MINH
MALAHAYATI INTERNATIONAL JOURNAL OF NURSING AND HEALTH SCIENCE
ISSN 2620-9152 (Print)
ISSN 2621-4083 (Online)
DOI: 10.33024
Nomor: 79/E/KPT/2023

ARTICLE INFORMATION
Received: August, 8, 2026
Revised: October, 20, 2026
Available online: October, 21, 2026
at : https://e-jurnal.iphorr.com/index.php/minh

Mapping the evidence on spiritual care in clinical nursing practice: A scoping review

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

Abstract

Background: Spiritual care is an essential component of holistic nursing; however, its implementation in clinical practice remains suboptimal due to limited nursing competencies, inadequate training, and a lack of evidence-based standard operating procedures (SOPs).
Purpose: To map the available evidence to inform the development of the Spiritual Integrated Nursing Procedure (SPIRIT CARE NURSE) SOP for clinical nursing practice.
Method: A scoping review was conducted using the framework developed by Arksey and O'Malley and guided by the PRISMA-ScR reporting guidelines. Literature searches were performed in PubMed, Scopus, CINAHL, Web of Science, ProQuest, BMC Nursing, Garuda, SINTA, and Google Scholar for articles published between 2022 and 2026. A total of 45 eligible articles were included and analyzed thematically.
Results: The synthesis identified seven themes related to spiritual care implementation: nurses' competencies, intervention effectiveness, education and training, implementation barriers, organizational support, the development of models and instruments, and the integration of spirituality into holistic nursing. The included studies reported that spiritual care may contribute to improved quality of life, psychological comfort, spiritual well-being, coping abilities, and patient-centered care. However, implementation remains challenged by limited standardized procedures, inadequate training, and insufficient organizational support.
Conclusion: The findings highlight the need to develop an evidence-based SPIRIT CARE NURSE SOP to support the systematic, measurable, holistic, and patient-centered implementation of spiritual care in clinical nursing practice.

Keywords: Clinical Nursing Practice; Holistic Nursing; Spiritual Care; Standard Operating Procedure.

INTRODUCTION

Nursing care is a professional service oriented towards a holistic approach that encompasses the biological, psychological, social, and spiritual needs of patients. Within the concept of *holistic nursing*, spiritual care plays a crucial role in helping patients find meaning in life, hope, peace, and the ability to adapt to illness. Various studies have shown that meeting spiritual needs contributes to improved quality of life, *spiritual well-being*, coping skills, psychological comfort, and patient satisfaction during treatment (Baguna et al., 2024).

The need for spiritual care is increasing as the prevalence of chronic and terminal illnesses increases. The World Health Organization reports that non-communicable diseases contribute to more than 74% of global deaths, which are often accompanied by *spiritual distress*, anxiety, loss of hope, and a crisis of meaning in life. Research shows that many hospitalized patients have unmet spiritual needs and seek spiritual support from healthcare professionals, including nurses (Bangcola, 2021). In Indonesia, the high level of religiosity in the community and the increasing prevalence of hypertension, diabetes mellitus, and cancer further reinforce the urgency of integrating spiritual care into nursing practice (Dewi et al., 2025).

Nurses play a strategic role in identifying and meeting patients' spiritual needs, as they are the

DOI: https://doi.org/10.33024/minh.v9i8.4269

healthcare professionals who interact most frequently with patients. However, the implementation of spiritual care remains suboptimal due to limited competency, lack of training, high workloads, time constraints, and low organizational support. Furthermore, documentation and evaluation of spiritual care are not consistently conducted, often relying on individual nurse initiatives (Sitorus et al., 2025). This situation highlights the importance of standardizing spiritual care through standard operating procedures (SOPs) to ensure that assessment, intervention, documentation, evaluation, and follow-up are carried out systematically, consistently, and evidence-based. The existence of SOPs also supports service quality, patient safety, professional practice, and the implementation of *patient-centered care* in accordance with hospital accreditation standards (Indra et al., 2024).

However, evidence regarding the form, components, implementation, barriers, and development of spiritual care SOPs remains scattered across various studies and has not been comprehensively synthesized. Most studies focus more on nurse competency or the effectiveness of specific spiritual interventions, while studies that integrate various evidence to build a comprehensive and applicable spiritual care SOP model are still very limited (Fadlilah et al., 2024). This condition indicates *a research gap* that needs to be addressed through systematic evidence mapping as a basis for developing a structured spiritual care SOP.

Based on these conditions, this study aims to map evidence regarding the implementation of spiritual care and the components required in the development of the Spiritual Integrated Nursing Procedure Standard (SPIRIT CARE NURSE SOP). The novelty of this study lies in the development of the SPIRIT CARE NURSE SOP concept as an evidence-based conceptual model of spiritual care that integrates spiritual assessment, intervention, documentation, evaluation, monitoring, and a *patient-centered care approach* within a single nursing procedural framework. This model is expected to become a scientific basis in the development of more systematic, measurable, and sustainable spiritual care standards, as well as supporting the improvement of the quality of holistic and patient-centered nursing services.

RESEARCH METHOD

Study Design

This study employed a scoping review design to map the available evidence on spiritual care implementation in clinical nursing practice and identify key components for the proposed Spiritual Integrated Nursing Procedure Standard (SPIRIT CARE NURSE SOP). A scoping review was selected because it enables the systematic identification, examination, and mapping of evidence from diverse research designs, while also identifying knowledge gaps and priorities for future research. The review was guided by the framework developed by Arksey and O'Malley, consisting of five stages: (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) collating, summarizing, and reporting the results. The reporting process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR).

Research Question and Eligibility Criteria

The research question was formulated using the Population, Concept, and Context (PCC) framework recommended by the Joanna Briggs Institute (JBI). The population included nurses and patients; the concept focused on spiritual care, spiritual care interventions, standard operating procedures (SOPs), protocols, guidelines, and spiritual care models; and the context encompassed clinical nursing settings, including hospitals, intensive care units, palliative care units, and other healthcare settings providing holistic and patient-centered care.

Studies were eligible for inclusion if they addressed spiritual care in clinical nursing practice; examined spiritual care interventions, SOPs, protocols, frameworks, or implementation models; were available in full text; were published in Indonesian or English; and were published between 2020 and 2026. Eligible study designs included quantitative, qualitative, mixed-methods, quasi-experimental, cross-sectional, systematic review, meta-analysis, integrative review, bibliometric review, concept analysis, validation, and theory development studies relevant to the review question. Editorials, commentaries, letters to the editor, conference abstracts, non-peer-reviewed publications, duplicate records, studies outside the field of nursing, and studies with unclear methodologies were excluded.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

Search Strategy and Information Sources

A literature search was conducted using nine information sources: PubMed, Scopus, CINAHL, Web of Science, ProQuest, BMC Nursing, Garuda, SINTA, and Google Scholar. The search strategy combined keywords, Boolean operators (AND and OR), Medical Subject Headings (MeSH), where applicable, and free-text terms related to spiritual care and nursing practice.

The principal search strategy was: ("spiritual care" OR "spiritual nursing") AND ("standard operating procedure" OR SOP OR protocol OR guideline) AND (nursing OR nurse). The search was limited to publications from 2020 to 2026 and to articles written in Indonesian or English. Search results were managed using Mendeley and/or Zotero to organize references and identify duplicate records.

Study Selection

Study selection followed the identification, screening, eligibility assessment, and inclusion stages outlined in PRISMA-ScR. Duplicate records were removed before titles and abstracts were screened against the predefined eligibility criteria. Potentially relevant articles then underwent full-text assessment to determine their eligibility for inclusion.

Two independent reviewers conducted the study selection process. Disagreements were resolved through discussion until consensus was reached. The reasons for excluding full-text articles were documented, and the selection process was summarized in a PRISMA-ScR flow diagram.

Data Charting and Extraction

Data were charted independently by two reviewers using a structured data extraction form developed for this review. The extracted information included author and year of publication, country, study objectives, research design, participant characteristics, forms of spiritual care implementation, components of spiritual care SOPs or frameworks, instruments used, principal findings, implementation barriers, and recommendations for future development.

The extracted data were organized into an evidence matrix using Microsoft Excel. Reference management software was used to support reference organization and source tracking. Differences in data extraction were discussed and resolved by consensus to improve consistency.

Data Analysis and Synthesis

The included studies were analyzed using descriptive and thematic synthesis. Descriptive analysis was used to summarize the characteristics of the included studies, while thematic analysis was conducted to identify recurring patterns and key findings related to spiritual care in clinical nursing practice.

The synthesis focused on seven principal themes: (1) nurses' spiritual care competencies, (2) the effectiveness of spiritual care interventions, (3) spiritual care education and training, (4) barriers to spiritual care implementation, (5) organizational and work environment factors, (6) the development of spiritual care models, frameworks, and instruments, and (7) the integration of spirituality into holistic and patient-centered nursing care.

The findings were presented through descriptive summaries, evidence tables, and thematic narratives. The synthesized evidence was subsequently used to formulate a proposed conceptual framework for the SPIRIT CARE NURSE SOP, incorporating spiritual assessment, intervention, documentation, evaluation, monitoring, and multidisciplinary collaboration. As this review focused on mapping the available evidence, a formal critical appraisal of the methodological quality of the included studies was not undertaken.

The PRISMA-ScR flowchart illustrates the process of article identification, screening, eligibility assessment, and inclusion. A literature search across nine databases yielded 2,143 articles. After deduplication using Mendeley, 565 articles were removed, leaving 1,578 articles for title and abstract screening. A total of 1,430 articles were excluded for non-compliance with the PCC framework. Furthermore, 148 articles underwent *full-text assessment*, and 103 articles were excluded for not discussing SOPs or protocols for spiritual care (n=36), not focusing on nursing (n=27), not having *full-text availability* (n=23), or inappropriate research design (n=17). A total of 45 articles met the inclusion criteria and were used in the final synthesis. The entire process was verified and documented according to PRISMA-ScR guidelines to ensure transparency and replication of the study.

A synthesis of 45 articles shows that spiritual care is an important component of *holistic nursing* that contributes to improving quality of life, spiritual

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

well-being, psychological comfort, and patient satisfaction. Nurses' spiritual care competency is influenced by *spiritual well-being*, *spiritual sensitivity*, training, culture, religion, organizational support, and the hospital's ethical climate. Various spiritual care interventions, such as prayer, worship support, therapeutic communication, spiritual accompaniment, and spiritual education, have been shown to improve *well-being*, reduce *spiritual distress*, and improve the quality of life for chronic, critical, and palliative patients. However, the implementation of spiritual care still faces obstacles such as the lack of standardized SOPs, time constraints, lack of training, low nurse confidence, and minimal institutional support. These findings emphasize the importance of developing evidence-based SPIRIT CARE NURSE SOPs to support more systematic and holistic spiritual care.

RESEARCH RESULTS

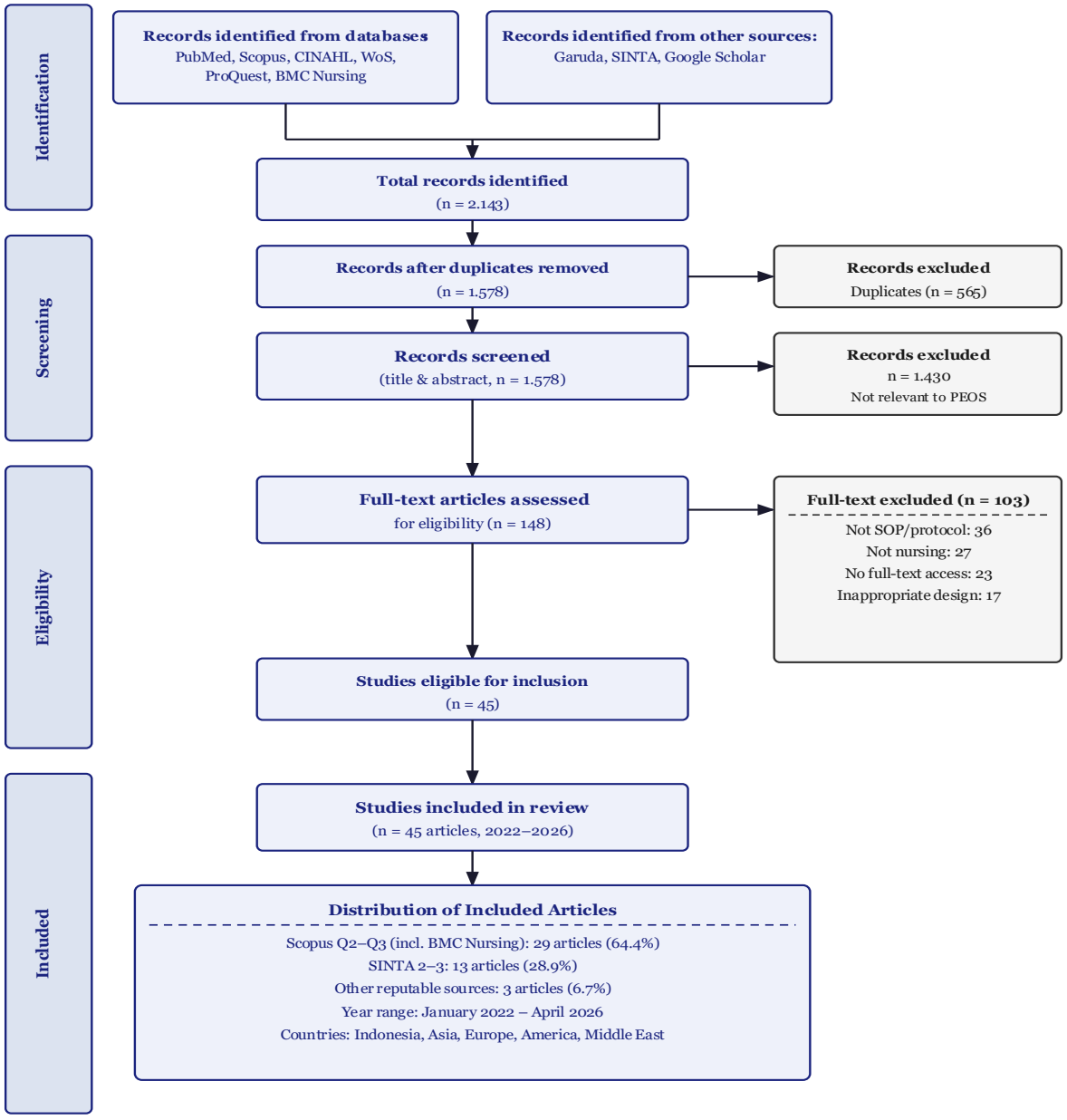


Figure 1. PRISMA-ScR Flowchart of the Article Selection Process in Scoping Review

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

Table 1. Article Characteristics

(Author, Year) Country	Research Design	Key Results
(Timmins et al., 2025) (no single study country)	Discursive paper	*Spiritual care still faces a competency gap in nurses; spiritual care* education and integration need to be strengthened.
(Baguna et al., 2024) Indonesia	Cross-sectional survey	There is a positive relationship between nurses' perceptions of spirituality and *spiritual care practices*.
(Dallı, 2025) Türkiye	Cross-sectional SEM	*Spiritual care* competency is strongly related to *the spiritual care practices* of ICU nurses.
(de Diego-Cordero et al., 2022) (no single study country)	Systematic review & meta-analysis	Spiritual interventions effectively improve patients' *well-being* and quality of life.
(Fadlilah et al., 2024) Indonesia	Systematic review	*spiritual care* competencies contribute to improving the quality of spiritual care for patients.
(Azanaw et al., 2025) Ethiopia	Multi-center cross-sectional	*Spiritual care* training improves nurses' *spiritual care competencies*.
(Chen et al., 2024) China	Cross-sectional SEM	Hospital ethical climate is the biggest factor influencing *spiritual care competence*.
(Tarigan et al., 2023) Indonesia	Qualitative exploratory	Barriers to *spiritual care* for COVID-19 patients include SOPs, limited communication, and family collaboration.
(Sitorus et al., 2025) Indonesia	Cross-sectional correlational	spiritual *well-being is significantly related to spiritual care* competence.
(Chan et al., 2025) Hong Kong, China	Quasi-experimental pre-post	End-of-life care programs reduce spiritual distress in patients and caregivers.
(Coelho et al., 2025) Portugal	Concept analysis	*Spiritual care* competencies consist of intrapersonal, interpersonal, and transpersonal resources.
(Ramadhan et al., 2020) Indonesia	Cross-sectional correlational	There is a strong relationship between *spiritual care* giving and nursing competence.
(Dos Santos et al., 2022) USA	Systematic review	Spiritual interventions improve patients' spiritual *well-being* and quality of life.
(Theresia, 2022) Indonesia	Literature review	*Spiritual care* in critical areas includes support for worship, prayer, and collaboration with religious leaders.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

(Author, Year) Country	Research Design	Key Results
(Gulo et al., 2025) Indonesia	Quasi-experimental	Spiritual approaches improve the quality of life of palliative patients.
(Dewi et al., 2025) Indonesia	Systematic review	*Spiritual care* education increases self-awareness and competence of nursing students.
(Smith et al., 2026) USA	Qualitative grounded theory	Developed the SPIRIT framework for technology-based *spiritual care interventions*.
(Mastuti et al., 2025) Indonesia	Observational descriptive	Spiritual approaches improve the emotional and spiritual well-being of patients.
(Syahwal & Sukmadi, 2026) Indonesia	Descriptive gap analysis	There is still a large gap between the spiritual needs of patients and the spiritual services provided by nurses.
(Ross et al., 2022) (European EPICC project)	Mixed methods Delphi	The EPICC Matrix was developed as a standard for *spiritual care education* for nursing students.
(Damsma-Bakker & van Leeuwen, 2021) Netherlands	Qualitative study	*spiritual care* education increases students' awareness and therapeutic communication.
Bangcola (2021) Philippines	Theory development	The Spiritual Nursing Care Theory was developed based on the patient's spiritual needs.
(Jamil et al., 2026) Indonesia	Pre-experimental	The audiovisual MoSLIM model effectively improves the implementation of nurses *' spiritual care*.
(Baysal et al., 2024) Türkiye	Cross-sectional multicultural study	Perceptions of *spiritual care* are influenced by culture, religion, and *spiritual care training*.
(Yanti et al., 2022) Indonesia	Propensity matched cohort	*spiritual care* improves *the psychological comfort* of chronic patients.
(Sitefane et al., 2025) Portugal	Validation study	The Portuguese version of the EPICC Tool is valid and reliable for assessing students' *spiritual care competencies*.
(Chidarikire et al., 2025) Australia	Qualitative systematic review	*Spiritual care* education for nursing students is still not comprehensive enough.
(Salehpour et al., 2025) Iran	Integrative review	Spiritual self-care improves resilience, job satisfaction, and quality of nursing care.
(Salarvand et al., 2026) Iran	Quasi-experimental	*Spiritual care* education increases the frequency of *spiritual care* for nursing home nurses.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

(Author, Year) Country	Research Design	Key Results
(Pérez-Jiménez et al., 2026) Spanish	Integrative review	Spirituality improves hope, coping, and quality of life in terminally ill patients.
(Mlinar Reljić et al., 2026) Slovenia	Cross-sectional study	The majority of students have moderate to good *spiritual care competencies.*
(Stiliya et al., 2024) India	Bibliometric review	The topic of spiritual intelligence is increasingly developing in nursing education and practice.
(Rabiei Vaziri et al., 2025) Iran	Cross-sectional study	Spiritual sensitivity is positively related to students' *spiritual care* competency.
(Green et al., 2026) USA	Qualitative phenomenological study	Nurses prefer spiritual assessment tools that are inclusive and not religion-specific.
(Cooper et al., 2026) Australia	Integrative review	Spiritual and religious beliefs influence nurses' practice in caring for suicidality patients.
(Ruiz et al., 2026) Chile	Quasi-experimental	*spiritual care* reduces PTSD symptoms in patient families.
(Su & Vicdan, 2026) Türkiye	Cross-sectional study	spiritual *well-being* is related to protecting patient privacy.
(Wu et al., 2026) China	Cross-sectional study	Psychological flexibility mediates the relationship between spiritual coping and end-of-life care attitudes.
(Anshasi et al., 2024) Lebanon	Cross-sectional correlational	*Spiritual care* competencies are related to patients' spiritual *well-being*.
(Joseph et al., 2026) USA	Narrative review	A spiritually supportive work environment improves nurse well-being and retention.
(Lundmark, 2026) Sweden	Mixed-method longitudinal	Barriers to *spiritual care* have remained the same for 20 years: lack of time, education, and support.
(De Luca et al., 2025) Thailand, Italy, and United Kingdom	Conceptual analysis	*spiritual care* models can improve the quality of palliative care.
(Ardian et al., 2023) Indonesia	Cross-sectional PLS-SEM	Sharia-based nursing care improves patient satisfaction in Islamic hospitals.
Indra et al. (2024) Indonesia	Systematic review	The spiritual needs of advanced cancer patients include connection, meaning in life, and transcendence.
(Mufidah et al., 2023) Indonesia	Cross-sectional PLS-SEM	The article discusses *spiritual care* in breast cancer patients.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

The synthesis of 45 articles resulted in seven main themes, namely: (1) nurses' spiritual care competencies, (2) the effectiveness of spiritual care interventions, (3) spiritual care education and training, (4) barriers to implementing spiritual care, (5) organizational and work environment factors, (6) development of spiritual care models and instruments, and (7) spirituality in a holistic nursing approach.

Table 2. Main Themes

Theme	Subtheme	Summary of Findings
Nurses' *spiritual care* competencies	*Spiritual care* competency	*Spiritual care* competency is related to the quality of *spiritual care* that nurses provide to patients.
	Spiritual *well-being*	spiritual *well-being* improves their ability and competence in providing *spiritual care*.
	Spiritual sensitivity	Spiritual sensitivity is a predictive factor for *the spiritual care competence* of nurses and nursing students.
	Competence in specific areas	ICU, palliative, and oncology nurses require higher *spiritual care competencies.*
Effectiveness of *Spiritual Care Interventions* on Patient Outcomes	Patient quality of life	*spiritual care* improves the quality of life of palliative, chronic, ICU, and cancer patients.
	Psychological *well-being*	*Spiritual care* reduces spiritual distress, anxiety, depression, and PTSD in patients' families.
	Psychological comfort	*spiritual care* improves the patient's *psychological comfort* and *well-being*.
	Service outcomes	Effective spiritual interventions support holistic and *patient-centered care*.
Spiritual care education and training	*Spiritual care* education	*Spiritual care* education in the nursing curriculum is still not optimal.
	Spiritual care training	*Spiritual care* training increases nurses' self-awareness, knowledge, and spiritual competence.
	Development of educational models	Developed the EPICC Matrix and various competency-based *spiritual care education models*.
	Instructional Media	Blended learning, online education, and audiovisuals effectively improve *spiritual care skills*.
Barriers to Implementing *Spiritual Care* in Clinical Practice	Organizational barriers	Lack of SOPs and *spiritual care guidelines* is a major obstacle to implementation.
	Individual barriers	Low self-confidence and limited knowledge of nurses hinder *spiritual care*.
	Time and workload constraints	Limited working hours and high workloads hinder the implementation of *spiritual care*.
	Communication barriers	Communication barriers and organizational culture impact *spiritual care*.
Organizational and Work Environment Factors in *Spiritual Care*	Organizational support	Organizational support improves the quality of *spiritual care implementation*.
	Hospital ethical climate	Hospital ethical climate influences nurses' *spiritual care competence*.
	Nursing leadership	Nursing leadership supports the implementation of *spiritual care* in hospitals.
	Supportive work environment	A spiritually supportive work environment improves nurse well-being and retention.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

Theme	Subtheme	Summary of Findings
Spiritual Care Models, Frameworks, and Instruments	Theory development	Developed Spiritual Nursing Care Theory as the basis for *spiritual care*.
	Spiritual care framework	The SPIRIT framework was developed to support technology-based *spiritual care*.
	Spiritual care instruments	The EPICC Self-Assessment Tool was declared valid and reliable in assessing *spiritual care competency*.
	Spiritual care model	*spiritual care* model supports palliative care and *holistic nursing*.
Spirituality and Holistic Approach in Nursing	Patient spirituality	Spirituality helps patients improve coping, life expectancy, and meaning in life.
	Therapeutic relationship	A spiritual approach strengthens the therapeutic relationship between nurse and patient.
	holistic nursing	Spirituality is an important part of p and *patient-centered care*.
	Patient's spiritual needs	Patients' spiritual needs include meaning in life, connection, peace, and transcendence.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

Nurses' spiritual care competencies are influenced by *spiritual well-being*, *spiritual sensitivity*, clinical experience, spiritual care education, and organizational support. These competencies are related to the quality of spiritual care implementation, particularly in service areas with high spiritual needs such as the ICU, oncology, palliative care, and *end-of-life care*.

Various spiritual care interventions, such as spiritual guidance, worship support, therapeutic communication, and *spiritual counseling*, have been shown to improve quality of life, *psychological comfort*, *spiritual well-being*, coping skills, and therapeutic relationships with patients. Spiritual care education and training through workshops, *blended learning*, simulations, and the EPICC Matrix framework have also been shown to improve the competency of both students and nurses.

However, the implementation of spiritual care still faces various obstacles, including the lack of standardized SOPs, time constraints, high workloads, lack of training, low nurse self-confidence, and minimal organizational support. Organizational factors such as nursing leadership, *a hospital ethical climate*, and a supportive work environment influence the success of spiritual care implementation.

Furthermore, various studies have developed spiritual care models and instruments, such as the SPIRIT Framework, Spiritual Nursing Care Theory, and the EPICC Self-Assessment Tool, to support more systematic and measurable implementation of spiritual care. Overall, spiritual care is an integral component of *holistic nursing* and *patient-centered care*, but evidence regarding applicable and integrated spiritual care SOPs remains limited.

The Impact of Spiritual Care on Patient Outcomes

Evidence shows that spiritual care has a multidimensional impact on patients, encompassing physical, psychological, emotional, and spiritual aspects. Spiritual care interventions have been shown to improve quality of life, *spiritual well-being*, coping, psychological comfort, life expectancy, and patient satisfaction, as well as strengthen the therapeutic relationship between patients and healthcare professionals. These positive impacts are most commonly found in chronic, critical, palliative, terminal, and *end -of-life care patients*. These findings demonstrate that spiritual care is an important component in the implementation of *patient-centered care* and *holistic nursing*.

Barriers to Implementing SPIRIT CARE NURSE SOP

Barriers to the implementation of spiritual care are multidimensional and involve both individual and organizational factors. Individual factors include low spiritual care competency, *spiritual sensitivity*, *spiritual well-being*, and nurse self-confidence. Organizational factors include the lack of standard operating procedures (SOPs) for spiritual care, limited training, high workloads, lack of institutional support, and an unsupportive work environment.

Although various studies demonstrate the effectiveness of spiritual care, evidence regarding the implementation of SOPs for spiritual care remains limited. Most studies focus on nurse competency and the effectiveness of spiritual interventions, while aspects of SOP development, spiritual care documentation, quality indicators, monitoring, evaluation, and integration of SOPs into hospital service systems are rarely discussed. These findings highlight the need to develop evidence-based SPIRIT CARE NURSE SOPs to improve the consistency and quality of spiritual care implementation in clinical practice.

SPIRIT CARE NURSE SOP Conceptual Model

The conceptual model shows that the implementation of SPIRIT CARE NURSE SOPs is influenced by individual and organizational factors. Spiritual care competency, education and training, and organizational support act as driving factors, while time constraints, workload, lack of training, and the lack of SOPs are inhibiting factors. Optimal implementation through spiritual assessment, spiritual intervention, documentation, evaluation, and monitoring results in improved quality of life, *spiritual well-being*, coping, patient satisfaction, therapeutic relationships, and strengthening *holistic nursing* and *patient-centered care*.

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

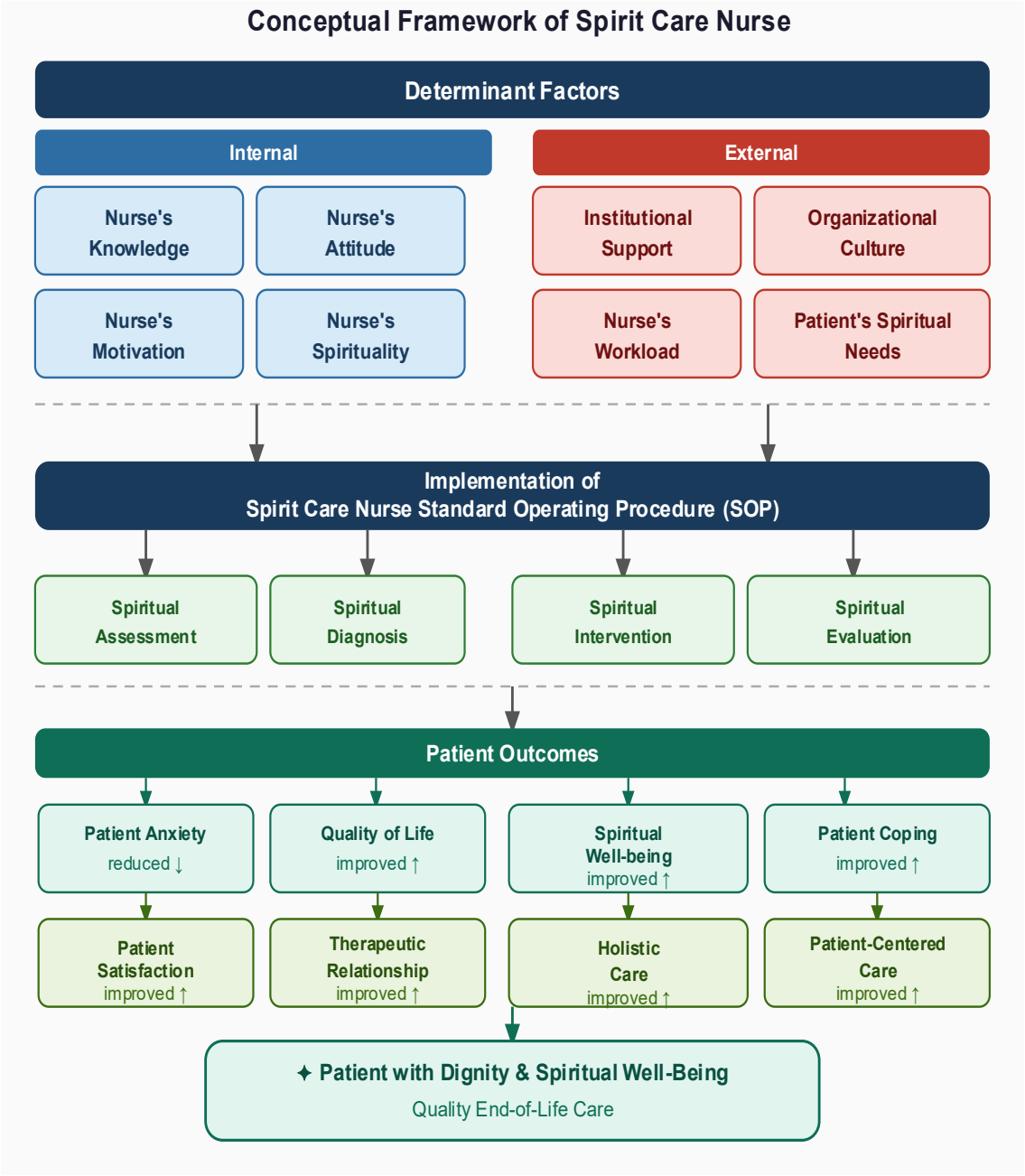


Figure 2. Conceptual Model of the Relationship between Determinant Factors, Implementation of SPIRIT CARE NURSE SOP, and Patient Outcomes in Clinical Nursing Practice

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

DISCUSSION

The results of the Scoping Review indicate that spiritual care is an important component of *holistic nursing* and *patient-centered care*, yet its implementation remains suboptimal. Most research focuses on spiritual care competency, the effectiveness of spiritual interventions, and spiritual care education, while studies on standard operating procedures (SOPs) for spiritual care are limited. This situation indicates that spiritual care is not yet standardized and still relies on individual nurse initiative. However, evidence shows that spiritual care contributes to improving quality of life, *spiritual well-being*, coping skills, *psychological comfort*, and therapeutic relationships with patients.

Nurses' spiritual care competencies are a key factor influencing the quality of spiritual care implementation. These competencies include spiritual assessment, therapeutic communication, emotional support, facilitation of worship, and the ability to build empathy-based therapeutic relationships. These competencies are influenced by *spiritual well-being*, *spiritual sensitivity*, clinical experience, spiritual care education, and organizational support. Various studies have also shown that spiritual care interventions effectively improve quality of life, spiritual well-being, coping skills, life expectancy, and reduce *spiritual distress* in chronic, critical, palliative, and *end-of-life care patients*.

Spiritual care education and training play a crucial role in improving the competency of nurses and nursing students. Various methods, such as *blended learning*, simulations, audiovisual media, and the EPICC Matrix framework, have been shown to improve spiritual care knowledge, *self-awareness*, and skills. However, spiritual care education in Indonesia has not been optimally integrated into the curriculum and clinical practice.

The implementation of spiritual care still faces various obstacles, including the lack of standardized SOPs, time constraints, high workloads, low nurse self-confidence, lack of training, and weak organizational support. In addition to individual factors, the success of spiritual care is also influenced by hospital policies, nursing leadership, *the hospital ethical climate*, and a supportive work environment. These conditions often lead to spiritual care being implemented informally and inconsistently.

The literature shows the development of various spiritual care models and instruments, such as *the Spiritual Nursing Care Theory*, the SPIRIT Framework, and the EPICC Self-Assessment Tool. However, most research still focuses on nurse competency and the effectiveness of spiritual interventions, while aspects of SOPs, documentation, monitoring, evaluation, quality indicators, and the integration of spiritual care into hospital service systems are rarely discussed. This finding indicates an evidence gap regarding the standardization of spiritual care in nursing practice.

Based on evidence synthesis, the SPIRIT CARE NURSE SOP is proposed as an evidence-based conceptual model that integrates spiritual assessment, spiritual therapeutic communication, spiritual care interventions, documentation, evaluation, monitoring, and multidisciplinary collaboration within a systematic procedural framework. This model was developed by considering the cultural context and religiosity of Indonesian society so that it can be applied flexibly, inclusively, and based on *evidence-based nursing practice*.

The novelty of this research lies in the development of the SPIRIT CARE NURSE SOP as a *proposed evidence-based conceptual model* that is not widely found in international literature. This model not only functions as an instrument for standardizing spiritual care, but also as a strategy to strengthen *holistic nursing* and *patient-centered care*. Its implementation has the potential to improve the quality of spiritual nursing services, patient satisfaction, *spiritual well-being*, patient quality of life, and support hospital quality standards and accreditation. Therefore, the development and testing of the SPIRIT CARE NURSE SOP implementation need to be a priority for research and development of nursing practice in the future.

RESEARCH LIMITATIONS

This scoping review has several limitations. First, the review was restricted to articles published in Indonesian or English between 2020 and 2026, which may have resulted in the omission of relevant evidence published in other languages or outside this period. Second, consistent with the objectives of a scoping review, the study focused on mapping the

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

available evidence rather than conducting a comprehensive critical appraisal of the methodological quality of the included studies.

Third, the included studies employed diverse research designs, including quantitative, qualitative, and mixed-methods studies, systematic reviews, concept analyses, and theory development. Although this diversity provided a broad overview of the available evidence, it also introduced methodological heterogeneity, requiring the findings to be interpreted in light of the characteristics and contexts of the individual studies.

Fourth, the available evidence primarily addressed nurses' competencies, the effectiveness of spiritual care interventions, and spiritual care education. Evidence concerning the development, implementation, monitoring, evaluation, and validation of standardized spiritual care operating procedures remains limited. Consequently, the proposed SPIRIT CARE NURSE SOP should be regarded as an evidence-informed conceptual model that requires further development, expert validation, supporting instrument development, and implementation testing across diverse healthcare settings before wider adoption can be recommended.

Despite these limitations, this review provides a synthesis of the available evidence and an initial conceptual foundation for developing an evidence-informed SPIRIT CARE NURSE SOP for clinical nursing practice.

CONCLUSION

This scoping review highlights spiritual care as an important component of holistic nursing practice, with potential benefits for patients' quality of life, spiritual well-being, coping abilities, psychological well-being, and satisfaction with care. Its implementation is shaped by nurses' competencies, spiritual care education and training, organizational support, and the availability of structured practice standards. However, implementation remains challenged by the lack of standardized spiritual care standard operating procedures (SOPs), limited training opportunities, and high nursing workloads.

The synthesis provides an evidence-informed foundation for developing the SPIRIT CARE NURSE SOP as a conceptual framework for integrating spiritual assessment, intervention, documentation, evaluation, and monitoring into nursing practice. This framework may inform the development of standardized spiritual care procedures in diverse clinical settings. However, its suitability and applicability require further development and empirical validation before it can be recommended as a standard for broader national or international use.

Further research should focus on developing and validating the SOP and its supporting instruments, followed by pilot implementation and evaluation across different healthcare settings, including inpatient wards, intensive care units, and palliative care units. Studies should assess implementation feasibility, nurses' adherence to the procedures, the quality of spiritual care delivery, and patient-reported outcomes, including satisfaction with care. Such research is needed to establish the model's validity, practical utility, and potential effectiveness in clinical nursing practice.

RECOMMENDATIONS

The findings of this scoping review highlight the need to integrate the SPIRIT CARE NURSE SOP into nursing curricula, continuing professional development, standardized spiritual care documentation, and hospital policies. These initiatives should be guided by the principles of holistic nursing and patient-centered care. Healthcare institutions should also strengthen organizational support and establish standardized procedures to promote the consistent, systematic, and sustainable implementation of spiritual care in clinical nursing practice. Further efforts should focus on expert validation and pilot testing of the SPIRIT CARE NURSE SOP before its broader implementation across healthcare settings.

REFERENCES

Anshasi, H. A., Fawaz, M., Aljawarneh, Y. M., & Alkhawaldeh, J. M. (2024). Exploring nurses' experiences of providing spiritual care to cancer patients: A qualitative study. BMC Nursing, 23(1), Article 207. https://doi.org/10.1186/s12912-024-01830-2

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

Ardian, I., Nursalam, N., Ahsan, A., Haiya, N. N., & Azizah, I. R. (2023). Investigating the complex relationships between nurses' work factors, Sharia-based nursing care, and patient satisfaction in an Islamic hospital: A PLS-SEM approach. Belitung Nursing Journal, 9(6), 530–538. https://doi.org/10.33546/bnj.2865

Azanaw, Y. G., Woretaw, A. W., Azene, T., Ayele, D. G., Siyoum, T. M., Gebeyehu, T., Bazezew, K., Zeleke, K. A., Alemsht, E., Tsega, S. S., Dessie, M. T., Getahun, A. F., & Bazezew, A. M. (2025). Spiritual care competence and associated factors among nurses: A multi-center cross-sectional study. *BMC Nursing, 24*(1), Article 606. https://doi.org/10.1186/s12912-025-03268-6

Baguna, A. E., Pandeirot, C. Y. M., Juniarta, & Barus, N. S. (2024). Correlation of nurses' perception of spirituality and spiritual care with spiritual care practices in Indonesia: A cross-sectional survey. *Belitung Nursing Journal, 10*(5), 593–600. https://doi.org/10.33546/bnj.3467

Bangcola, A. A. (2021). The development of Spiritual Nursing Care Theory using deductive axiomatic approach. *Belitung Nursing Journal, 7*(3), 163–170. https://doi.org/10.33546/bnj.1456

Baysal, E., Demirkol, H., Erol, A., Kaçmaz, E. D., Duka, B., Agolli, B., Stievano, A., & Notarnicola, I. (2024). Nurses' perceptions of spirituality and spiritual care and influencing factors in Türkiye, Italy, and Albania: A multicultural study. Healthcare, 12(14), Article 1391. https://doi.org/10.3390/healthcare12141391

Chan, A. T., Wong, A., Chun, G. K., Lou, V. W., & Chow, A. Y. M. (2026). Physical and psychosocial benefits of an interdisciplinary end-of-life care model for older adults in residential care homes in Hong Kong. *International Psychogeriatrics*. Advance online publication. https://doi.org/10.1016/j.inpsyc.2025.100176

Chen, X., Yuan, R., Du, Y., & Fan, A. (2024). Analysis of influencing factors of orthopedic nurses' spiritual care competencies based on structural equation model. *Frontiers in Public Health, 12*, Article 1462724. https://doi.org/10.3389/fpubh.2024.1462724

Chidarikire, S., Makaza, M., Popoola, T., Yu, F., & Molloy, L. (2025). Bridging the gap: Normalising spiritual care in undergraduate nursing education: A review of qualitative research. Nurse Education in Practice, 85, Article 104359. https://doi.org/10.1016/j.nepr.2025.104359

Coelho, J., Querido, A., Costeira, C., & Laranjeira, C. (2025). Spiritual care competence in palliative care: A concept analysis. *Journal of Religion and Health, 64*(5), 3740–3762. https://doi.org/10.1007/s10943-025-02408-1

Cooper, K., Alsharaydeh, E., Shishehgar, S., Endrawes, G., Hinge, R., & Murphy, G. (2026). The role of spirituality and religion when nurses care for people experiencing suicidality: An integrative review. International Nursing Review, 73(1), Article e70158. https://doi.org/10.1111/inr.70158

Dallı, Ö. E. (2025). Spiritual care practices and competence among critical care nurses in Türkiye: A structural equation modeling approach. Journal of Religion and Health, 64(5), 4074–4087. https://doi.org/10.1007/s10943-025-02353-z

Damsma-Bakker, A., & van Leeuwen, R. (2021). An online competency-based spiritual care education tool for oncology nurses. Seminars in Oncology Nursing, 37(5), Article 151210. https://doi.org/10.1016/j.soncn.2021.151210

de Diego-Cordero, R., Suárez-Reina, P., Badanta, B., Lucchetti, G., & Vega-Escaño, J. (2022). The efficacy of religious and spiritual interventions in nursing care to promote mental, physical and spiritual health: A systematic review and meta-analysis. *Applied Nursing Research, 67*, Article 151618. https://doi.org/10.1016/j.apnr.2022.151618

De Luca, E., Sena, B., Butcher, K., & De Wal, L. J. (2025). Spirituality and palliative care: International models and new perspectives. Frontiers in Sociology, 10, Article 1523685. https://doi.org/10.3389/fsoc.2025.1523685

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), Article 401. https://doi.org/10.1186/s12912-025-03047-3

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

Dos Santos, F. C., Macieira, T. G. R., Yao, Y., Hunter, S., Madandola, O. O., Cho, H., Bjarnadottir, R. I., Dunn Lopez, K., Wilkie, D. J., & Keenan, G. M. (2022). Spiritual interventions delivered by nurses to address patients' needs in hospitals or long-term care facilities: A systematic review. *Journal of Palliative Medicine, 25*(4), 662–677. https://doi.org/10.1089/jpm.2021.0578

Fadlilah, N., Muhith, A., & Setiyowati, E. (2024). Nurses' spiritual competence towards spiritual care and patient satisfaction: A systematic review. *Journal of Applied Nursing and Health, 6*(2), 270–281. https://doi.org/10.55018/janh.v6i2.256

Green, C., Thayer, L., Corraro, C., & Feinn, R. (2026). The spiritual call of nursing: Supporting patients in spiritual distress. International Journal of Africa Nursing Sciences, 25, Article 101041. https://doi.org/10.1016/j.ijans.2026.101041

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, 8(6), 190–200. https://doi.org/10.35654/ijnhs.v8i6.897

Indra, I., Afiyanti, Y., & Hargiana, G. (2024). Kebutuhan spiritual pada pasien kanker stadium lanjut. *Journal of Telenursing (JOTING), 6*(1), 666–674. https://doi.org/10.31539/joting.v6i1.9404

Jamil, N., Hidayah, N., & Nisma, N. (2026). Optimalisasi manajemen spiritual care di rumah sakit melalui model MoSLIM berbasis video audiovisual semenit: Penelitian. Jurnal Pengabdian Masyarakat dan Riset Pendidikan, 4(3), 20390–20395. https://doi.org/10.31004/jerkin.v4i3.5488

Joseph, R. A., Tharpe, A. H., Ortman, H., & Crager, J. M. (2026). Fostering spiritually supportive work environments in healthcare: Leadership recommendations from a narrative review. Journal of Nursing Management, 2026(1), Article 4082021. https://doi.org/10.1155/jonm/4082021

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.16602

Mastuti, S., Suwaryo, P. A. W., Astutiningrum, D., & Akbar, T. K. (2025). The impact of a spiritual approach in nursing on patient well-being. International Journal of Pharmaceutical and Bio-Medical Science, 5(2), 91–95. https://doi.org/10.47191/ijpbms/v5-i2-01

Mlinar Reljić, N., McSherry, W., Skubic, M., Miheličˇ-Zajec, A., Babnik, K., Štrancar, K., & Karnjuš, I. (2026). Self-perceived spiritual care competencies among nursing and midwifery students in Slovenia: A cross-sectional study. Nursing Open, 13(1), Article e70402. https://doi.org/10.1002/nop2.70402

Mufidah, N., Anggorowati, A., & Ismail, S. (2023). Perawatan spiritual pada pasien kanker payudara. Jurnal Keperawatan Silampari, 6(2), 2024–2038. https://doi.org/10.31539/jks.v6i2.5150

Pérez-Jiménez, J. M., Bonilla Sierra, P., & de-Diego-Cordero, R. (2026). The influence of spirituality in the care of patients with advanced chronic illnesses and at the end of life: An integrative review. Journal of Religion and Health, 65(1), 451–479. https://doi.org/10.1007/s10943-025-02543-9

Rabiei Vaziri, M., Jaramillo, J., Almagharbeh, W. T., Khajehhasani, T., & Dehghan, M. (2025). Spiritual care competency and spiritual sensitivity among nursing students: A cross-sectional study. BMC Nursing, 24(1), Article 884. https://doi.org/10.1186/s12912-025-03549-0

Ramadhan, M. D., Pangestika, D. D., & Fitriana, N. F. (2020). The correlation between spiritual care giving and nurses' competences at critical care units. *Jurnal Pendidikan Keperawatan Indonesia, 6*(2), 122–127. https://doi.org/10.17509/jpki.v6i2.27057

Ross, L., Giske, T., Boughey, A. J., van Leeuwen, R., Attard, J., Kleiven, T., & McSherry, W. (2022). Development of a spiritual care education matrix: Factors facilitating/hindering improvement of spiritual care competency in student nurses and midwives. Nurse Education Today, 114, Article 105403. https://doi.org/10.1016/j.nedt.2022.105403

Ruiz, C., Alegria, L., Olivares, P., Rojas, V., Taboada, P., Manríquez, D., Bakker, J., & Repetto, P. (2026). Impact of a volunteer-delivered spiritual care strategy on preventing post-intensive care syndrome-family in relatives of critically ill ICU

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269

patients: A quasi-experimental study. Nursing in Critical Care, 31(2), Article e70390. https://doi.org/10.1111/nicc.70390

Salarvand, S., Heidari, M., & Aghaali, M. (2026). The impact of a spiritual care charter-based educational intervention on the frequency of the spiritual care provision by nurses working in the nursing home. International Journal of Africa Nursing Sciences, 25, Article 101040. https://doi.org/10.1016/j.ijans.2026.101040

Salehpour, M., Sharifi, S., & Parandeh, A. (2025). Spiritual self-care in clinical nursing: An integrative review. International Journal of Nursing Studies Advances, 9, Article 100407. https://doi.org/10.1016/j.ijnsa.2025.100407

Sitefane, S., Afonso, A., McSherry, W., Ross, L., Rabiais, I., & Caldeira, S. (2026). Implementation and validation of competency-based spiritual care education using the EPICC self-assessment tool in undergraduate nursing students. Teaching and Learning in Nursing, 21(1), e15–e22. https://doi.org/10.1016/j.teln.2025.07.019

Sitorus, B. D., Laoli, D., Juniarta, J., & Situmorang, K. (2025). Nurses' spiritual well-being and spiritual care competence: A cross-sectional study in Indonesia. *Nursing Current: Jurnal Keperawatan, 13*(2), 178–186. https://doi.org/10.19166/nc.v13i2.10122

Smith, C. E., Bezabih, A., Nourriz, S., & Ovi, J. A. (2026). SPIRIT: A design framework to support technology interventions for spiritual care within and beyond the clinic. In Proceedings of the 2026 CHI Conference on Human Factors in Computing Systems (pp. 1–18). Association for Computing Machinery. https://doi.org/10.1145/3772318.3790662

Stiliya, J. K., Antony, J. M., & Joseph, J. (2024). Spiritual intelligence and spiritual care in nursing practice: A bibliometric review. Indian Journal of Palliative Care, 30(4), 304–314. https://doi.org/10.25259/IJPC_155_2024

Su, S., & Vicdan, A. K. (2026). The relationship between nurses' spiritual well-being and patient privacy: A cross-sectional study. Nursing Open, 13(4), Article e70554. https://doi.org/10.1002/nop2.70554

Syahwal, M., & Sukmadi, A. (2026). Gap analysis of spiritual education provision for hospitalized patients: Integrating health promotion in hospital settings. Media Publikasi Promosi Kesehatan Indonesia (MPPKI), 9(3), 476–486. https://doi.org/10.56338/mppki.v9i3.9048

Tarigan, A. A., Nasution, S. Z., & Hasnida. (2023). Pengalaman perawat dalam melaksanakan spiritual care di ruang rawat isolasi COVID-19. *Journal of Telenursing (JOTING), 5*(1), 1251–1258. https://doi.org/10.31539/joting.v5i1.5416

Theresia, S. I. M. (2022). Spiritual care interventions in critical area: A literature review study. *MIKKI: Majalah Ilmu Keperawatan dan Kesehatan Indonesia, 11*(2), 150–158. https://doi.org/10.47317/mikki.v11i2.487

Timmins, F., Attard, J., Dobrowolska, B., Connolly, M., Caldeira, S., Parissopoulos, S., De Luca, E., & Whelan, J. (2025). Trends in spirituality and spiritual care in nursing—A discursive paper. *Journal of Advanced Nursing, 82*(6), 6845–6856. https://doi.org/10.1111/jan.70231

Wu, R., Chen, X., Li, S., Zhu, H., Wang, L., Zhang, H., Gong, X., He, X., & Liu, J. (2026). Psychological flexibility as a mediator between spiritual coping and end-of-life care attitudes in ICU nurses: A cross-sectional study. Nursing in Critical Care, 31(2), Article e70376. https://doi.org/10.1111/nicc.70376

Yanti, N. P. E. D., & Suarningsih, N. K. A. (2022). The effect of spiritual care training on nurses' perceptions of spirituality and spiritual care. International Journal of Health Sciences, 6(S2), 4183–4191. https://doi.org/10.53730/ijhs.v6nS2.5939

Nurhikmah, Risnah*, Wahdaniah, Andi Mappanganro

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

DOI: https://doi.org/10.33024/minh.v9i8.4269