

Review

Nurses' Spiritual Competence Towards Spiritual Care and Patient Satisfaction: A Systematic Review

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ABSTRACT

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Background: *Spiritual competence in nursing is essential in providing holistic health services. Nurses are not only responsible for the physical aspects of patients but also psychological, social, and spiritual aspects. Spiritual care is an effort made to meet the spiritual needs of the patient, which includes the moral, emotional, and religious values or beliefs that the patient has. This study aims to systematically review the literature examining the relationship between nurses' spiritual competence, the delivery of spiritual care, and its impact on patient satisfaction levels.*

Methods: *This research method This article employs a systematic review methodology. The literature search was conducted between September and October 2024 using journal databases such as ScienceDirect, PubMed, ClinicalKey, and Google Scholar.*

Results: *A nurse's spiritual competence significantly influences the quality of spiritual care provided to patients. Further research is essential to explore the various dimensions of spirituality in nursing and its impact on patient outcomes.*

Conclusion: *The study highlights the critical role of spiritual competence in delivering effective spiritual care and improving patient satisfaction. Future research should explore the multidimensional aspects of spirituality in nursing and their broader implications for patient outcomes and holistic healthcare practices.*

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Introduction

Spiritual competence in nursing practice is essential in providing holistic health services. Nurses are not only responsible for the physical aspects of patients but also psychological, social, and spiritual aspects. Spiritual care is an effort made to meet the spiritual needs of the patient, which includes the moral, emotional, and religious values or beliefs

that the patient has. This treatment is increasingly recognized as an essential component in improving the quality of life of patients, especially for those facing chronic, terminal, or life-threatening diseases ([Wang Z, 2022](#)).

In health services, nurses' spiritual competence is crucial for effectively addressing patients' spiritual needs. This competence encompasses understanding



the concept of spirituality, identifying patients' spiritual needs, and delivering appropriate spiritual interventions. However, studies reveal that many nurses feel inadequately trained or lack confidence in providing spiritual care, potentially affecting the quality of care and patient satisfaction ([Akça et al., 2022](#)).

Patient satisfaction serves as a critical measure of healthcare quality. When nurses address patients' spiritual needs effectively, it enhances patient satisfaction and positively influences the healing process. Thus, exploring the relationship between nurses' spiritual competence, the delivery of spiritual care, and patient satisfaction is highly pertinent and warrants thorough investigation ([Guo et al., 2024](#)).

Recent studies have explored the link between nurses' spiritual competence, spiritual care, and patient satisfaction. However, the results obtained tend to vary and sometimes are inconsistent. Therefore, a systematic review is needed to unify the existing findings and provide a more comprehensive and *evidence-based picture* of this topic ([Sharifnia et al., 2022](#)).

This study aims to systematically review the existing literature on the relationship between nurses' spiritual competence, the provision of spiritual care, and patient satisfaction. The findings are expected to contribute valuable insights for advancing holistic nursing policies, training programs, and practices, promoting more comprehensive, patient-centered care.

Methods

Eligibility Criteria

The inclusion criteria for this systematic review are as follows: (1) studies where the respondents are nurses, (2) articles primarily focusing on the spiritual competence of nurses and/or spiritual care, and (3) no restrictions on methodology, population, or outcomes. The exclusion

criteria include (1) studies unrelated to spiritual care, (2) studies not involving nurses as subjects, and (3) unpublished works such as theses, dissertations, conference abstracts, or case study reports. Articles retrieved from databases will be assessed using the PICO (Population, Intervention, Comparison, Outcome) method based on the inclusion and exclusion criteria. The assessment will include: (1) article title, (2) authors and year of publication, (3) research methodology (design, subjects, variables, instruments, and analysis), and (4) research results..

Information Sources & Search Strategy

This study employs a systematic review method, with article searches conducted between September and October 2024. The journal databases utilized include ScienceDirect, PubMed, ClinicalKey, and Google Scholar. Articles were systematically searched within the last three years (2022–2024) using the keywords "nurse spiritual competence," "spiritual care for quality," and "patient satisfaction" to identify relevant studies. The selection process involved filtering articles based on titles and abstracts to ensure relevance. The selected references were thoroughly reviewed to ensure the inclusion of the most pertinent articles for analysis without exceptions.

Selection Process

This research article uses a systematic review design with a standard systematic review (PRISMA) used to conduct a systematic review.

Data Collection Process

The initial literature study found 6,077 articles (183 from Science Direct, 178 from Pubmed, 46 from Clinicalkey, and 5,670 from Google Scholar). After being selected according to the inclusion criteria and

removing articles that were not suitable 17
 articles were obtained suitable for review:

Results

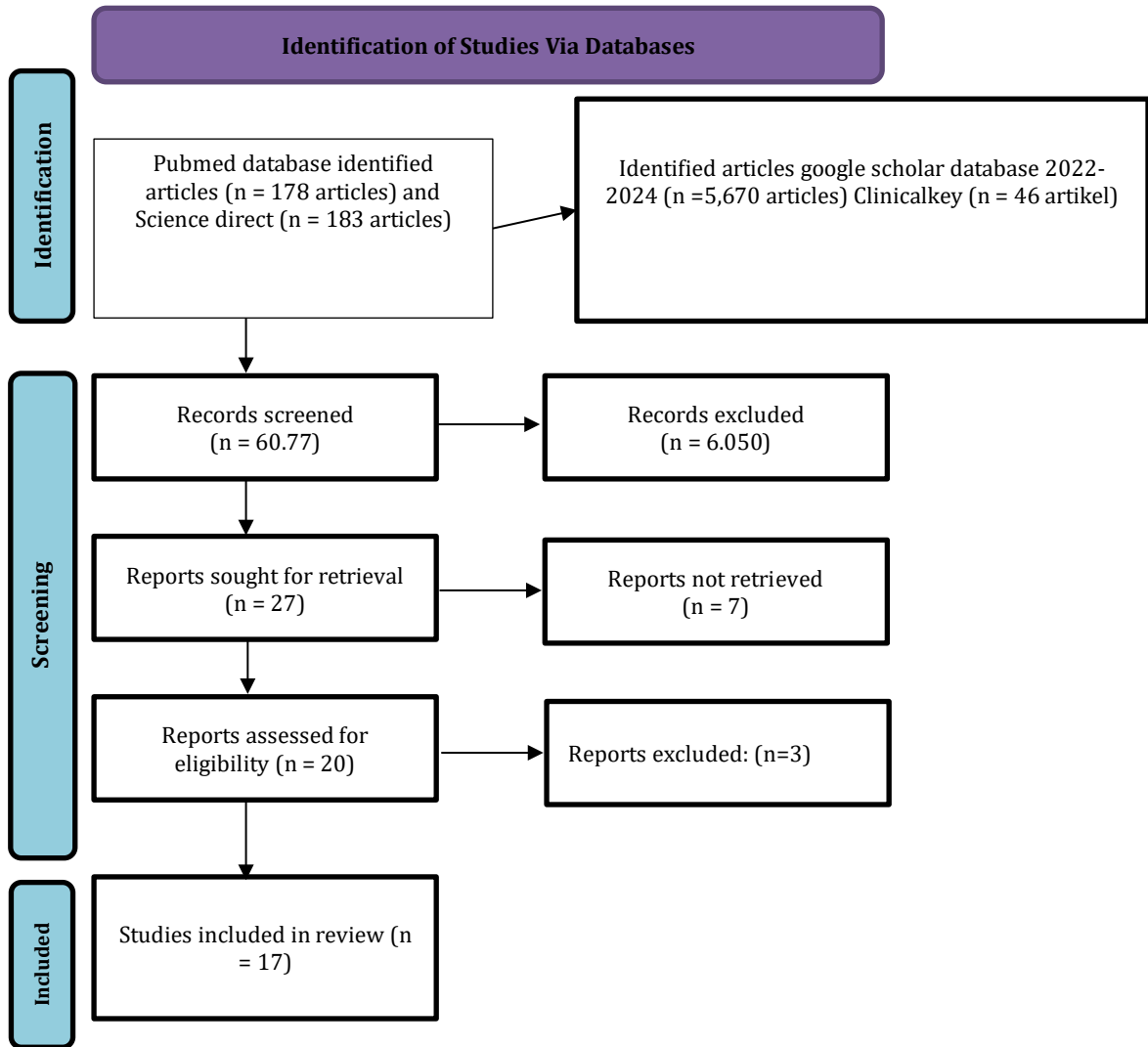


Figure 1. Flowchart PRISMA

Table 1. Characteristic of Study

No.	Article Title; Writer; Year	Methods (Design, Samples, Variables, Instruments, Analysis)	Research Results
1	Nurse's spiritual care competence in Ethiopia: A multicenter cross-sectional study (Seid & Abdo, 2022)	<p>Design: multi-center cross-sectional study</p> <p>Subjects: 367 nurses</p> <p>Variable: training in spiritual care, Nurse's spiritual care competence</p> <p>Instruments: self-administered questionnaire, Spiritual Care Competence Scale (SCCS)</p> <p>Analysis: Kolmogorov-Smirnov test</p>	A total of 367 nurses participated in the study, resulting in a response rate of 91.06%. The average spiritual care competence score among healthcare professionals was 3.14 ± 0.74 . Both age ($p < 0.05$) and training in spiritual care ($p < 0.05$) were found to be significantly correlated with spiritual care competence.
2	Spiritual Care Competence of Nurse (Akça et al., 2022)	<p>Design: cross-sectional, descriptive research design</p> <p>Subyek: 201 nurses</p> <p>Variable: spiritual care competence</p> <p>Instruments: sociodemographic characteristics questionnaire and the Spiritual Care Competence Scale (SCCS)</p> <p>Analysis: Kruskal-Wallis and Mann-Whitney U tests.</p>	The participants had an average age of 27.62 ± 5.28 years and a mean Spiritual Care Competence Score (SCCS) of 3.88 ± 0.50 . Three factors were identified as influencing the participants' spiritual care competence. First, head nurses had a higher mean SCCS score than nurses (4.16 ± 0.26 vs. 3.87 ± 0.50). Second, participants who could meet patients' spiritual care needs had a higher mean SCCS score than those who could not do so (4.02 ± 0.54 vs. 3.09 ± 1.12). Third, participants who could diagnose patients' spiritual care needs had a higher mean SCCS score than those who could not ($p < 0.05$).
3	Correlations among spiritual care competence, spiritual care perceptions and spiritual health of Chinese nurses: A cross-sectional correlational study (Wang Z, 2022)	<p>Design: cross-sectional study</p> <p>Subyek: 2,181 nurses were selected from 17 hospitals in 3 provinces, China</p> <p>Variable: spiritual care competence, spiritual care perceptions, and spiritual health. Examine the correlations among spiritual care competence, spiritual care perceptions, spiritual health, and the mediating role of spiritual health.</p> <p>Instruments: Sociodemographic data were collected by having participants complete the Chinese Version of the Spiritual Care Competence Scale, the Chinese Version of the Spiritual Care-Giving Scale, and the Spiritual Health Scale Short Form.</p>	The scores for spiritual care competence, spiritual care perceptions, and spiritual health were 58.25 ± 16.21 , 144.49 ± 16.87 , and 84.88 ± 10.57 , respectively, indicating moderate levels in both areas. A positive correlation was found between spiritual care competence and spiritual care perceptions ($r = 0.653$, $p < 0.01$), as well as between spiritual care competence and spiritual health ($r = 0.587$, $p < 0.01$). Furthermore, spiritual health was a mediating factor between the other two variables, accounting for 35.6% of the relationship.



No.	Article Title; Writer; Year	Methods (Design, Samples, Variables, Instruments, Analysis)	Research Results
		<p>Analysis: Descriptive statistics, univariate, multiple linear regression, and Pearson correlation analysis were used to analyze data.</p>	
4	<p>Factors influencing nurse spiritual/existential care practices at end-of-life (Mascio R, 2022)</p>	<p>Design: systematic review Subyek: 42 studies and included the views of 4712 nurses across a range of hospital and community settings Variable: Factors influencing nurse spiritual/existential care practices at end-of-life. Instruments: a multi-step approach to the development of search strategies in other databases MEDLINE, PsycINFO, and Cochrane Library Analysis: Thematic analysis</p>	<p>The review included 42 studies, incorporating the perspectives of 4,712 nurses from various hospital and community settings. The most commonly reported factors influencing nursing practice were patient-related social influence, skills, social/professional roles, identities, intentions, goals, and environmental context. The significance of these findings lies in identifying multiple personal, organizational, and patient-related factors that impact nurses' provision of spiritual and existential care to end-of-life patients. This comprehensive list of factors can be utilized to assess a unit's suitability for delivering spiritual/existential care and can also inform the development of nurse competency frameworks.</p>
5	<p>Professional quality of life and perceptions of spirituality and spiritual care among nurses: Relationship and affecting factors (Yildirim & Ertem, 2022)</p>	<p>Design: study aims Subyek: 316 nurses Variable: Professional quality of life and perceptions of spirituality and spiritual care among nurses Instruments: Socio-Demographic Form, The Professional Quality of Life Scale (ProQOL), and the Spirituality and Spiritual Care Rating Scale (SSCRS). Analysis: Kolmogorov test</p>	<p>A significant relationship was found between the SSCRS and the ProQOL subscales of "burnout" and "compassion fatigue" ($p < 0.001$). Specifically, the comparison of ProQOL subscales with the SSCRS subscales of "spirituality/spiritual care" and "religiosity" revealed a strong negative relationship ($p < 0.01$). In contrast, the "personalized care" subscale of SSCRS showed a robust positive relationship ($p < 0.001$). The nurses' professional quality of life was influenced by factors such as the "monthly number of shifts," "work manner," and "average weekly working hours." It was found that burnout occurred at higher levels, whereas compassion fatigue was experienced at a moderate level. Regarding spirituality and spiritual care, the mean scores for the "spirituality/spiritual care," "personalized care," and "religiosity" subscales were found to be low.</p>
6	<p>Competence and perceptions of spiritual care among clinical nurses: A multicentre cross-</p>	<p>Design: a multicentre cross-sectional study Subyek: 1277 nurses</p>	<p>A total of 1,277 Chinese nurses were recruited for the study. Four distinct profiles of competence and perceptions of spiritual care were identified: Low ability (23.8%), High ability (6.4%), High</p>



No.	Article Title; Writer; Year	Methods (Design, Samples, Variables, Instruments, Analysis)	Research Results
	sectional study (Guo et al., 2024)	<p>Variable: Competence and perceptions of spiritual care among clinical nurses</p> <p>Instruments: demographic information questionnaire and the Chinese versions of the Spiritual Care Competence Scale, Spiritual Care-Giving Scale, and Spiritual Perspectives Scale</p> <p>Analysis: Latent profile analysis</p>	acceptance (34.9%), and Moderate (34.9%). Factors such as job position, spiritual care-related education, hospital grade, and nurses' perceptions and perspectives on spiritual care predicted the likelihood of membership in these competence profiles.
7	Nurses' perceptions and competencies about spirituality and spiritual care (Wang W, 2024)	<p>Design: systematic review and meta-analysis of observational studies</p> <p>Subyek: 11 countries and territories met the inclusion criteria, with 17,786 participants</p> <p>Variable: Nurses' perceptions and competencies about spirituality and spiritual care</p> <p>Instruments: The electronic databases PubMed, EMBASE, Web of Science, CINAHL, ProQuest, Scopus, CNKI, and WANFANG</p> <p>Analysis: meta-analyzed using STATA 15 software. Predefined subgroup analyses</p>	35 cross-sectional studies across 11 countries and territories met the inclusion criteria, with 17,786 participants. The meta-analysis revealed that the pooled mean scores for spirituality and spiritual care perceptions and spiritual care competencies were 3.62 (95% CI: 3.41–3.83) and 3.46 (95% CI: 3.28–3.63), respectively. Nurses without religious affiliation had lower spiritual care competencies (3.24) than those with religious affiliation (3.31). Additionally, nurses with a master's degree or higher exhibited the highest spiritual care competencies (3.59), while those with an associate's degree showed the lowest (3.31).
8	The relationship between nurses' perceptions and competency about spiritual care and influencing factors (Karaman & Sagkal Midilli, 2022)	<p>Design: a correlational study</p> <p>Subyek: 700 nurses</p> <p>Variable: nurses' perceptions and competencies in spiritual care and influencing factors.</p> <p>Instruments: Spiritual Care Rating Scale (SSCRS), Spiritual Care Competence Scale (SCCS)</p> <p>Analysis: Kolmogorov–Smirnov test</p>	The study results indicate a significant correlation between the mean item scores of the SSCRS and the SCCS ($r = 0.264, p < 0.01$). While nurses' perceptions of spiritual care were high, their competency was at a medium level.
9	Correlation of nurses' perception of spirituality and spiritual care with spiritual care practices in Indonesia: A cross-sectional survey (Baguna et al., 2024)	<p>Design: cross-sectional survey</p> <p>Subyek: 300 nurses</p> <p>Variable: nurses' perception of spirituality and spiritual care with spiritual care practices</p> <p>Instruments: online survey, questionnaires, Skala Penilaian Spiritualitas dan Perawatan Spiritual (SSCRS) adaptasi Indonesia dan Skala Terapi Perawatan Spiritual Perawat (NSCTS)</p> <p>Analysis. Spearman Rank Correlation</p>	The study found that nurses positively perceived spirituality, with a mean score of 3.85 (SD = 0.41) on statements related to spirituality and spiritual care. However, they reported providing spiritual care only occasionally, with an average frequency of 3-6 times during a 72 to 80-hour work period. A significant positive correlation ($r = 0.235, p < 0.001$) was found between nurses' perceptions of spirituality and spiritual care and their engagement in spiritual care practices.



No.	Article Title; Writer; Year	Methods (Design, Samples, Variables, Instruments, Analysis)	Research Results
10	Exploring the relationship between spiritual care and patient advocacy of nurses from generations X, Y, and Z working in intensive care clinics: A cross-sectional study (Uçar Ö, 2024)	<p>Design: Cross-sectional survey</p> <p>Subyek: 120 nurses</p> <p>Variable: spiritual care and patient advocacy across three generations of nurses working in <u>intensive care units</u></p> <p>Instruments: Spiritual Caregiving Competency Scale, the Spirituality and Spiritual Care Assessment Scale, and the Patient Advocacy Scale for Nurses</p> <p>Analysis: Independent sample <i>t</i>-test, one-way ANOVA, Pearson correlation, and <u>linear multiple regression analysis</u></p>	<p>Most nurses in the study were from Generation Y (39.2%) and Generation Z (42.5%). Generation Z exhibited a significantly higher mean patient advocacy score (156.96 ± 23.16) than Generation X (139.32 ± 34.26). Furthermore, the communication sub-dimension score of the spiritual competence scale was higher for Generation Y nurses with 1-10 years of experience than Generation Z nurses. Additionally, as patient advocacy scores increased across all generations, there was a corresponding increase in spiritual competence scores.</p>
11	Spiritual intelligence and professional nursing practice (Sharifnia et al., 2022)	<p>Design: systematic review and meta-analysis</p> <p>Subyek: Ten electronic English and Persian databases (7301 nurses)</p> <p>Variable: Spiritual intelligence and professional nursing practice</p> <p>Instruments: seven English (Cochrane Library, Web of Science, Scopus, PubMed, CINAHL, ScienceDirect, Wiley Online Library) and three Persian (Magiran, SID, Irandoc)</p> <p>Analysis: regression Egger test</p>	<p>A total of 35 studies involving 7,301 nurses were included in the review. The mean score for spiritual intelligence across 29 studies involving 5,853 nurses was 0.63 (95% CI: 0.57–0.69, $I^2 = 99.97\%$). The Spiritual Intelligence Self-Report Inventory was the most commonly used instrument to assess spiritual intelligence. Most professional nursing outcomes showed a positive association with nurses' spiritual intelligence. The pooled positive correlation coefficients between spiritual intelligence and various components of professional nursing practice, including the art of nursing, competence, attributes of practice, and personal commitment, were 0.34 (95% CI: 0.24–0.43, $I^2 = 63.4\%$, 5 studies), 0.42 (95% CI: 0.25–0.56, $I^2 = 62.2\%$, 2 studies), 0.32 (95% CI: 0.11–0.50, $I^2 = 92.2\%$, 5 studies), and 0.41 (95% CI: 0.34–0.49, $I^2 = 74.3\%$, 8 studies), respectively.</p>
12	The level of spiritual care competence of Polish nurses and the psychometric properties of the spiritual care competence scale (Machul et al., 2022)	<p>Design: cross-sectional study</p> <p>Subyek: 343 nurses</p> <p>Variable: The level of spiritual care competence of Polish nurses and the psychometric properties of the spiritual care competence scale</p> <p>Instruments: The Spiritual Care Competence Scale (SCCS), The Duke University Religion Index (DUREL), A short form collecting sociodemographic characteristics</p> <p>Analysis: Pearson's <i>r</i> or Spearman's rho coefficient</p>	<p>An exploratory factor analysis revealed five factors with 27 items, explaining a total variance of 64.75%. The Cronbach's alpha coefficients for the subscales ranged from 0.70 for 'Attitude toward the patient's spirituality' to 0.92 for 'Professionalisation and improving the quality of spiritual care.' Nurses reported a high level of spiritual competence, with an average score of 104.39 points. Higher scores were observed in the subscales 'Attitude toward the patient's spirituality' and 'Communication, personal support, and patient counseling' compared to the subscales 'Assessment and implementation of spiritual care',</p>



No.	Article Title; Writer; Year	Methods (Design, Samples, Variables, Instruments, Analysis)	Research Results
			<p>'Professionalisation and improving the quality of spiritual care', and 'Referral, consultation, and spiritual care.' Significant correlations were found between nurses' age, job seniority, spiritual competence, religiosity, and spiritual competence.</p>
13	<p>Validity and reliability of the Spiritual Care Competency Scale for Oncology nurses in Taiwan (Fang et al., 2022)</p>	<p>Design: cross-sectional design Subyek: 237 eligible participants Variable: Validity and reliability of the spiritual care competency scale for oncology nurses in Taiwan Instruments: scale-content validity index (S-CVI). Exploratory Factor Analysis (EFA) Analysis: Kaiser– Meyer–Olkin (KMO) test and Bartlett's sphericity test</p>	<p>The average S-CVI of the Spiritual Care Competence Scale (SCCS) was 0.96. An exploratory factor analysis (EFA) revealed four factors consisting of 27 items: professionalization, improving the quality of spiritual care, personal support, patient counseling and referral, attitude towards patient spirituality, and communication, assessment, implementation, and evaluation of spiritual care. The model fit for the 27 items was acceptable, with the following fit indices: $X^2/df = 2.41$, RMSEA = 0.08, GFI = 0.80, AGFI = 0.80, CFI = 0.92, IFI = 0.92, NFI = 0.90, RFI = 0.90, TLI = 0.91, and SRMR = 0.06. Cronbach's alpha values ranged from 0.93 to 0.95, with a total Cronbach's alpha of 0.96. The intraclass correlation coefficient (ICC) scores varied from 0.43 to 0.88. Conclusions: The findings of this study indicate that the SCCS demonstrates satisfactory validity and reliability within the nursing field in Taiwan. This study's results provide valuable insights for evaluating nursing competency in spiritual care.</p>
14	<p>Examining the Relationship between Patient's Spiritual Well-Being and the Nurse's Spiritual Care Competence in Southern Philippines (Bangcola, 2022)</p>	<p>Design: Descriptive correlation research design Subyek: 117 older persons aged 60 years and older were admitted to Amai Pakpak Medical Center in Marawi City, 117 family members and 117 nurses providing care to the patients. Variable: <i>Patient's Spiritual Well-Being and the Nurse's Spiritual Care Competence</i> Instruments: Three sets of questionnaires Analysis: Linear regression and path analysis</p>	<p>The results indicated that a nurse's spiritual care competency was influenced by both internal and external variables related to the patient. Additionally, patient satisfaction with spiritual nursing care was a mediating variable for spiritual well-being, contingent upon the patient's trust and the nurse's spiritual care competence. Furthermore, the patient's spiritual well-being was significantly influenced by both the nurse's spiritual care competence and the patient's level of satisfaction. Conclusion: To achieve optimal spiritual well-being, collaboration among the patient, their family, and the nurse is essential, forming a harmonious and effective relationship.</p>



No.	Article Title; Writer; Year	Methods (Design, Samples, Variables, Instruments, Analysis)	Research Results
15	Effect of spiritual health in the quality of Nursing care for patients with COVID-19 (Abdian et al. , 2024)	Design: cross-sectional-analytical study Subyek: 120 nurses Variable: spiritual health in the quality of nursing care Instruments: quality of nursing care, the QUALPAC Quality patient care scale Analysis: Spearman correlation coefficient, Mann-Whitney test, Kruskal-Wallis test	The average spiritual health score of the employed nurses was 92.68±15.98. According to the questionnaire's classification, most nurses exhibited a mean level of spiritual health (60.8%). Additionally, the results from the Spearman test revealed a significant relationship between spiritual health and the quality of nursing care (r=0.44, P<0.0001).
16	Factors affecting spiritual care competency of mental health nurses: a questionnaire-based cross-sectional study (Han et al. , 2023)	Design: prospective questionnaire-based cross-sectional study Subyek: 239 participants Variable: spiritual care competency Instruments: two questionnaires (international "big-five Mini-Markers" questionnaire and questionnaire that assessed spiritual care competency Analysis: t-tests to determine the significance of difference between two groups and ANOVA for comparing the differences for three or more groups	The mean age of the 239 participants was 35.96±8.11, and the mean years of working experience was 9.41±7.06. Over 90% of them did not know providing spiritual care. There were significant positive correlations of spiritual care competency with the experience of delivering spiritual care (p
17	Analysis of the current status of community nurses' spiritual care competencies and the factors: A descriptive cross-sectional analysis (Zhang et al. , 2023)	Design cross-sectional design Subyek: 442 nurses Variable: nurses' spiritual care competencies and the factors Instruments: General Information Questionnaire, the Nurses' Spiritual Caregiving Awareness Scale and Spiritual Caregiving Competence Scale Analysis: Pearson correlation analysis test.	The level of spiritual care competencies among community nurses was positively correlated with their level of spiritual awareness. Additionally, factors such as their level of education, religious beliefs, marital status, and the degree of knowledge of spirituality all had an influence on these competencies.



Discussion

The analysis of 17 reviewed journals demonstrates a correlation between the spiritual competence of nurses and the spiritual care they provide to patients. Among the studies analyzed, the majority (11 journals) utilized a cross-sectional design.

Based on the study's results ([Baguna et al., 2024](#)), Using a cross-sectional design, the study revealed a significant relationship between nurses' perceptions of spirituality and spiritual care and their implementation of spiritual care practices in Indonesia.

The study found a significant correlation between nurses' perceptions of spirituality and spiritual care and their practices in spiritual care. This suggests that as nurses' perceptions of spirituality increase, their spiritual care practices tend to improve. However, the relationship between these two variables was weak, indicating that other factors also contribute to meeting patients' spiritual needs. Trust, nurse competence in spiritual care, patient and family involvement, work environment, education, clinical experience, and available resources play significant roles in spiritual care. ([Baguna et al., 2024](#)).

These findings align with previous research conducted in Indonesia, which also found a significant relationship between nurses' perceptions of spirituality and their provision of spiritual care. The study revealed that nurses with a negative view of spirituality were three times more likely to provide inadequate spiritual care compared to those with positive perceptions. A similar pattern was observed in a study involving 442 nurses in a hospital in China, where a large proportion of nurses expressed a positive view of spirituality and demonstrated greater competence in providing spiritual care. ([Wang Z, 2022](#))

Indonesian nurses generally hold a positive perspective and agreement with statements related to spirituality and spiritual care. However, the findings indicate that other factors also influence spiritual care practices. While nurses provide spiritual care, it is often limited and occurs only occasionally in clinical settings. Enhancing nurses' understanding of spirituality can significantly improve their spiritual care practices. Addressing the spiritual needs of patients more consistently can lead to better patient outcomes and a more compassionate healthcare experience in Indonesia.

Conclusion

The spiritual competence of a nurse plays a crucial role in determining the quality of spiritual care provided to patients. However, further research is necessary to explore the various dimensions of spirituality in nursing and their impact on patient care outcomes. This deeper understanding can help enhance the effectiveness of spiritual care and improve overall patient well-being.

Authors Contributions

In this literature review endeavor, each author's role was instrumental in shaping the research direction and scholarly contribution: one author formulated the research questions, designed search strategies, and conducted comprehensive literature searches; another author critically analyzed the selected literature, synthesized key findings, and identified theoretical insights and practical implications; while a third author meticulously crafted the manuscript, clarified conceptual ambiguities, and ensured alignment with academic conventions and standards.

Conflicts of Interest

There is no conflict of interest.

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