://doi.org/10.1111/jocn.16497>.
- Timmins, F., & Caldeira, S. (2017). Assessing the spiritual needs of patients. *Nursing Standard (2014+)*, 31(29), 47. <https://doi.org/10.7748/ns.2017.e10312>.
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., & Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*, 169(7), 467-473. <https://doi.org/10.7326/M18-0850>.
- Vivat, B., Lodwick, R., Merino, M. T. G. B., & Young, T. (2023). What do palliative care professionals understand as spiritual care? Findings from an EAPC survey. *Religions*, 14(3), 298. <https://doi.org/10.3390/rel14030298>.
- Wilson, F., Wardani, E., Ryan, T., Gardiner, C., & Talpur, A. (2024). Barriers and mechanisms to the development of palliative care in Aceh, Indonesia. *Progress in Palliative Care*, 32(1), 22-28. <https://doi.org/10.1080/09699260.2023.2256177>.
- Wisesrith, W., Soonthornchaiya, R., & Hain, D. (2021). Thai nurses' experiences of spiritual care for older adults at end of life. *Journal of Hospice & Palliative Nursing*, 23(3), 286-292. <https://doi.org/10.1097/NJH.0000000000000748>.
- World Health Organization. (2020). Palliative care. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/palliative-care>.

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