

## A Scoping Review on The Understanding of Spiritual Care Among Operation Theatre Nurses

Jasmin Johari<sup>1</sup>, Nor'ain Abdul Rashid<sup>2\*</sup>, Nur Husni Mohd Rakapi<sup>3</sup>, Salizar Mohamed Ludin<sup>2</sup>, Siti Nur Illiani Jaafar<sup>4</sup>, Tan Woei Ling<sup>5</sup>

<sup>1</sup>Ara Damansara Medical Center, Selangor, Malaysia

<sup>2</sup>Department of Critical Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia

<sup>3</sup>Sentosa Specialist Hospital Klang, Selangor, Malaysia

<sup>4</sup>Department of Medical Surgical Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia

<sup>5</sup>Faculty of Nursing, Universiti Malaya, Kuala Lumpur, Malaysia

### ABSTRACT

**Background:** Spiritual care is a vital part of comprehensive patient care because it provides existential and emotional support, especially in high-stress settings like the operating room. It is unclear; therefore, how operating room nurses comprehend and apply spiritual care. The purpose of this scoping review is to investigate how nurses understand spiritual care, what influences their understanding, and what challenges they encounter when providing it.

**Methods:** Using databases like PubMed, Medline, Scopus, and ClinicalKey, a thorough literature review was carried out. English-language articles released between 2020 and 2024 were included. Thematic synthesis was used to examine studies that focused on the problems, influencing variables, and perceptions of spiritual care among operating room nurses.

**Results:** Thirteen studies met the inclusion criteria. The results show that although nurses acknowledge the value of spiritual care, their perceptions differ according to institutional, cultural, and educational factors. Personal convictions, professional education, workplace spirituality, and compassion levels are important factors. Challenges include institutional impediments, time constraints, and a lack of formal training.

**Conclusion:** To improve operating room nurses' ability to provide spiritual care, formal education and policy support are required. Filling up these gaps can enhance patient satisfaction and advance comprehensive perioperative treatment. To create methods for incorporating spiritual care into surgical nursing practice, more research is advised.

#### Article History:

Submitted: 5 January 2026

Revised: 13 May 2026

Accepted: 15 May 2026

Published: 1 June 2026

DOI: 10.31436/ijcs.v9i2.557

#### Corresponding author:

Nor'ain Abdul Rashid

Department of Critical Care Nursing,

Kulliyah of Nursing, International Islamic University Malaysia,

Pahang, Malaysia

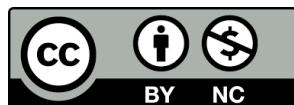
E-mail:

[norainabdulrashid@iiu.edu.my](mailto:norainabdulrashid@iiu.edu.my)

This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0), which permits non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

See:

<https://creativecommons.org/licenses/by-nc/4.0/>



**Keywords:** Spiritual; Perioperative care; Nursing; Holistic; Review

## INTRODUCTION

Spiritual care is a way of helping individuals by attending to their inner, emotional, and spiritual needs, especially when things are tough, including before major life changes, illness, trauma, or surgery. Spirituality has been associated with favorable health outcomes, such as enhanced mental health and quality of life, decreased mortality risk, depressive symptoms, suicidal behaviors, and risky behaviors (1). In addition to being frequently offered in hospitals and assisted living facilities, this spiritual care can also be acquired through community assistance or counselling. Regardless of a person's personal values or religious beliefs, spiritual care seeks to assist them in finding comfort, meaning, and serenity in their lives.

The ability to simply listen to someone and be there for them is a communication skill that is crucial to spiritual care. Previous study highlights that patient satisfaction with end-of-life care has been linked to excellent communication between patients and medical providers (2). People frequently require a secure environment in which to discuss their hopes, worries, or beliefs. This can be offered by a healthcare professional, such as an operating room nurse, or a spiritual care provider, such as a chaplain or counselor, by being sympathetic and nonjudgmental. Having someone to talk to can significantly impact how someone handles difficult circumstances, regardless of their religious beliefs.

Spiritual care is especially important during times of crisis, such as when someone is suffering from serious illness, grief, or loss. People in these situations may feel lost, anxious, or overwhelmed. Spiritual care can provide comfort by assisting them in drawing on their inner strength, faith, or other sources of hope to overcome these obstacles. A study indicates that those who are spiritual tend to have a more positive outlook and a better quality of life (3).

The conceptual framework was done on understanding and role of operating theatre nurses in providing spiritual care during the perioperative phase focuses on patients' perceptions and expectations of spiritual care, its influence on postoperative recovery and

well-being, and the implications of unmet spiritual needs. The framework demonstrates how nurses' spiritual care practices can enhance the perioperative experience and support holistic patient care (4).

In western countries, spiritual care is increasingly recognized as an important aspect of healthcare but it is very limited towards the context of surgery (5). The term "spirituality" carries different connotations in secularized parts of Europe compared to the United States (6). In the early days, "spirituality" was reserved for the most faithful religious people, who had actual spiritual experiences or an intense internal spiritual life. In modern times, spirituality has become a collective term for all experiences that transcend the ordinariness of this world. While most of this care occurs outside the operating theater itself, preoperative and postoperative spiritual support are key ways in which patients are helped to find comfort, peace, and strength during challenging medical experiences. By respecting the religious and spiritual needs of patients, hospitals in the west aim to provide compassionate, holistic care that addresses both the body and the spirit.

In many Asian countries, spiritual care is becoming one of the important aspects in healthcare settings. Given Asia's diverse religious and cultural traditions including Buddhism, Hinduism, Islam, Christianity, Taoism, Confucianism, and indigenous spiritual practices, spiritual care is frequently integrated into the medical process in unique ways. Spiritual care is also frequently deeply woven into the patient experience, even in clinical settings such as the operating theater. Spirituality and religion play an important role in the healing process, whether through preoperative prayers, religious rituals, or postoperative thanksgiving. Hospitals in these regions respect and accommodate a wide range of spiritual needs, reflecting Asian societies' strong link between health, culture, and spirituality. This holistic approach ensures that patients receive both physical and spiritual care throughout their medical journey. The integration of spirituality into healthcare practices across Asia, accommodating a wide range of spiritual

needs and reinforcing the strong link between health, culture, and spirituality in the region (7).

This article synthesizes the relevance of various articles or journals related to spiritual care that focuses more on the factors that contribute to the lack of spiritual care given by the nurses to the patients. The importance of spiritual care and the level of operation theatre nurses' understanding regarding spiritual care will be reviewed. The scoping review was done by synthesizing the previous work of other researchers. From this scoping review, any issues identified will be highlighted by the researcher.

The objectives of the scoping review were:

- a) To understand the perceptions of nurses regarding the concept of spiritual care in the surgical environment.
- b) To identify the factors that influence nurses' understanding of spiritual care within their professional roles.
- c) To explore the challenges and facilitators that nurses encounter when providing spiritual care to patients.

## METHODS

### Search Strategies

The resources were obtained from the guidelines and online databases available which are PubMed, Medline, Scopus, and ClinicalKey services that are subscribed by International Islamic University Malaysia Library. The items searched are scholarly articles and journals related to support the topic. The articles and journals searched were guided by filters which enable the researcher to sort out the selected ones based on the fixed criteria using Advanced Search. The resources were filtered by format or type of sources, language, subject, and date of availability. The researcher has limited the source type to articles and scholarly journals. The language chosen was English. The researcher set the date of resources to availability to five years back that was from the year 2020 to 2024 and limited the articles and journals to full-text format.

The keywords used in the search were specified using Boolean operators. The

researcher used the "AND" and "OR" to narrow down the search topic. The researcher mostly used the location of the availability of the keywords anywhere including document title, document text, and abstract. The keywords used in the search strategy are 'understanding', 'spiritual care' 'nurses' and 'operation theatre nurses'.

### Inclusion Criteria

- The articles were original publications.
- The articles published from 2020-2024.
- The articles written in English.

### Exclusion Criteria

- The articles are systematic reviews publications.
- The subject of articles other than nurses.

## RESULT

The database showed 119 articles that were related to the research topic. After duplicate articles were removed, 72 articles remained. After non-full text articles were excluded, 51 full-text articles were assessed for eligibility and quality. Then, through assessment 38 full-text articles were excluded as the majority focus on other healthcare professions which are not associated with the nurse's perception. Finally, 13 studies were included in the systematic literature review (**Figure 1**).

### Data Extraction

From the 13 studies included in this systematic literature review, majority studies were conducted in Taiwan (n=2), Turkey (n=2) and China (n=2). Then, a single study was found in countries such as The Netherlands, Lebanon, Iran, Indonesia, South Korea, Greece and Scotland (**Table 1**).

In terms of the study design, most of the studies included within this review were cross sectional studies followed with qualitative study. There are two studies using mixed-method study. Then, the other studies are correlational descriptive study. Hence, JBI checklist for the qualitative, quantitative and mixed-methods studies was used to critically appraise the articles.

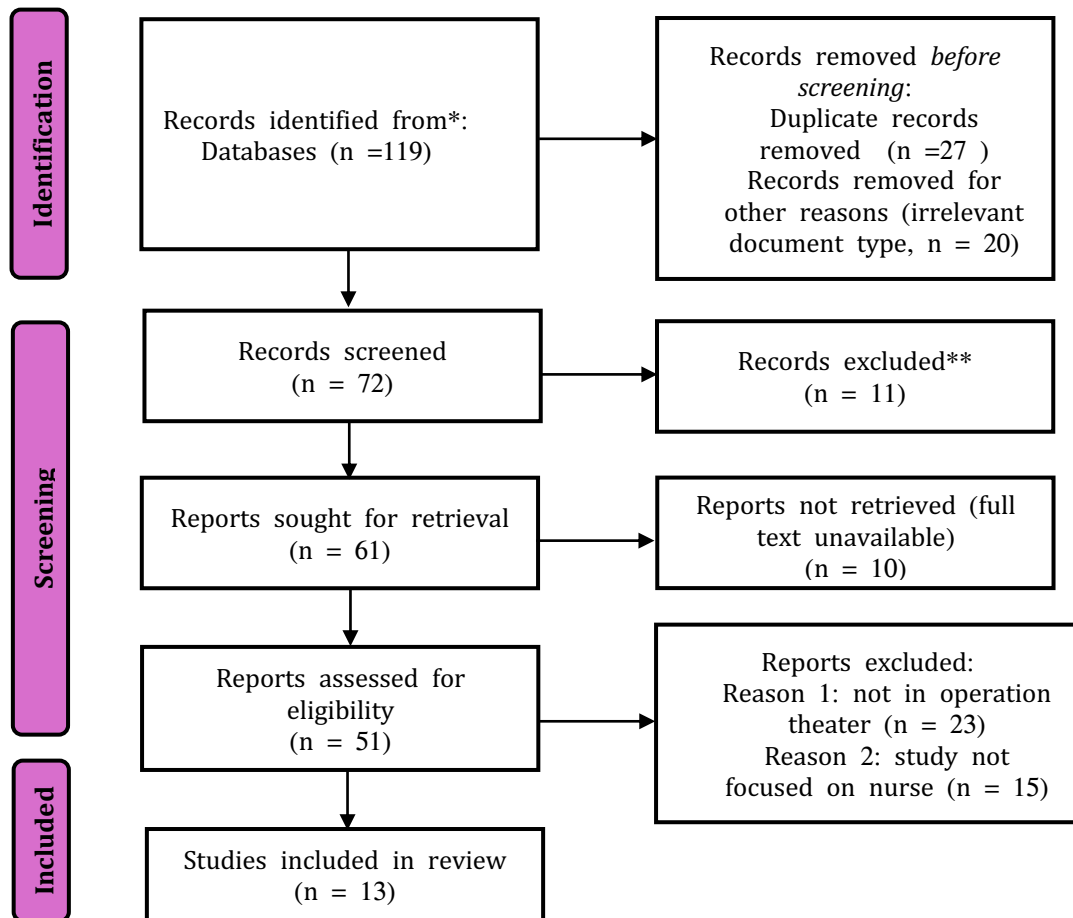
The research articles provide clear criteria for inclusion in the sample. Clear explanation on recruitment of nurses offered by several studies. The Majority of the studies recruit nurses, and palliative care unit physicians in their study.

Among the 13 articles reviewed in this study, 6 articles did not address their limitations. Recognising limitations plays a crucial role in any study, as it helps highlight potential

weaknesses, define the scope of the investigation, and address challenges encountered in the methodologies employed. This clarity facilitates a better understanding and interpretation of the findings by others.

Subsequently, ethical considerations in studies are crucial for safeguarding the welfare and rights of participants. Most of the studies provide detailed explanation on ethical considerations relevant to the study.

**Figure 1:** The Prisma Flow Diagram



**Table 1: Critical Appraisal Table**

<b>Authors, Year and Country</b>	<b>Research Objectives</b>	<b>Sample size</b>	<b>Findings</b>	<b>Limitations</b>
Modderkolk et al, 2025 (11) The Netherlands	This study aimed to evaluate the impact of a meaning-centered coaching intervention on oncology nurses' spiritual care competencies and job satisfaction, focusing on the factors influencing this.	30 nurses	<ul style="list-style-type: none"> <li>The increased emphasis on spiritual care has led to nurses becoming more aware of their own values and those of their patients.</li> <li>Nurses often struggle with busyness and a practical approach, often prioritizing problem-solving over question exploration.</li> </ul>	<ul style="list-style-type: none"> <li>The study minimized potential bias by collaborating with another coach and analyzing data with two independent researchers, avoiding the risk of combining coaching and interviews.</li> <li>The study was conducted during the COVID-19 wave, with many nurses working overtime and on wards, resulting in low response rates to questionnaires.</li> </ul>
Yang et al, 2024 (12) Taiwan	The study aimed to investigate the correlation between self-efficacy, spiritual well-being, and the willingness to offer spiritual care among nursing staff.	168 nurses	<ul style="list-style-type: none"> <li>The study highlights the importance of nurses in providing spiritual care and the influencing factors affecting it. It reveals that the Generalized Self-Esteem (GSES) and the Self-Improvement Theory (SIWB-C) play a crucial role in facilitating spiritual care provision. Younger nurses are more likely to provide spiritual assessments, while older nurses have a higher willingness to do so. Self-efficacy, which is</li> </ul>	<ul style="list-style-type: none"> <li>The study, conducted exclusively among Taiwanese nurses, required careful evaluation for its external validity.</li> <li>The study does not consider factors such as physical or psychological burnout, which may influence the willingness to provide spiritual care.</li> <li>The study's findings may not be universally applicable due to the predominantly female sample and potential gender-related factors.</li> </ul>

---

<p>Anshasi et al, 2024 (10) Bekaa Valley, Lebanon</p>	<p>This study aims to explore nurses' experiences of delivering spiritual care in an oncology setting.</p>	<p>Purposive sample of 20 Lebanese nurses</p>	<p>associated with self-judgment and confidence, is also a determinant of one's willingness to provide spiritual care.</p> <ul style="list-style-type: none"> <li>• The oncology nurses' concept of spirituality was discussed, revealing that it is not solely linked to religion but is a personal and subjective experience. They defined spirituality within the context of religion, as the essence of living, unique, individual, and whole, and as universal.</li> <li>• Insufficient staff, time, and knowledge in providing spiritual care are identified as barriers to delivering spiritual care for cancer patients. Nurses prioritize physical care over spiritual needs due to work overload and lack of education.</li> </ul>	<ul style="list-style-type: none"> <li>• The study focused on oncology nurses, requiring caution when sharing findings with other health professionals or nurses.</li> <li>• The personal experiences of each participant offer a unique perspective on the subject.</li> </ul>
<p>Galehdar et al, 2020 (17) Iran</p>	<p>This study investigates nurses' perceptions of COVID-19 patients' care needs, aiming to improve healthcare by recognizing their needs and providing valuable</p>	<p>The participants of this study included the nurses caring for patients with COVID-19</p>	<ul style="list-style-type: none"> <li>• The study highlights the stress and anxiety caused by fear of death, which can lead to behavioral disorders and suicide, and recommends cognitive behavioral therapy for COVID-19 patients.</li> </ul>	<ul style="list-style-type: none"> <li>• No limitation stated in this study</li> </ul>

---

---

	information.		<ul style="list-style-type: none"> <li>The study reveals that COVID-19 patients are affected psychologically, physically, socially, economically, and spiritually, necessitating comprehensive care from medical staff and supporting systems. Factors like death anxiety, taboo disease, frustration, and social isolation cause stress, which can be resolved through psychological counseling and spiritual care. Public knowledge about the disease, superstition beliefs, and low compliance with preventive measures are urgent needs.</li> </ul>	
Rhyu et al, 2023 (13) South Korea	This study aims to develop a path model for nurses in hospitals to better understand and facilitate spiritual care, addressing barriers to providing such care.	370 nurses	<ul style="list-style-type: none"> <li>This study suggests that nurses' spiritual care can be increased via the development of specific strategies focused on enhancing the nursing workplace spirituality of hospital organizations, promoting individual spiritual well-being and compassionate behavior, and reducing burnout among nurses.</li> </ul>	<ul style="list-style-type: none"> <li>No limitation stated in this study</li> </ul>

---

---

<p>Tao et al, 2020 (18) Taiwan</p>	<p>This research examines physicians and nurses' perspectives and clinical practices in a Buddhist-originating tertiary hospital's inpatient palliative care unit on spiritual care as a crucial component of hospice care.</p>	<p>20 participants through purposive sampling during weekday working hours within the palliative care unit physician and nurse working area of a single tertiary care hospital</p>	<ul style="list-style-type: none"> <li>• Participants found spiritual care challenging to define, with providers focusing on patient beliefs, presence, and addressing physical and emotional needs. Spiritual distress sources include the afterlife, family burdens, communication barriers, and social unacceptability. Barriers to spiritual care include the patient's state, providers' lack of preparedness, time, and professional training, which have been common in Western hospice care settings.</li> </ul>	<ul style="list-style-type: none"> <li>• This study on spiritual care in Taiwan's hospices has limitations, including a non-religious sample, potential bias towards spiritual care, and the lack of separation between physicians and nurses. The study also highlights the need for further research on education and training processes in spiritual care, particularly for physicians, to better understand the differences between their perspectives.</li> </ul>
<p>Baysal et al, 2024 (8) Turkey, Italy and Albania</p>	<p>The study aimed to determine the perceptions of spirituality and spiritual care among nurses working in three different countries and the factors that influence this perception.</p>	<p>384 nurses</p>	<ul style="list-style-type: none"> <li>• The study examines nurses' perceptions of spirituality and spiritual care in Türkiye, Albania, and Italy, focusing on cultural values and factors. Results show no significant difference in scores, but older, married, and experienced nurses have higher perceptions. Nurses with master's or doctorate degrees have higher</li> </ul>	<ul style="list-style-type: none"> <li>• No limitation stated at this study</li> </ul>

---

---

			scores.	
Fradelos et al, 2024 (14)	The purpose of this study was to explore factors that influence nurses' beliefs about offering spiritual care.	275 nurses	<ul style="list-style-type: none"> <li>The study reveals that Greek nurses provide spiritual care more frequently, with existential care being more common. The study also found a positive workplace spiritual climate, work experience, and educational background impact spiritual care provision.</li> <li>This study explores barriers to spiritual care faced by nurses, including time, support, discomfort, human resources, and workload. Participants believe spiritual care contributes to professional and personal development, enhances spiritual performance, integrity, and interpersonal relationships. However, limitations include a small sample size and focus group contact, and the need for larger data sets.</li> </ul>	<ul style="list-style-type: none"> <li>No limitation stated at this study</li> </ul>
Athens, Greece				
Zeng et al, 2023 (9)	This study aimed to investigate nurses' perceptions of spirituality and spiritual care and perceived	372 nurses	<ul style="list-style-type: none"> <li>A study on Chinese nurses' perceptions of spirituality and spiritual care revealed that 77.6% had</li> </ul>	<ul style="list-style-type: none"> <li>No limitation stated at this study</li> </ul>
China				

---

---

	professional benefits in China and reveal the relationship between them.		minimal understanding, with 65.1% lacking training. Despite this, nurses with higher education levels had higher perceived professional benefits. Improving nurses' perceptions can lead to improved professional benefits, a stronger sense of identity, and reduced burnout.	
Wang et al, 2022 (15)  China	The study explores the spiritual care needs and influencing factors among stroke patients, examining their correlations with spiritual well-being, self-perceived burden, self-transcendence, and social support.	458 patients	<ul style="list-style-type: none"> <li>The study found that spiritual care needs among 458 elderly stroke patients are moderate, influenced by pain, stigma, and impairment. In China, spiritual care is in its infancy, and nurses lack awareness. Patients with religious beliefs, higher education, and longer disease courses have higher spiritual care needs.</li> </ul>	<ul style="list-style-type: none"> <li>The study's limitations include a limited sample size of 458 Chinese stroke patients and potential one-sided results due to cultural differences.</li> </ul>
Attar, 2024 (19)  Edinburgh, Scotland	To identify challenges nurses face (communication, sensitivity) for improvement.	In this study, they estimated ten patients from a geriatric ward in Edinburgh, Scotland, who were	<ul style="list-style-type: none"> <li>The study suggests that incorporating spiritual nursing care can improve patient coping mechanisms, reduce pain, stress, anxiety, and reduce depression and</li> </ul>	<ul style="list-style-type: none"> <li>No limitation stated on this study</li> </ul>

---

---

		asked to define their spiritual requirements.	<ul style="list-style-type: none"> <li>• suicidal ideation. However, challenges include cultural sensitivity and further research is needed.</li> <li>• Spiritual care is a vital component of holistic patient care, addressing patients' spiritual needs through open communication, tailored interventions, and fostering a sense of wholeness. Nurses should prioritize this patient's spiritual well-being, promoting a collaborative and patient-centered approach.</li> <li>• Spiritual care is crucial in healthcare, addressing various challenges such as lack of space, religious hygiene, and patient privacy. Nurses must create an environment that respects patients' rights, privacy, and spiritual beliefs, promoting internal healing and upholding care ethics.</li> </ul>	
Türkben Polat et al, 2021 (16) Turkey	This study investigates the correlation between nurses' compassion level and their frequency of providing	253 nurses working in a university hospital in Turkey between October	<ul style="list-style-type: none"> <li>• The research found that nurses with a high compassion level provided a medium frequency of spiritual care therapeutics. This</li> </ul>	<ul style="list-style-type: none"> <li>• The limitation of the study is that it was conducted in only one hospital.</li> </ul>

---

---

spiritual care therapeutics to patients.	and December 2020.	study highlights the importance of compassion in nursing care, as it helps patients cope with stress and anxiety.	
		<ul style="list-style-type: none"> <li>• The study also highlights the need for training in compassion in nursing curricula to support spiritual care practices. The findings suggest that policymakers should prepare guides and training on spiritual care principles, consider an individual's compassion level as a criterion for choosing the nursing profession, and organize in-service training programs on compassion and spiritual care practices for nurses.</li> </ul>	
Herlianita et al, 2017 (7)	To examine Muslim nurses' perception of spirituality and spiritual care in Indonesia.	256 Muslim nurses	<ul style="list-style-type: none"> <li>• This study firstly examined the perception of spirituality and spiritual care among Muslim nurses in Indonesia. Although most of the nurses denied having any formal training in providing spiritual care, nearly all reported they had ever cared for patients with spiritual needs.</li> <li>• This study was limited to generalize and make causal inferences because of using</li> <li>• A convenience sample and cross-sectional research design. Random sampling from hospitals in different areas is suggested for future studies.</li> </ul>

---

## DISCUSSIONS

For the finding, from synthesizing the previous studies, the researcher came out with 3 themes that are align with the research objectives and research questions of this study.

### **a) Nurses' Perceptions Regarding the Concept of Spiritual Care**

A study with objectives to determine the perceptions of spirituality and spiritual care among nurses working in three different countries and the factors that influence this perception (8). They recruit nurses working in Türkiye, Albania, and Italy from July 2022 to July 2023. Nurses, who were over 18, had been working as a nurse at the outpatient or inpatient treatment units for at least three months, and who volunteered to participate in the research were included in the analysis. The results show that there is no significant difference in scores, but older, married, and experienced nurses have higher perceptions. Nurses with master's or doctorate degrees have higher scores. Thus, while nurses across all three countries recognize the significance of spiritual care, differences in understanding and practice reflect distinct cultural and healthcare contexts.

Another study aimed to investigate nurses' perceptions of spirituality and spiritual care and perceived professional benefits in China and reveal the relationship between them<sup>9</sup>. In this study, 372 nurses (response rate: 93.47%) from a number of hospitals across China were surveyed using convenience sampling. The studies found that nurses' perceptions of spirituality and spiritual care revealed that 77.6% had minimal understanding, with 65.1% lacking training. Despite this, nurses with higher education levels had higher perceived professional benefits. It concluded that nurses' perceptions of spirituality and spiritual care are positively correlated with their perceived professional benefits, such as job satisfaction, personal growth, and a sense of purpose (9). Nurses who value spirituality and integrate spiritual care into their practice report greater fulfillment in their professional roles. Hence, improving nurses' perceptions can lead to improved professional benefits, a stronger sense of identity, and reduced burnout.

A purposive sample of 20 Lebanese nurses with aimed to explore nurses' experiences of delivering spiritual care in an oncology setting was done (10). The nurses shown understand the concept of spiritual care as it is not solely linked to religion but is a personal and subjective experience. They defined spirituality within the context of religion, as the essence of living, unique, individual, and whole, and as universal.

Another study stated that nurses have been placed in a crucial position to recognize and meet patients' spiritual needs (7). This study firstly examined the perception of spirituality and spiritual care among Muslim nurses in Indonesia. Although most of the nurses denied having any formal training in providing spiritual care, nearly all reported they had ever cared for patients with spiritual needs. Respectively, nurses reported much higher The Spirituality and Spiritual Rating Scale (SSCRS) scores than any existing studies, in particular for those who had cared for a patient with spiritual needs. Providing adequate curriculum and on-job training to equip Muslim nurses' knowledge and competence of spiritual care is particularly valuable in Muslim healthcare environment.

### **b) Factor That Contributes to Operation Theatre Nurses Understand the Spiritual Care**

A study emphasis on spiritual care has led to nurses becoming more aware of their own values and those of their patients (11). They began to realize that, in interactions with patients, they sometimes tend to unconsciously assume the patient has the same values as they themselves have. The coaching helped in seeing that, as nurses, their job is to explore the patient's values in life and subsequent care wishes, without letting their own values and preferences guide them. Hence, it is true that a better understanding of spiritual care can lead to better nurses. This concept also can be applied to operation theatre nurses as they are the one that take care of patients when patients undergo any type of surgery.

Next, the importance of nurses in providing spiritual care and the influencing factors

affecting it was explored and it reveals that the Generalized Self-Esteem (GSES) and the Self-Improvement Theory (SIWB-C) play a crucial role in facilitating spiritual care provision (12). Younger nurses are more likely to provide spiritual assessments, while older nurses have a higher willingness to do so. Self-efficacy, which is associated with self-judgment and confidence, is also a determinant of one's willingness to provide spiritual care. On the flip side, some studies found no correlation between the desire to provide spiritual care and demographic variables including age, gender, education level, or personal religiosity. Notably, nurses are more likely to be prepared to offer spiritual care to patients if they believe they have received adequate training in this area. Age, years of experience in the workforce, GSES, and SIWB-C were determined to be predictive of a willingness to offer spiritual care in the study but, GSES and SIWB-C were found to be the major causes.

Another study was done with the aim of to develop a path model for nurses in hospitals to better understand and facilitate spiritual care, addressing barriers to providing such care also suggests that nurses' spiritual care can be increased via the development of specific strategies focused on enhancing the nursing work-place spirituality of hospital organizations, promoting individual spiritual well-being and compassionate behavior, and reducing burnout among nurses (13). Hence, this is shows that the organizations of the workplace can also be the factors for nurses to understand about spiritual care.

A study aimed to explore factors that influence nurses' beliefs about offering spiritual care was done by distributed a questionnaire to 365 nurses of the participant hospitals, of which 298 (response rate 81%) returned the questionnaires (14). The results found a positive workplace spiritual climate, work experience, and educational background impact spiritual care provision.

A study was conducted to explore the spiritual care needs and influencing factors among stroke patients, examining their correlations with spiritual well-being, self-perceived burden, self-transcendence, and social support (15). From the study, the desire for spiritual

needs from the patients led to the nurses' awareness of the importance of giving spiritual care to their patients.

A study with aims to explore the impact of nurses' compassion level on the frequency of providing spiritual care therapeutics to patients found that nurses with a high compassion level provided a medium frequency of spiritual care therapeutics (16). This study highlights the importance of compassion in nursing care, as it helps patients cope with stress and anxiety. The study also highlights the need for training in compassion in nursing curricular to support spiritual care practices. The findings suggest that policymakers should prepare guides and training on spiritual care principles, consider an individual's compassion level as a criterion for choosing the nursing profession, and organize in-service training programs on compassion and spiritual care practices for nurses. Hence, it is true that the pressure from the trends of compassion level on the frequency of providing spiritual care therapeutics to patients can lead to the factors that nurses will understand more about the spiritual care and its importance.

A study to investigate nurses' perceptions of COVID-19 patients' care needs, aiming to improve healthcare by recognizing their needs and providing valuable information. The participants of this study included the nurses caring for patients with COVID-19. The data was collected through 20 telephone interviews and the study shows that COVID-19 patients are affected psychologically, physically, socially, economically, and spiritually, necessitating comprehensive care from medical staff and supporting systems. Factors like death anxiety, taboo disease, frustration, and social isolation cause stress, which can be resolved through psychological counseling and spiritual care. Public knowledge about the disease, superstition beliefs, and low compliance with preventive measures are urgent needs. Thus, this demanding situation is also one of the factors that contribute to the awareness especially for nurses that they shall understand the importance of spiritual needs for patients (17).

### **c) Challenges that Operation Theatre Nurses Encounter When Providing Spiritual Care**

A study examines physicians and nurses' perspectives and clinical practices in a Buddhist-originating tertiary hospital's inpatient palliative care unit on spiritual care as a crucial component of hospice care (18). They recruited a total of 20 participants through purposive sampling during weekday working hours within the palliative care unit physician and nurse working area of a single tertiary care hospital and the results highlights that while hospice physicians and nurses recognize the importance of spiritual care, there is variability in how it is understood and delivered due to differences in personal beliefs, cultural factors, and the lack of formal training. The study emphasizes that spiritual care is often informally integrated into patient care practices, primarily through emotional support and active listening, but it also points to challenges such as time constraints and the lack of specific training for healthcare providers in this area.

A study aims to identify challenges nurses face (communication, sensitivity) for improvement. In this study, they estimated ten patients from a geriatric ward in Edinburgh, Scotland, who were asked to define their spiritual requirements (19). The results show that spiritual care in nursing is hindered by factors like lack of space, facilities, and patient privacy. Nurses may lack enthusiasm, religious beliefs, family issues, financial difficulties, and drive. To uphold care ethics, nurses should respect patients' rights, privacy, and spiritual beliefs, encourage internal healing, and prioritize patient safety. Spiritual care education in pre-licensure programs or work increases nurses' preparedness and competence, positively correlated with frequency of spiritual care provision.

### **CONCLUSION**

In conclusion, this systematic literature review highlights how important it is to understand spiritual care for operation theatre nurses. Addressing these demands can significantly enhance patients' experiences and recovery

outcomes. Nonetheless, a study deficit persists on spiritual care in this context, as the majority of current studies address spiritual care in different settings. It is essential to examine the comprehension of spiritual care among operating theatre nurses, since this will influence patient satisfaction and the consequences of neglecting these demands. Comprehending these elements can enable healthcare providers to deliver more empathetic, individualised treatment that assists patients during each phase of their surgical experience.

### **CONFLICT OF INTEREST**

The authors declare no conflict of interest with respect to the research, authorship, and publication of this article.

### **FUNDING**

The authors would like to thank to Kementerian Pelajaran Tinggi (KPT) Malaysia for providing a grant for this research (FRGS-EC/1/2024/SKK07/UIAM/03/7; Principal investigator: Dr Nor'ain Abdul Rashid).

### **ACKNOWLEDGEMENTS**

We would like to express our sincere gratitude to all authors for their help in the process of writing this article.

### **AUTHORS CONTRIBUTIONS**

**JJ:** Conceptualization, methodology, data collection, analysis and interpretation, writing and editing

**NAR:** Conceptualization, methodology, data collection, analysis and interpretation, writing and editing

**NHMR:** Conceptualization, methodology, data collection, analysis and interpretation, writing and editing

**SML:** Final Review

**SNIJ:** Final Review

**TWL:** Final Review

### **REFERENCES**

1. Alshakhshir NS, Ersig AL, Ward E, Hendricks-Ferguson VL, Montgomery KE. An Evolutionary Concept Analysis of Spiritual Competence in Nursing. *Journal*

- of *Advanced Nursing*. 2025 Jun;81(6):2977-89.
2. Cleary J, Ddungu H, Distelhorst SR, Ripamonti C, Rodin GM, Bushnaq MA, Clegg-Lampsey JN, Connor SR, Diwani MB, Eniu A, Harford JB. Supportive and palliative care for metastatic breast cancer: resource allocations in low-and middle-income countries. *A Breast Health Global Initiative 2013 consensus statement. The Breast*. 2013 Oct 1;22(5):616-27.
  3. Puchalski C, Ferrell B, Virani R, Otis-Green S, Baird P, Bull J, Chochinov H, Handzo G, Nelson-Becker H, Prince-Paul M, Pugliese K. Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference. *Journal of palliative medicine*. 2009 Oct 1;12(10):885-904.
  4. Rashid NA, Rakapi NH, Johari J, Ludin SM. A Systematic Review on Exploring the Need for Spiritual Care in the Perioperative Phase among Patients. *Malaysian Journal of Qualitative Research*. 2025 May 1;11(1).
  5. Green A, Kim-Godwin YS, Jones CW. Perceptions of spiritual care education, competence, and barriers in providing spiritual care among registered nurses. *Journal of Holistic Nursing*. 2020 Mar;38(1):41-51.
  6. Kruizinga R, Scherer-Rath M, Schilderman HJ, Puchalski CM, van Laarhoven HH. Toward a fully fledged integration of spiritual care and medical care. *Journal of pain and symptom management*. 2018 Mar 1;55(3):1035-40.
  7. Herlianita R, Yen M, Chen CH, Fetzer SJ, Lin EC. Perception of spirituality and spiritual care among Muslim nurses in Indonesia. *Journal of Religion and Health*. 2018 Apr;57(2):762-73.
  8. Baysal E, Demirkol H, Erol A, Kaçmaz ED, Duka B, Agolli B, Stievano A, Notarnicola I. Nurses' perceptions of spirituality and spiritual care and influencing factors in Türkiye, Italy, and Albania: A multicultural study. *InHealthcare* 2024 Jul 11 (Vol. 12, No. 14, p. 1391). MDPI.
  9. Zeng X, Yang J, Li Y, Chen M, Wu J, Hu Y, Lu W, Liu J, Yang Q, Guo W, Zhang L. The relationship between nurses' perceptions of spirituality and spiritual care and perceived professional benefits: A correlation study. *Perspectives in Psychiatric Care*. 2023;2023(1):1736608.
  10. Anshasi HA, Fawaz M, Aljawarneh YM, Alkhawaldeh JF. Exploring nurses' experiences of providing spiritual care to cancer patients: a qualitative study. *BMC nursing*. 2024 Mar 27;23(1):207.
  11. Modderkolk L, van Meurs J, de Klein V, Engels Y, Wichmann AB. Effectiveness of meaning-centered coaching on the job of oncology nurses on spiritual care competences: a participatory action research approach. *Cancer Nursing*. 2022 Dec 1:10-97.
  12. Yang SH, Tsan YT, Hsu WT, Liu CF, Ho WC, Wu LF, Lin CF, Chu WM. Association between self-efficacy, spiritual well-being and the willingness to provide spiritual care among nursing staff in Taiwan: a cross-sectional study. *BMC nursing*. 2024 Apr 30;23(1):299.
  13. Rhyu K, Lee G, Baek H. Association among workplace spirituality, spiritual well-being, and spiritual care in practice with multiple mediators for clinical nurses. *The Journal of Continuing Education in Nursing*. 2023 Feb 1;54(2):89-96.
  14. Fradelos EC, Alikari V, Artemi S, Missouridou E, Mangoulia P, Kyranou M, Saridi M, Toska A, Tsaras K, Tzavella F. A Mixed-Method Study on the Assessment of Factors Influencing Nurses' Provision of Spiritual Care. *InHealthcare* 2024 Apr 18 (Vol. 12, No. 8, p. 854). MDPI.
  15. Wang Z, Zhao H, Zhu Y, Zhang S, Xiao L, Bao H, Wang Z, Wang Y, Li X, Zhang Y, Pang X. Needs for nurses to provide spiritual care and their associated influencing factors among elderly inpatients with stroke in China: A cross-sectional quantitative study. *Palliative & Supportive Care*. 2022 Jun;20(3):407-16.
  16. Türkben Polat H, Özdemir AA. Relationship between compassion and spiritual care among nurses in Turkey. *Journal of Religion and Health*. 2022 Jun;61(3):1894-905.
  17. گله دار، طولابی، کامران، حیدری، حشمت اله. Exploring nurses' perception about the care needs of patients with COVID-19: a qualitative study. *BMC NURSING*.;19(1):119-26.

18. Tao Z, Wu P, Luo A, Ho TL, Chen CY, Cheng SY. Perceptions and practices of spiritual care among hospice physicians and nurses in a Taiwanese tertiary hospital: A qualitative study. *BMC Palliative care*. 2020 Jul 1;19(1):96.
19. Attar MJ. Healing the Body and Soul: A Comprehensive Review of Spiritual Nursing Care. *Jordan Journal of Nursing Research*. 2024;1:8.