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, 20, 2026
Revised: October, 20, 2026
Available online: October, 23, 2026
at : https://e-jurnal.iphorr.com/index.php/minh

# Implementation of spiritual care by nurses in inpatient settings: A scoping review

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## Abstract

**Background:** Spiritual care is an integral component of holistic nursing care, helping patients maintain meaning in life, hope, and inner peace during treatment. However, its implementation in clinical settings remains challenging due to limited nursing competence, heavy workloads, and inadequate organizational support, which may prevent patients' spiritual needs from being fully addressed.
**Purpose:** To map the scientific evidence on the implementation of spiritual care by nurses in inpatient wards, the factors influencing its implementation, and its effects on patients, families, and nurses.
**Method:** This study employed a scoping review approach based on the Arksey and O'Malley framework, as refined by Levac et al., and adhered to the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR guidelines. Literature searches were conducted across seven electronic databases for studies published between 2021 and 2025. Study selection was guided by the Population, Concept, and Context (PCC) framework, and the data were analyzed using thematic synthesis.
**Results:** Of the 2,122 articles identified, 14 met the inclusion criteria. The included studies were conducted in various countries and employed quantitative, qualitative, and intervention designs. Thematic synthesis identified five themes: (1) therapeutic presence as the core of spiritual care; (2) spiritual communication as a key approach to its implementation; (3) barriers to implementation, including limited time, heavy workloads, inadequate training, and insufficient organizational support; (4) facilitating factors, including spiritual competence and sensitivity, clinical experience, training, and organizational support; and (5) the benefits of spiritual care for patients, families, and nurses.
**Conclusion:** Spiritual care in inpatient settings is primarily delivered through therapeutic presence and spiritual communication. Its implementation is shaped by individual and organizational factors, with nursing competence, clinical experience, training, and organizational support serving as important facilitators. Strengthening nurses' spiritual care competencies and improving institutional support may help optimize the delivery of spiritual care in inpatient settings.

**Keywords: Inpatient Wards; Nurses; Scoping Review; Spiritual Care.**

## INTRODUCTION

Spirituality is an important dimension of health care, shaping how individuals interpret illness, maintain hope, and navigate the healing process. In healthcare settings, *spiritual care* refers to professional efforts to identify and address patients' spiritual needs as an integral component of holistic, patient-centered nursing care. Addressing these needs may contribute to patients' psychological well-being, coping abilities, quality of life, and sense of meaning (Dos Santos et al., 2022; Balboni et al., 2022; Yılmaz Bulut et al., 2023). As healthcare professionals who maintain frequent and sustained contact with patients, nurses play a central role in delivering spiritual care. However, its implementation remains challenging due to time constraints, heavy workloads, inadequate training, and limited organizational

DOI: https://doi.org/10.33024/minh.v9i8.4378

support, which may prevent patients' spiritual needs from being adequately addressed (Baguna et al., 2024; Ulliya et al., 2023; Azanaw et al., 2025).

Although research on spiritual care continues to expand, the available evidence remains dispersed across different study designs and healthcare contexts. A comprehensive synthesis is therefore needed to clarify how nurses implement spiritual care in clinical practice, identify the factors that facilitate or hinder its delivery, and explore its reported effects on patients, families, and nurses. Mapping this evidence is particularly important in inpatient settings, where patients may experience physical, psychological, social, and spiritual challenges throughout their treatment. A clearer understanding of current practices and implementation challenges may help identify opportunities to strengthen the integration of spiritual care into routine nursing services.

Therefore, this scoping review aimed to identify and map the scientific evidence on the implementation of spiritual care by nurses in inpatient wards, the factors influencing its implementation, and its reported effects on patients, families, and nurses. The findings are expected to inform the development of nursing education and training, strengthen holistic nursing practice, and support organizational policies that facilitate the systematic integration of spiritual care into inpatient services.

## RESEARCH METHOD

This study used a *scoping review design* based on the Arksey and O'Malley framework refined by Levac et al. and following the Joanna Briggs Institute (JBI) guidelines. Results were reported according to PRISMA-ScR (Arksey & O'Malley, 2005; Levac et al., 2010; Peters et al., 2020; Tricco et al., 2018). This method was used to map and synthesize scientific evidence regarding the implementation of *spiritual care* by nurses in inpatient settings, including the forms of implementation, influencing factors, and its impact on nursing practice.

A systematic literature search was conducted in seven electronic databases: Scopus, PubMed, CINAHL, Web of Science, ProQuest, GARUDA, and Google Scholar. The articles searched were published between 2021 and 2025 and were searched during the period January–March 2025. The search strategy was based on the Population, Concept, Context (PCC) framework as per the Joanna Briggs Institute (JBI) guidelines. The keyword combinations used included terms related to spiritual care, nursing, and inpatient services, with the help of Boolean operators (AND and OR) to obtain articles relevant to the research objectives.

In accordance with the PCC framework, this study focuses on nurses and nursing interns as the population, the implementation of spiritual care as the concept, and inpatient services as the context, including hospitals, intensive care units, oncology units, and palliative care units (Peters et al., 2020).

Studies included in this scoping review were original research with quantitative, qualitative, mixed methods, or interventional designs published between 2021 and 2025. Articles must involve nurses or nursing interns as participants, discuss the implementation of spiritual care in inpatient services, be available in full-text form, and be written in Indonesian or English. Studies in the form of reviews, meta-analyses, editorials, research protocols, conference abstracts, articles not fully available, or research not relevant to the focus or context of inpatient care were excluded from the selection process.

The article selection process was conducted in accordance with the PRISMA-ScR guidelines (Tricco et al., 2018). A total of 2,122 articles were obtained from the seven databases used. After the duplication process, 1,487 articles remained, which were then selected based on title and abstract. A total of 300 articles met the criteria for full-text review. At this stage, articles that did not align with the research focus or were not original research were excluded. The final results of the selection process showed that 14 articles met all inclusion criteria and were included in the scoping review synthesis. The study selection flow is presented in Figure 1.

The data extraction process was conducted using a data charting form based on the Joanna Briggs Institute guidelines (Peters et al., 2020). The information collected included study characteristics and key findings, including authors, year of publication, country, study design, sample size, objectives, and results. All of this information was mapped into a synthesis table to support the thematic analysis process.

Data were analyzed using a thematic synthesis approach, referring to Thomas and Harden (2008). The analysis process involved coding the data, grouping findings into categories with similar meanings, and developing key themes. The resulting themes were then reviewed based on the data extraction results to describe the implementation of spiritual care by nurses and the factors influencing its implementation.

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## RESEARCH RESULTS

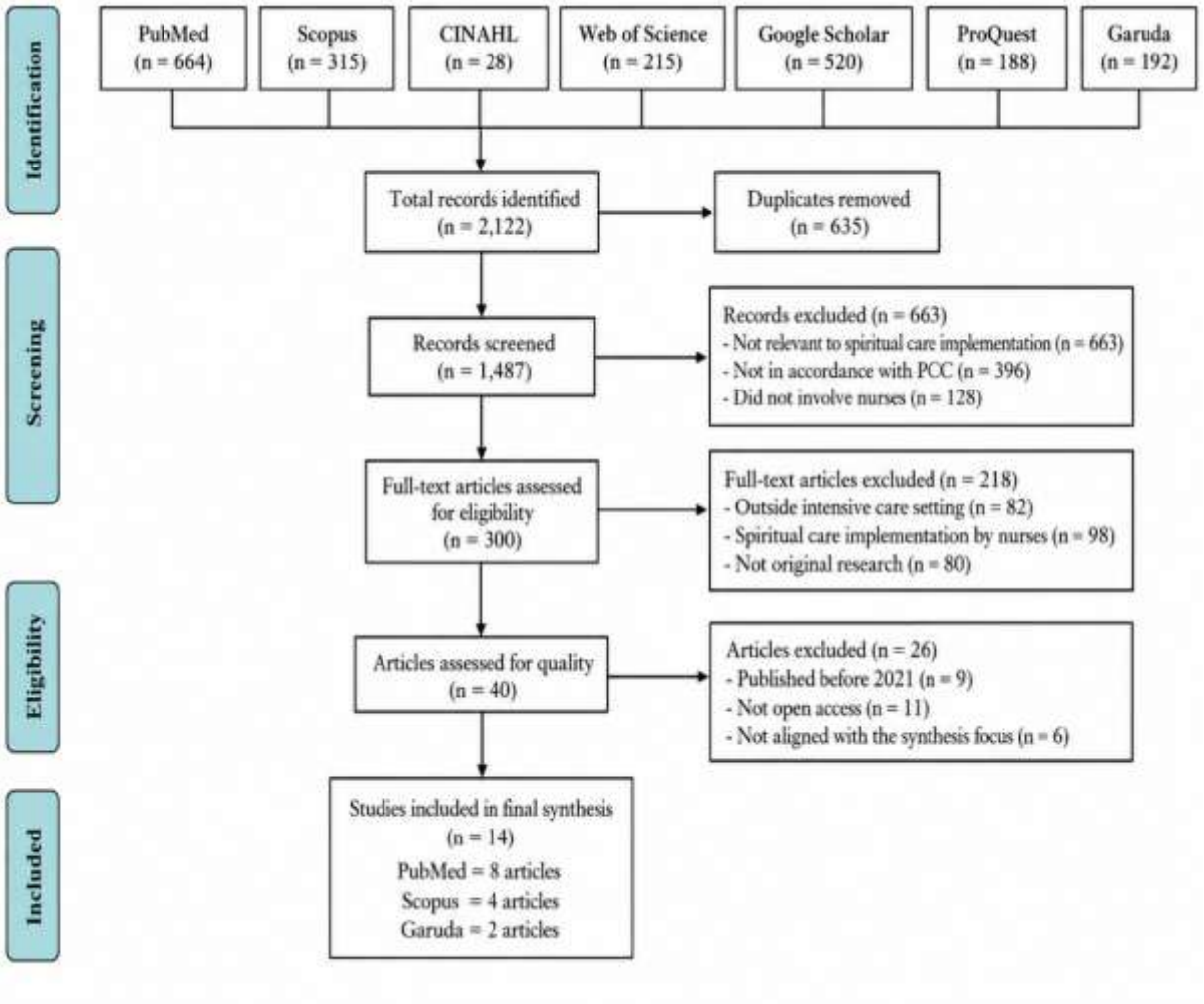



**Figure 1. Selection Flowchart Based on PRISMA-ScR**

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**Table 1. Characteristics of Included Studies (N=14)**

| (Author, Year) Country | Design | Sample | purposes | Key Findings |
|---|---|---|---|---|
| (Ulliya et al., 2023) Indonesia | Descriptive quantitative study | Nurses | To describe nurses' spiritual care competence | The study describes nurses' spiritual care competence and highlights the importance of developing nurses' ability to assess and address patients' spiritual needs. |
| (de Diego-Cordero et al., 2022) Span | Qualitative | Nurses | Identifying nurses' experiences in meeting patients' spiritual needs | Spiritual care is realized through communication, empathy, and patient support. |
| (Rizka et al., 2023) Indonesia | Descriptive | Nurses | To describe nurses' roles in fulfilling patients' spiritual needs in internal medicine and surgical inpatient wards | Nurses play an important role in providing holistic spiritual care and addressing patients' spiritual needs during hospitalization. |
| (Rachmawati & Aristina, 2022) Indonesia | Qualitative phenomenological study | Nurses | To explore nurses' experiences of providing spiritual care to patients and their families | Nurses provide spiritual care to patients and their families in various forms. Its implementation is influenced by internal and external factors, and spiritual care is considered an important component of nursing care that can improve patients' quality of life. |
| (Baguna et al., 2024) Indonesia | Qualitative | Nurses | Examining spiritual care practices in nursing services | Spiritual communication and empathy are the main strategies for fulfilling patients' spiritual needs. |
| (Başaran et al., 2025) Türkiye | Cross-sectional | Nurses | Assessing nurses' spiritual care competency | Spiritual care competencies are related to work experience and training. |
| (Wisesrith et al., 2021) Thailand | Descriptive qualitative study | Eight hospital nurses experienced in palliative care | To explore Thai palliative care nurses' experiences of providing spiritual care to older adults at the end of life | Spiritual care involved helping patients find meaning, recognizing psychological and religious beliefs, alleviating suffering, and supporting patients and their families. Nurses' spiritual self-preparation was also considered important for providing care. |

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| | | | | |
|---|---|---|---|---|
| (Yuan et al., 2025) China | Qualitative | 15 nurses from a tertiary oncology hospital. | To explore nurses' experiences of providing spiritual care to patients with cancer. | Four themes were identified: the need for spiritual care training, emotional resonance, the benefits of spiritual care for nurses and patients, and nurse- and patient-related factors influencing its implementation. |
| (Sinaga et al., 2021) Indonesia | Cross-sectional correlational | 204 Nurses | Analyzing spirituality and spiritual care in clinical nurses | Nurse spirituality is related to the practice of spiritual care |
| (Farokhzadian et al., 2025) Iran | Comparative Cross-sectional | 200 Nurses | Comparing the spiritual care competencies of nurses in general and mental hospitals | Spiritual care competency is influenced by work experience and level of spirituality. |
| (Azanaw et al., 2025) Ethiopia | Multicenter cross-sectional study | 460 nurses | Identifying spiritual care competencies and related factors | Training, experience, and organizational support are related to spiritual care competencies. |
| (Akbari et al., 2022) Iran | Intervention | Nurses | Evaluating the spiritual care empowerment program | The training increases nurses' competence and confidence in providing spiritual care. |
| (Amiri et al., 2021) Iran | Quasi-experimental study | Nurses | To evaluate the outcomes of an online training program designed to empower nurses to integrate patients' religion and spirituality into clinical practice | The online training program improved nurses' competence in integrating patients' religion and spirituality into clinical practice, supporting the role of education in strengthening spiritual care provision. |
| (Hu et al., 2025) China | Quantitative cross-sectional study | 361 nursing interns | Assessing the relationship between spiritual care competency and spiritual health | Spiritual care competency is positively related to spiritual health and clinical practice readiness. |

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The synthesis of 14 included studies identified five themes related to the implementation of spiritual care in nursing practice: (1) therapeutic presence as the foundation of spiritual care; (2) spiritual communication as a key implementation strategy; (3) barriers to implementation; (4) factors supporting implementation; and (5) the impact of spiritual care on patients, families, and nurses. Collectively, these themes demonstrate that spiritual care is a multidimensional aspect of nursing practice shaped by individual, professional, and organizational factors.

**Therapeutic Presence as the Foundation of Spiritual Care**

Therapeutic presence emerged as a fundamental component of spiritual care, encompassing empathy, attentiveness, active listening, and consistent support throughout treatment (de Diego-Cordero et al., 2021; Rizka et al., 2023; Rachmawati & Aristina, 2022). Through these practices, nurses can help patients feel cared for, supported, and valued during their healthcare experiences. Therapeutic presence also contributes to the development of trusting and supportive nurse–patient relationships, which provide a foundation for addressing patients' spiritual needs (Amiri et al., 2021; Sinaga et al., 2021; Sitorus et al., 2025).

**Spiritual Communication as a Key Implementation Strategy**

Spiritual communication was identified as an important approach to delivering spiritual care. Open, empathetic, and patient-centered communication enables nurses to identify patients' spiritual needs and provide appropriate emotional support (de Diego-Cordero et al., 2021; Baguna et al., 2024; Rachmawati & Aristina, 2022). Through meaningful dialogue, patients can express their values, beliefs, hopes, and concerns more comfortably. This process enables nurses to tailor spiritual support to individual preferences and circumstances, thereby facilitating a more holistic approach to care (Sinaga et al., 2021; Amiri et al., 2021; Farokhzadian et al., 2025).

**Barriers to the Implementation of Spiritual Care**

The included studies identified several barriers to the implementation of spiritual care, including limited time, heavy workloads, insufficient knowledge and training, and inadequate nursing competence in addressing patients' spiritual needs (Ulliya et al., 2023; Başaran et al., 2025; Azanaw et al., 2025). These challenges may be compounded by limited organizational support, inadequate resources, and insufficient integration of spiritual care into routine healthcare services (Baguna et al., 2024; Farokhzadian et al., 2025; Sitorus et al., 2025). Together, these barriers suggest that the implementation of spiritual care depends not only on individual nurses' capabilities but also on the availability of institutional resources and supportive clinical environments.

**Factors Supporting the Implementation of Spiritual Care**

Several individual and organizational factors were identified as facilitators of spiritual care implementation. At the individual level, spiritual competence, sensitivity to patients' beliefs and values, clinical experience, and relevant training can help nurses recognize and respond appropriately to patients' spiritual needs (Amiri et al., 2021; Başaran et al., 2025; Yuan et al., 2025). At the organizational level, management support, structured training opportunities, competency development, and a supportive working environment may strengthen nurses' preparedness and capacity to deliver spiritual care (Akbari et al., 2022; Azanaw et al., 2025; Farokhzadian et al., 2025; Ulliya et al., 2023). These findings highlight the importance of combining professional development with institutional support to facilitate the integration of spiritual care into routine nursing practice.

**Impact of Spiritual Care on Patients, Families, and Nurses**

The reviewed studies reported beneficial effects of spiritual care on patients, families, and nurses. For patients, spiritual care was associated with greater feelings of calmness, hope, comfort, and improved coping with illness. For families, it provided emotional support during the patient's treatment and care journey. For nurses, involvement in spiritual care was associated with professional satisfaction, increased confidence, and the development of spiritual care competence (de Diego-Cordero et al., 2021; Akbari et al., 2022; Sitorus et al., 2025).

Overall, the findings indicate that spiritual care is primarily delivered through therapeutic presence and spiritual communication, while its implementation is influenced by a combination of individual

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competencies and organizational conditions. The reported benefits across patients, families, and nurses underscore the relevance of spiritual care as an integral component of holistic, patient-centered nursing practice.

## DISCUSSION

This scoping review identified five interconnected themes concerning the implementation of spiritual care in inpatient nursing practice: therapeutic presence, spiritual communication, barriers to implementation, supporting factors, and its impact on patients, families, and nurses. The findings suggest that spiritual care is delivered primarily through interpersonal interactions and is shaped by the interplay between nurses' individual competencies and organizational conditions. Together, these findings highlight the importance of integrating spiritual care into routine nursing practice to promote holistic, patient-centered care.

### Therapeutic Presence as the Foundation of Spiritual Care

The findings position therapeutic presence as a fundamental element of spiritual care. Empathy, attentiveness, active listening, and consistent support enable nurses to establish meaningful relationships with patients and foster feelings of security, comfort, and being valued during treatment (de Diego-Cordero et al., 2021; Rizka et al., 2023; Rachmawati & Aristina, 2022). Beyond providing emotional reassurance, therapeutic presence may help nurses recognize spiritual concerns that patients do not explicitly express.

This interpretation is consistent with Amiri et al. (2021), who emphasized the importance of spiritual sensitivity in recognizing patients' spiritual needs. Such sensitivity is particularly relevant in inpatient settings, where patients may experience uncertainty, vulnerability, and concerns about the meaning of illness. Consequently, spiritual care should not be understood solely as a set of specific interventions but also as an integral dimension of the nurse–patient relationship. By incorporating attentive and compassionate engagement into everyday interactions, nurses may create opportunities to address patients' spiritual needs alongside their physical and psychological concerns (Amiri et al., 2021; Sinaga et al., 2021; Sitorus et al., 2025).

### Spiritual Communication as a Key Component of Implementation

Spiritual communication complements therapeutic presence by enabling nurses to explore patients' beliefs, values, hopes, fears, and concerns. Open, empathetic, and meaningful interactions can facilitate the identification of spiritual needs and help nurses adapt their care to individual preferences and circumstances (de Diego-Cordero et al., 2021; Baguna et al., 2024; Rachmawati & Aristina, 2022).

The significance of spiritual communication lies in its potential to connect the physical, psychological, social, and spiritual dimensions of care. Rather than making assumptions about patients' spiritual preferences, nurses can use respectful dialogue and active listening to understand what gives patients meaning, comfort, and hope. This approach supports more individualized care and reinforces the importance of communication skills in holistic nursing practice (Amiri et al., 2021; Sinaga et al., 2021; Farokhzadian et al., 2025). Accordingly, strengthening nurses' communication competencies may help facilitate the integration of spiritual care into routine interactions with patients and their families.

### Barriers to the Implementation of Spiritual Care

The review identified barriers at both individual and organizational levels. Limited knowledge, inadequate competence, and insufficient training may reduce nurses' confidence and preparedness to address patients' spiritual needs. At the organizational level, heavy workloads, time constraints, limited resources, and inadequate managerial support may restrict opportunities to provide spiritual care consistently (Farokhzadian et al., 2025; Azanaw et al., 2025; Başaran et al., 2025).

These findings indicate that challenges in spiritual care implementation cannot be attributed solely to individual nurses. Even nurses who recognize the importance of spiritual care may experience difficulties delivering it when staffing demands, clinical priorities, and institutional arrangements provide insufficient time or support. Therefore, improving implementation requires a combination of professional development and organizational strategies. Relevant measures include incorporating spiritual care into nursing education, providing continuing professional development, and establishing institutional procedures that recognize

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spiritual needs as part of routine patient assessment and care planning (Ulliya et al., 2023; Baguna et al., 2024; Sitorus et al., 2025).

### Supporting Factors for the Implementation of Spiritual Care

Several factors may facilitate the implementation of spiritual care, particularly spiritual competence, sensitivity to patients' beliefs and values, clinical experience, and relevant training. These factors can help nurses recognize spiritual concerns, respond appropriately to individual needs, and deliver care with greater confidence (Amiri et al., 2021; Başaran et al., 2025; Yuan et al., 2025).

Nevertheless, individual competence needs to be supported by an enabling organizational environment. Management commitment, accessible training opportunities, competency development, and supportive workplace conditions may strengthen nurses' readiness to incorporate spiritual care into everyday clinical practice (Akbari et al., 2022; Azanaw et al., 2025; Farokhzadian et al., 2025; Ulliya et al., 2023). The relationship between individual and organizational factors suggests that training alone may be insufficient if nurses lack the time, resources, or institutional encouragement needed to apply their knowledge. A coordinated approach that combines competency development with organizational support may therefore be more conducive to sustainable implementation.

### Impact of Spiritual Care on Patients, Families, and Nurses

The included studies reported benefits of spiritual care for patients, families, and nurses. For patients, these benefits included greater feelings of calmness, hope, and comfort, as well as improved coping with illness. For families, spiritual care provided emotional support during treatment and helped address the concerns associated with caring for an ill family member. For nurses, engagement in spiritual care was associated with greater empathy, professional satisfaction, and the ability to provide more holistic care (de Diego-Cordero et al., 2021; Akbari et al., 2022; Sitorus et al., 2025).

These findings highlight the relational nature of spiritual care, in which attention to patients' spiritual needs may also support family well-being and enrich nurses' professional practice. However, the reported benefits should be interpreted in light of the characteristics and methodological designs of the included studies. Because this scoping review mapped evidence from different study designs rather than estimating a pooled effect, the findings primarily describe reported benefits and associations rather than establishing causal effects. Further empirical research using rigorous designs may help clarify the magnitude and sustainability of these outcomes across different inpatient settings.

Overall, this scoping review emphasizes that effective spiritual care requires more than individual acts of compassion or communication. Its integration into inpatient nursing practice depends on the interaction between therapeutic relationships, communication competencies, nurses' professional capabilities, and organizational support. Addressing these interconnected dimensions may help strengthen the delivery of holistic, patient-centered nursing care.

## NURSING IMPLICATIONS

The findings highlight the need to strengthen clinical practice, nursing education, and organizational support to facilitate the consistent implementation of spiritual care. In clinical practice, spiritual care should be integrated into the nursing process, including patient assessment, care planning, implementation, and evaluation. Nursing education and continuing professional development should emphasize spiritual competence, sensitivity to patients' beliefs and values, and therapeutic communication skills. At the organizational level, supportive policies, evidence-informed practice guidelines, adequate resources, and appropriate documentation systems are needed to facilitate the integration of spiritual care into routine inpatient services. These measures may help nurses identify and address patients' spiritual needs more systematically and strengthen the delivery of holistic, patient-centered nursing care.

## RESEARCH LIMITATIONS

This scoping review has several limitations. First, the review included only studies published in Indonesian or English that were available in full text and through open access, potentially excluding relevant evidence published in other languages or behind paywalls. Second, the included studies varied

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in research design, participant characteristics, and healthcare settings, which may have influenced the scope and comparability of the synthesized findings. Third, the methodological quality of the included studies was not critically appraised, consistent with the evidence-mapping focus of this review. Consequently, the findings should be interpreted as a synthesis of the available evidence rather than a definitive assessment of the effectiveness of spiritual care. Finally, the predominance of studies conducted in Asian countries may limit the transferability of the findings to settings with different cultural beliefs, healthcare systems, and understandings of spirituality.

## CONCLUSION

This scoping review mapped evidence from 14 studies on the implementation of spiritual care in inpatient nursing settings. The findings indicate that spiritual care is primarily delivered through therapeutic presence and spiritual communication, while its implementation is shaped by nurses' spiritual competence, clinical experience, training, and organizational support. Despite barriers such as time constraints, heavy workloads, and inadequate institutional support, the included studies reported benefits for patients, families, and nurses. Strengthening nurses' competencies and establishing supportive organizational environments may facilitate the integration of spiritual care into routine nursing practice. Further research across diverse cultural and healthcare settings is needed to expand the evidence base and clarify the outcomes associated with spiritual care implementation.

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DOI: https://doi.org/10.33024/minh.v9i8.4378