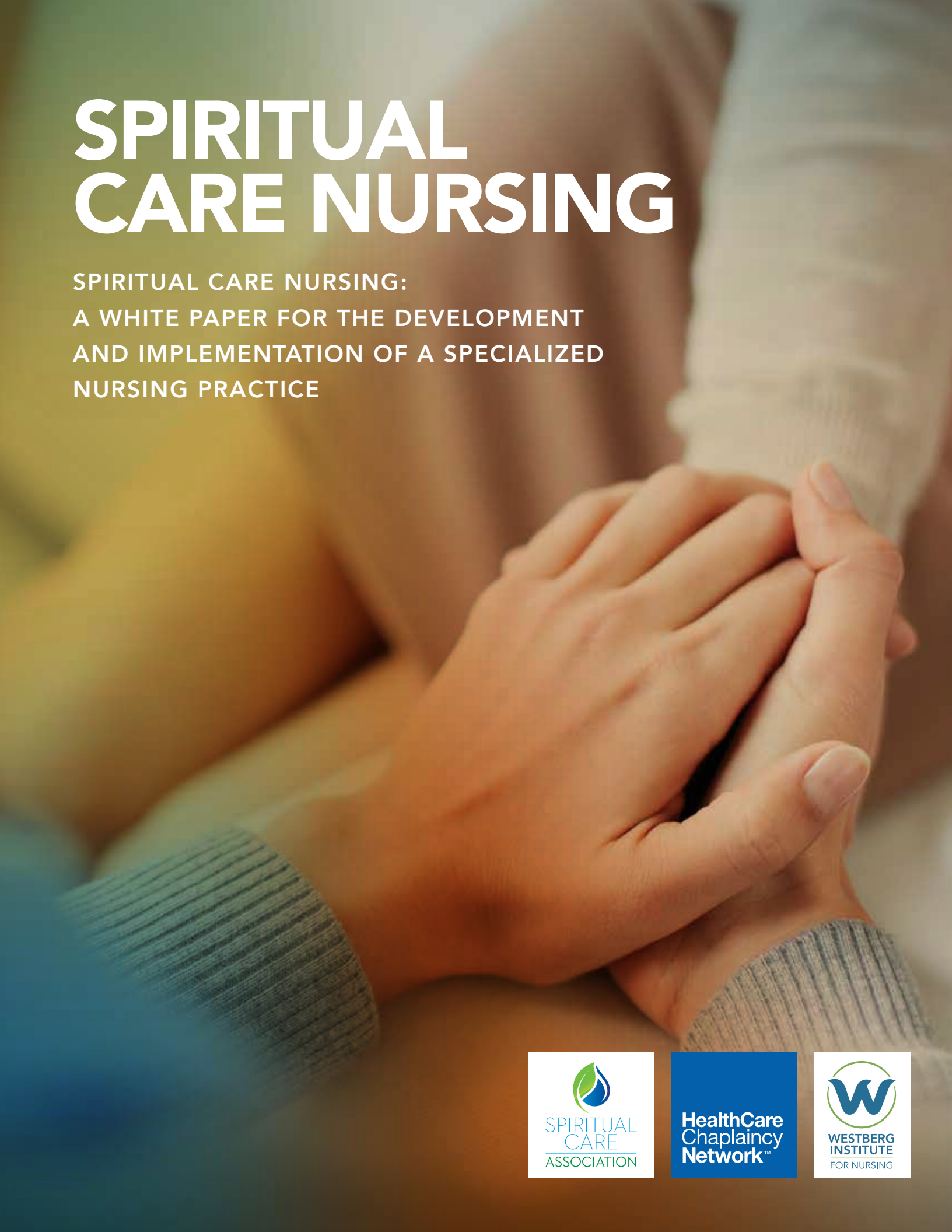
SPIRITUAL CARE NURSING

SPIRITUAL CARE NURSING: A WHITE PAPER FOR THE DEVELOPMENT AND IMPLEMENTATION OF A SPECIALIZED NURSING PRACTICE



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EXECUTIVE SUMMARY

The recognition of spirituality as an essential dimension of health and well-being has grown substantially over the past several decades. Whole-person nursing care recognizes that health encompasses physical, emotional, social, cultural, ethical, and spiritual dimensions. Among these, spirituality is increasingly recognized as an essential dimension of health and well-being. Patients and families consistently identify spirituality as an important source of meaning, hope, coping, resilience, and healing, particularly during serious illness, suffering, life transitions, and end-of-life experiences. Despite growing recognition of its importance, the spiritual dimension of whole-person nursing care remains inconsistently addressed in clinical practice because of inadequate education, uncertainty regarding professional roles, limited organizational support, time constraints, and the absence of standardized nursing approaches to spiritual care.

An evolutionary concept analysis of Spiritual Care Nursing (Ziebarth, 2026) provides the conceptual and theoretical foundation for an emerging specialty within professional nursing dedicated to intentionally integrating the spiritual dimension of care into whole-person nursing practice. Spiritual Care Nursing is proposed as a specialized nursing practice in which registered nurses with advanced preparation in spiritual care apply the nursing process to assess, plan, implement, document, and evaluate evidence-based spiritual nursing care in collaboration with patients, families, chaplains, and the interdisciplinary healthcare team.

The purpose of this white paper is to establish a conceptual and practice framework for Spiritual Care Nursing as an emerging nursing specialty and to provide recommendations for its implementation within healthcare organizations. Specifically, this paper sets out to:

- Define Spiritual Care Nursing and the role of the Spiritual Care Nurse within professional nursing practice.
- Present the philosophical, theoretical, and conceptual foundations of the specialty.
- Describe the Clinical Practice Model for Spiritual Care Nursing and its essential attributes.
- Clarify the relationship between Spiritual Care Nursing, professional chaplaincy, and the interdisciplinary healthcare team.
- Propose competencies, educational preparation, and organizational structures necessary for implementation.
- Identify priorities for education, practice, research, quality improvement, and health policy.

Spiritual Care Nursing strengthens the delivery of whole-person care by preparing nurses to intentionally integrate the spiritual dimension into professional nursing practice while collaborating with chaplains and other disciplines to address the full spectrum of patients' spiritual, religious, existential, and cultural needs. As healthcare systems increasingly recognize the importance of whole-person care, Spiritual Care Nursing offers an evidence-informed framework for expanding access to high-quality spiritual nursing care across diverse clinical settings.

Terminology and Conceptual Framework

As Spiritual Care Nursing continues to emerge as a distinct nursing specialty, consistent terminology is essential for promoting conceptual clarity, professional communication, education, research, and interdisciplinary collaboration. Historically, terms such as spiritual care, spiritual nursing care, and spiritual assessment have often been used interchangeably within literature, creating ambiguity regarding professional roles, responsibilities, and scopes of practice. This white paper intentionally distinguishes these terms to clarify the unique contribution of nursing within the broader interdisciplinary practice of spiritual care. The terminology presented below establishes a shared conceptual framework that is used consistently throughout this document and is intended to support future scholarship, curriculum development, competency validation, organizational implementation, and collaborative practice.

TERM	DEFINITION USED IN THIS WHITE PAPER
Spiritual Care	The broad interdisciplinary domain of care that addresses the spiritual dimension of health and well-being. Spiritual care may be provided collaboratively by nurses, professional chaplains, physicians, social workers, psychologists, faith leaders, and other members of the healthcare team according to their respective scopes of practice and competencies *(Puchalski et al., 2009, 2014).*
Spiritual Care Nursing	An emerging nursing specialty that intentionally integrates the spiritual dimension of health into the nursing process through advanced nursing assessment, evidence-based spiritual nursing interventions, clinical judgment, care planning, documentation, evaluation, consultation, and interdisciplinary collaboration *(American Nurses Association [ANA], 2021; Ziebarth, 2026).*
Spiritual Care Nurse	A registered professional nurse with advanced preparation and competency in Spiritual Care Nursing *(Ziebarth, 2026).*
Spiritual Nursing Care	Nursing care that intentionally addresses the spiritual dimension of health within the nursing process and the nursing scope of practice *(ANA, 2021; Ziebarth, 2026).*
Spiritual Nursing Interventions	Evidence-based nursing interventions designed to promote spiritual well-being, meaning, hope, connectedness, coping, and human flourishing while remaining within the nursing scope of practice *(O'Brien, 2017; Taylor, 2019; Ziebarth, 2026).*
Whole-Person Spiritual Assessment™	A specialized nursing assessment that evaluates the spiritual dimension of health as part of the comprehensive nursing assessment and informs development of a Spiritual Nursing Plan of Care *(ANA, 2021; Ziebarth, 2026).*
Spiritual Nursing Plan of Care	An individualized nursing plan that identifies goals, evidence-based spiritual nursing interventions, evaluation measures, and collaboration or referral needs related to the patient's spiritual concerns and strengths *(ANA, 2021; Ziebarth, 2026).*
Professional Chaplain	The chaplain is the spiritual care specialist on the health care team. They support patients, families, their caregivers and staff to draw on their spiritual, religious, emotional, and cultural resources, as well as their personal values to cope with their experiences in the health care context *(Handzo, et al, 2023).*

The concept, nursing process is used throughout the paper and needs defining for non-nurses. It is a systematic, patient-centered method nurses use to provide safe, individualized, evidence-based care. It provides the framework for gathering information, making clinical judgments, planning and providing nursing care, and determining whether that care has been effective (American Nurses Association [ANA], 2021).

It is described in five steps:

Assessment — Systematically collecting and analyzing information about the patient's physical, psychological, social, cultural, and spiritual dimensions of health.

Diagnosis/Clinical Judgment —Within the traditional nursing process, nurses analyze assessment findings to formulate nursing diagnoses and clinical judgments. Within the Professional Chaplain and Spiritual Care Nursing framework, emphasis is placed on nursing clinical judgment to identify and prioritize spiritual strengths, concerns, needs, and appropriate nursing responses (ANA, 2021; Ziebarth, 2026).

Planning — Collaborating with the patient to establish individualized goals and expected outcomes and selecting appropriate evidence-based nursing interventions.

Implementation — Carrying out the planned nursing interventions, coordinating care, educating and supporting the patient, and collaborating with other healthcare professionals as appropriate.

Evaluation — Assessing the patient's response to nursing interventions, determining whether expected outcomes have been achieved, and modifying the plan of care as needed.

For Spiritual Care Nursing,
The nursing process provides the clinical framework through which the Spiritual Care Nurse assesses the spiritual dimension of whole-person health, applies nursing clinical judgment, develops an individualized Spiritual Nursing Plan of Care, implements evidence-based spiritual nursing interventions, and evaluates patient outcomes (Ziebarth, 2026).

Introduction

Healthcare increasingly recognizes that health and healing extend beyond the physical dimensions of illness to encompass the psychological, social, cultural, ethical, and spiritual dimensions of the human experience (Koenig, 2013; Puchalski et al., 2014; Watson, 2008). Within this whole-person perspective, spirituality is recognized as an essential dimension of health and well-being that influences how individuals derive meaning and purpose, cope with illness and suffering, maintain hope, make healthcare decisions, and experience healing and human flourishing (Koenig, 2013; Puchalski et al., 2009; Puchalski et al., 2014; Rosa et al., 2022). During serious illness, hospitalization, chronic disease, grief, life transitions, and end-of-life experiences, spiritual concerns often become more prominent as individuals seek meaning, navigate uncertainty, and draw upon their beliefs, values, relationships, and spiritual practices to sustain resilience and well-being (Büssing & Koenig, 2010; Ferrell et al., 2023; Koenig, 2013; Taylor, 2006).

An expanding body of evidence demonstrates that spirituality is associated with improved coping, resilience, emotional well-being, quality of life, patient satisfaction, and other positive health outcomes (Büssing et al., 2013; Koenig, 2013; Puchalski et al., 2014; Rosa et al., 2022). Consequently, professional organizations, accrediting bodies, and healthcare systems increasingly recognize attention to the spiritual dimension of health as an integral component of whole-person, person-centered care (American Association of Colleges of Nursing, 2021; National Consensus Project for Quality Palliative Care, 2018; Puchalski et al., 2009; Puchalski et al., 2014). Patients and families frequently express a desire for healthcare professionals to acknowledge and respond to their spiritual concerns, and nurses are often identified as trusted professionals with whom these conversations naturally occur (Balboni et al., 2013; Best et al., 2020; Ferrell et al., 2023).

Professional nursing has long embraced a whole person understanding of the person, recognizing that experiences of health and illness reflect the interconnectedness of body, mind, and spirit (Nightingale, 1860/1969; Newman, 2008; Parse, 1998; Watson, 2008). The nursing profession's commitment to compassionate, person-centered care naturally includes assessment of and attention to the spiritual dimension of health as part of the nursing process (American Nurses Association, 2021; Puchalski et al., 2014; Watson, 2008). Because of their continuous presence with patients and families and the therapeutic relationships they establish throughout the continuum of care, nurses are uniquely positioned to recognize spiritual strengths, identify spiritual concerns, implement evidence-based spiritual nursing interventions, and collaborate with other members of the interdisciplinary healthcare team when additional expertise is needed (Burkhart & Hogan, 2008; Ferrell et al., 2023; O'Brien, 2017; Taylor, 2006).

Despite widespread recognition of the importance of spirituality, the spiritual dimension of whole-person nursing care remains inconsistently integrated into contemporary clinical practice (Balboni et al., 2013; Best et al., 2020; Ferrell et al., 2023). Nurses frequently report inadequate education, uncertainty regarding their professional role, limited confidence in conducting spiritual nursing assessments and interventions, and concerns about maintaining appropriate professional boundaries (Cooper et al., 2013; O'Brien et al., 2019; Taylor et al., 2014; Weathers et al., 2016). Organizational barriers—including increasing patient acuity, staffing shortages, time constraints, inconsistent documentation practices, and insufficient institutional support—further limit the intentional integration of the spiritual dimension into routine nursing care (Best et al., 2020; Cooper et al., 2013; Ross et al., 2018; van Leeuwen & Cusveller, 2004).

These challenges have contributed to growing recognition that the intentional integration of the spiritual dimension of health into nursing practice requires advanced knowledge, specialized competencies, evidence-based interventions, and supportive organizational structures that extend beyond the expectations of general nursing practice (Alshakhshir et al., 2025; Puchalski et al., 2009; Puchalski et al., 2014; Rosa et al., 2022). As healthcare systems become increasingly complex and diverse, there is a need for nurses with advanced preparation in integrating the spiritual dimension into whole-person nursing care while collaborating with professional chaplains and the interdisciplinary healthcare team to address patients' spiritual, religious, existential, and cultural concerns. This need has contributed to the development of Spiritual Care Nursing as an emerging nursing specialty grounded in the nursing process and dedicated to evidence-based spiritual nursing care (Ziebarth, 2026).

The purpose of this white paper is to define Spiritual Care Nursing and the role of the Spiritual Care Nurse, articulate the philosophical and theoretical foundations of the specialty, and present a framework for the development and implementation of Spiritual Care Nursing within healthcare organizations. Drawing upon an evolutionary concept analysis of Spiritual Care Nursing and an extensive review of the literature (Ziebarth, 2026), this paper proposes a conceptual model for practice and offers

recommendations for education, competency development, organizational implementation, research, quality improvement, and future policy development.

The sections that follow examine the evidence supporting spirituality as an essential dimension of health, review the literature related to spirituality and nursing practice, describe the historical and conceptual development of Spiritual Care Nursing, and present the philosophical foundations, clinical practice model, competency framework, and organizational structures necessary to implement this emerging nursing specialty. Throughout, Spiritual Care Nursing is presented as an advanced application of the nursing process to the spiritual dimension of whole-person care that complements the expertise of professional chaplains and strengthens the capacity of healthcare organizations to provide coordinated, person-centered care.

Background and Need

Professional nursing has long recognized the importance of caring for the whole person, including the spiritual dimension of health (Nightingale, 1860/1969; Newman, 2008; Parse, 1998; Watson, 2008). Research consistently demonstrates that spirituality influences coping, resilience, treatment decisions, quality of life, hope, and overall health outcomes (Büssing et al., 2013; Koenig, 2013; Puchalski et al., 2014; Rosa et al., 2022). During serious illness, hospitalization, grief, trauma, major life transitions, and end-of-life experiences, patients and families frequently express spiritual concerns and seek opportunities to discuss issues of meaning, purpose, hope, relationships, beliefs, and values with trusted healthcare professionals (Balboni et al., 2013; Ferrell et al., 2023; Puchalski et al., 2009; Taylor, 2006). Although the importance of spirituality is widely recognized, the spiritual dimension of whole-person nursing care remains inconsistently integrated into clinical practice (Balboni et al., 2013; Best et al., 2020; Ferrell et al., 2023). Nurses frequently report feeling inadequately prepared to assess the spiritual dimension of health within the nursing process, implement evidence-based spiritual nursing interventions, document care, and collaborate effectively with professional chaplains and other members of the interdisciplinary healthcare team (Cooper et al., 2013; O'Brien et al., 2019; Ross et al., 2018; Taylor et al., 2014; van Leeuwen & Cusveller, 2004; Weathers et al., 2016).

Commonly identified barriers include:

- Limited education and competency in spiritual nursing care
- Time constraints and competing clinical priorities
- Uncertainty regarding professional roles and boundaries
- Limited organizational support and leadership commitment
- Inconsistent documentation practices and referral pathways
- Insufficient resources to support the integration of the spiritual dimension into nursing practice (Cooper et al., 2013; O'Brien et al., 2019; Ross et al., 2018; Taylor et al., 2014; van Leeuwen & Cusveller, 2004; Weathers et al., 2016)

These challenges create a gap between nursing's longstanding commitment to whole-person care and the consistent integration of the spiritual dimension into everyday clinical practice (Best et al., 2020; Cooper et al., 2013; O'Brien et al., 2019). They also highlight the need for organizational structures, educational preparation, competency development, and interdisciplinary collaboration that support nurses in addressing the spiritual dimension of health within their professional scope of practice. The development of Spiritual Care Nursing as an emerging nursing specialty provides an opportunity to strengthen the delivery of whole-person nursing care by preparing registered nurses with advanced knowledge and competencies in evidence-based spiritual nursing assessment, intervention, care

planning, documentation, consultation, and referral. Rather than replacing the responsibility of all nurses to provide compassionate, holistic care, the Spiritual Care Nurse serves as an advanced clinical resource who collaborates with bedside nurses, professional chaplains, and the interdisciplinary healthcare team to improve access to high-quality spiritual nursing care across healthcare settings (Alshakhshir et al., 2025; Puchalski et al., 2014; Rosa et al., 2022; Ziebarth, 2026).

Literature Review: Spirituality and Health Outcomes

An extensive body of literature demonstrates that spirituality is an essential dimension of health and well-being and significantly influences coping, resilience, meaning-making, health behaviors, and quality of life. Spirituality has been associated with improved emotional well-being, increased hope, greater life satisfaction, and enhanced adaptation to illness and suffering (Koenig, 2013; Puchalski et al., 2014). Research has consistently shown that individuals frequently rely upon spiritual beliefs and practices during times of serious illness, hospitalization, loss, and end-of-life experiences (Büssing & Koenig, 2010; Cheng et al., 2023).

Among older adults, spirituality has been identified as a priority that contributes to overall health and well-being and influences perceptions of quality care (Bhattacharyya, 2021; Ludlow et al., 2021). In oncology and palliative care populations, spiritual well-being has been associated with greater hope, improved coping, enhanced quality of life, and reduced psychological distress (Cheng et al., 2023; Miller et al., 2023). Research further suggests that spiritual care interventions can improve emotional outcomes, foster inner peace, and promote a sense of meaning and connectedness, particularly among individuals experiencing serious illness or life transitions (de Diego-Cordero et al., 2022).

The growing evidence supporting the relationship between spirituality and health has led professional organizations to recognize spirituality as an essential component of whole-person care and quality nursing practice (American Association of Colleges of Nursing, 2021; National Consensus Project for Quality Palliative Care, 2018). The growing body of evidence supporting the relationship between spirituality and health has led professional organizations to recognize the spiritual dimension of health as an essential component of whole-person, person-centered care and quality nursing practice (American Association of Colleges of Nursing, 2021; National Consensus Project for Quality Palliative Care, 2018). For nursing, this recognition affirms that attention to the spiritual dimension of health is not an optional activity but an integral component of whole person assessment, compassionate presence, clinical decision-making, and person-centered care that is implemented within the nursing process.

Spiritual Distress and Unmet Spiritual Needs

Although spirituality is recognized as an important aspect of health, patients frequently report that their spiritual needs remain unaddressed during healthcare encounters. Spiritual distress may manifest as loss of meaning, hopelessness, fear, guilt, anger, loneliness, disrupted relationships, or existential suffering (Taylor, 2006). Such distress often intensifies during serious illness, hospitalization, chronic disease, grief, and end-of-life experiences.

Studies of patients with advanced cancer have demonstrated that unmet spiritual needs are associated with poorer emotional well-being, reduced quality of life, and increased psychological distress (Pearce et al., 2012). Hodge and Horvath (2011) identified common spiritual needs among hospitalized patients, including the need for meaning and purpose, interpersonal connection, hope, religious practices,

relationships with God or a higher power, and compassionate relationships with healthcare providers. Patients frequently desire opportunities to discuss spiritual concerns and often view nurses as trusted professionals who can recognize spiritual concerns, provide compassionate spiritual nursing support, and facilitate collaboration with professional chaplains or other spiritual resources when appropriate (Ebenau et al., 2020). However, despite these expectations, studies consistently demonstrate that spiritual care is infrequently integrated into routine clinical practice, resulting in unmet spiritual needs and missed opportunities to promote healing and well-being.

Barriers to Spiritual Care

Despite professional recognition of spirituality as a component of quality care, nurses frequently report feeling inadequately prepared to address spiritual needs. Numerous barriers hinder the delivery of the spiritual dimension of whole-person nursing care, including lack of education, insufficient confidence, time constraints, unclear role expectations, fear of imposing personal beliefs, inadequate resources, and limited organizational support (Cooper et al., 2020; O'Brien et al., 2019).

Educational deficiencies represent one of the most frequently reported barriers. Although nursing organizations advocate for the inclusion of the spiritual dimension of whole-person nursing care competencies in nursing education, many nursing programs provide limited instruction regarding it (Cosentino et al., 2020; Taylor et al., 2014). Consequently, many nurses report uncertainty regarding assessment of the spiritual dimension within the nursing process and lack confidence in selecting appropriate evidence-based spiritual nursing interventions (Verma & Singh, 2025).

Organizational barriers also influence the spiritual dimension of whole-person nursing care delivery. Healthcare settings often fail to prioritize spirituality, provide inadequate resources, or lack processes for documenting and communicating spiritual interventions (Kincheloe et al., 2018). Furthermore, heavy patient assignments and increasing clinical demands limit opportunities for nurses to develop the presence and intentionality necessary for meaningful spiritual care encounters (Moreno, 2025). Nurses' personal beliefs and comfort with spirituality may also affect their willingness to engage in spiritual conversations (Hu et al., 2019). Nurses who value spirituality and possess greater spiritual well-being are more likely to recognize and respond to patients' spiritual needs and seek additional education and training (Ausar et al., 2021; Davis et al., 2023).

Spiritual Care Interventions

Evidence-based spiritual nursing interventions are intended to promote meaning, hope, connection, comfort, spiritual well-being, coping, and human flourishing while supporting patients' individual beliefs, values, goals, and preferences. Interventions may include presence, active listening, compassionate inquiry, spiritual support, prayer or meditation when patient-directed, facilitation of desired religious practices, coping enhancement, values clarification, and referral to spiritual resources. Established nursing interventions within the Nursing Interventions Classification (NIC) also includeHope Inspiration and Forgiveness Facilitation. These interventions are implemented according to nursing assessment, patient preferences, nurse competency, and scope of practice and should not involve imposing particular beliefs, creating unrealistic expectations, or directing a patient toward forgiveness (Butcher et al., 2018; Recine, 2015; Ziebarth, 2015: 2018; 2019; 2023; 2016).

Presence has emerged as one of the most fundamental spiritual care interventions, emphasizing the therapeutic value of being physically, emotionally, and spiritually available to another person during times of need (Goldberg, 1998). Research has demonstrated that patients often report feelings of support, peace, comfort, and being cared for when nurses intentionally engage in spiritual care interventions (Narayanasamy & Owens, 2001).

Spiritual care interventions are particularly important within oncology and palliative care settings, where patients frequently experience existential concerns and seek meaning and connection (Mesquita et al., 2017; Miller et al., 2023). Mindfulness practices, meaning-centered interventions, spiritual counseling, and facilitation of religious rituals have demonstrated positive outcomes for patients experiencing serious illness (de Diego-Cordero et al., 2022).

These findings suggest that spiritual care interventions are both clinically relevant and beneficial and support the development of specialized nursing roles that possess advanced knowledge and competence in spiritual care delivery.

Specialized Nursing Roles and Spiritual Care

Professional nursing organizations increasingly recognize that integrating the spiritual dimension of health into clinical practice requires specialized knowledge, advanced competencies, and intentional educational preparation. The concept of spiritual competence has emerged as an important framework for preparing nurses to assess, plan, implement, document, and evaluate care that addresses the spiritual dimension of health within the nursing process (Alshakhshir et al., 2025; van Leeuwen & Cusveller, 2004).

Several nursing specialties intentionally integrate spirituality into professional practice, including Faith Community Nursing, hospice and palliative nursing, and holistic nursing. Faith Community Nursing has demonstrated the value of integrating health and faith through professional nursing practice and has contributed to important educational standards, conceptual frameworks, and scholarly foundations for spiritual nursing care (Solari-Twadell & McDermott, 1999; Ziebarth, 2014).

Building upon these foundations, the literature supports the development of Spiritual Care Nursing as an emerging nursing specialty within clinical healthcare settings. The Spiritual Care Nurse provides advanced expertise in the assessment of the spiritual dimension of health, evidence-based spiritual nursing interventions, Spiritual Nursing Plans of Care, documentation within the nursing process, consultation, and interdisciplinary collaboration. The role complements the responsibilities of bedside nurses by serving as an advanced clinical resource while collaborating closely with professional chaplains and other members of the interdisciplinary healthcare team. Through clearly defined nursing and chaplaincy roles, Spiritual Care Nursing strengthens the organization's capacity to deliver coordinated, whole-person care without replacing the unique expertise of professional chaplains.

Organizational Outcomes and Implications

Organizations that intentionally integrate spiritual care into practice demonstrate improvements in patient satisfaction, family satisfaction, quality of care, and staff well-being (Kirchoff et al., 2021). Patients who receive spiritual care report increased feelings of comfort, support, peace, and connectedness, whereas healthcare providers report greater professional satisfaction and meaning in their work (Narayanasamy & Owens, 2001).

High-quality spiritual care also contributes to organizational culture by promoting compassionate care, interdisciplinary collaboration, and a healing environment (Holyoke & Stephenson, 2017). Implementation of Spiritual Care Nursing may also strengthen nursing competency, improve communication regarding the spiritual dimension of care, promote consistent documentation within the nursing process, and support quality improvement initiatives related to whole-person care.
The literature therefore supports the need for healthcare organizations to develop structures that facilitate spiritual care delivery, including educational programs, competency development, dedicated resources, interdisciplinary collaboration, and specialized roles such as the Spiritual Care Nurse. Recognition and implementation of Spiritual Care Nursing as a specialized nursing practice may provide an effective strategy for overcoming barriers and ensuring that the spiritual dimension of health is intentionally addressed within contemporary healthcare systems Ziebarth, 2026).

Collectively, the literature demonstrates that spirituality significantly influences health, healing, coping, and human flourishing, yet the spiritual dimension of care remains inconsistently integrated into clinical nursing practice (Balboni et al., 2013; Büssing et al., 2013; Koenig, 2013; Puchalski et al., 2014; Rosa et al., 2022). The evidence supports the development of Spiritual Care Nursing as an emerging nursing specialty that strengthens whole-person nursing care through advanced competency, evidence-based practice, interdisciplinary collaboration, and intentional integration of the spiritual dimension of health within the nursing process (Best et al., 2020; Ferrell et al., 2023; Puchalski et al., 2009; Ziebarth, 2026).

Historical Evolution of Spiritual Care Nursing

Spirituality has been embedded within the philosophical foundations of nursing since the inception of the profession. From Florence Nightingale's understanding of nursing as an art and science concerned with the whole person to contemporary theories of caring, human becoming, and health as expanding consciousness, nursing has long recognized that health and healing encompass physical, emotional, social, and spiritual dimensions of the human experience (Nightingale, 1860/1969; Newman, 2008; Parse, 1998; Watson, 2008). Numerous nursing theorists have emphasized meaning, relationships, transcendence, and the lived experience of illness, thereby laying the conceptual foundation for contemporary spiritual care practice (Burkhart & Hogan, 2008; Newman, 2008; Parse, 1998; Watson, 2008).

During the latter half of the twentieth century, several important movements further elevated the importance of spirituality in healthcare, including the wholistic hewalth movement, the hospice and palliative care movement, and the emergence of Faith Community Nursing (Saunders, 2001; Solari-Twadell & McDermott, 1999; Westberg et al., 1979; Ziebarth, 2014; Ziebarth & Solari-Twadell, 2020). These developments, together with increasing research on spirituality and health outcomes and growing expectations for whole-person care, highlighted the need for nurses with advanced knowledge and competencies in spiritual care (American Association of Colleges of Nursing, 2021; Puchalski et al., 2009; Puchalski et al., 2014; Rosa et al., 2022).

Despite increasing recognition of spirituality as an essential component of healthcare, many nurses continue to report inadequate preparation and limited confidence in addressing spiritual concerns (Cooper et al., 2013; O'Brien et al., 2019; Taylor et al., 2014; Weathers et al., 2016). Persistent barriers related to education, role clarity, and organizational support have contributed to inconsistencies in spiritual care delivery and have underscored the need for a specialized nursing practice dedicated to intentional, evidence-based spiritual care (Best et al., 2020; Cooper et al., 2013; Ross et al., 2018; van Leeuwen & Cusveller, 2004). The historical developments that contributed to the emergence of Spiritual Care Nursing are summarized in **Table 1**.

Historical Development of Spiritual Care Nursing

Period	Historical Development	Significance to Spiritual Care Nursing
1859–1860	Florence Nightingale and Notes on Nursing	Established nursing as whole person care inclusive of spiritual dimensions.
1950s–1980s`	Development of nursing theories	Emphasized meaning, relationships, transcendence, and human experience.
1970s	Wholistic health movement	Re-emphasized body-mind-spirit integration, prevention, and whole-person care.
1967–Present	Hospice and palliative care movement	Recognized spirituality as an essential component of quality care and introduced the concept of total pain.
1984–Present	Faith Community Nursing (Parish Nursing) movement	Demonstrated intentional integration of spiritual care into professional nursing practice and established educational and practice frameworks for spiritually integrated care.
1990s–Present	Spirituality in nursing education and research	Developed competencies, educational standards, and evidence supporting spirituality and health outcomes.
2026	Evolutionary Conceptual Analysis of Spiritual Care Nursing	Provided conceptual clarity and proposed Spiritual Care Nursing as a specialized nursing practice.

1859–1860: Florence Nightingale and the Origins of Modern Nursing

Florence Nightingale recognized spirituality as an essential dimension of nursing and viewed nursing as both an art and a science concerned with the whole person. In Notes on Nursing (1860), she described nursing as facilitating the reparative processes of nature and acknowledged the importance of meaning, hope, and the human spirit in healing (Nightingale, 1860/1969; O'Brien, 2017; Watson, 2008).

1950s–1980s: Development of Nursing Theories

During the mid-twentieth century, nursing scholars expanded the profession's understanding of the person and emphasized the interconnectedness of body, mind, and spirit (Newman, 2008; Parse, 1998; Rogers, 1970; Watson, 2008).

Key contributions include:

- Martha Rogers' Science of Unitary Human Beings (Rogers, 1970)
- Margaret Newman's Health as Expanding Consciousness (Newman, 1979, 2008)
- Jean Watson's Theory of Human Caring (Watson, 1979, 2008)
- Rosemarie Parse's Human Becoming Theory (Parse, 1981, 1998)

These theories emphasized meaning, relationships, transcendence, caring, and the lived experience of health and illness and laid the philosophical foundation for contemporary spiritual care in nursing (Burkhart & Hogan, 2008; Newman, 2008; Parse, 1998; Watson, 2008).

1970s: Wholistic Health Movement

The 1970s witnessed growing dissatisfaction with a purely biomedical model of healthcare and the emergence of the wholistic health movement. This movement emphasized the integration of body, mind, and spirit and promoted prevention, health education, self-responsibility, and whole-person care (Tubesing et al., 1977; Westberg et al., 1979; Ziebarth, 2016).

Granger Westberg became a leading voice in this movement through the development of Wholistic Health Centers and his advocacy for healthcare that intentionally addressed spirituality and prevention (Westberg et al., 1979; Westberg, 1986; Westberg, 2015). The wholistic health movement represented a significant philosophical shift in American healthcare by challenging reductionist models of care and reestablishing the importance of treating the whole person. This movement profoundly influenced nursing, hospice, Faith Community Nursing, and ultimately the emergence of Spiritual Care Nursing.

1984–Present: Faith Community Nursing (Parish Nursing) Movement

The modern Parish Nursing movement began in 1984 when Granger Westberg established the first Parish Nurse program at Chicago's Lutheran General Hospital (Westberg, 1990; Westberg, 2015). Westberg envisioned nurses practicing within faith communities to promote health, prevent illness, and intentionally integrate spiritual care into professional nursing practice (Westberg, 1986; Westberg, 1990). The specialty rapidly expanded nationally and internationally and was formally recognized by the American Nurses Association as a specialty nursing practice in 1998. In 2005, the specialty became officially known as Faith Community Nursing, reflecting its growing interfaith and global scope (American Nurses Association & Health Ministries Association, 2024; Solari-Twadell & McDermott, 1999; Solari-Twadell & McDermott, 2006).

Faith Community Nursing became the first ANA-recognized nursing specialty to intentionally integrate spirituality into professional nursing practice, demonstrating that spirituality could be systematically incorporated into nursing assessment, care planning, interventions, education, and professional standards (American Nurses Association & Health Ministries Association, 2024; Solari-Twadell & Ziebarth, 2020; Ziebarth, 2014).

1967–Present: Hospice and Palliative Care Movement

The modern hospice movement began with Dame Cicely Saunders' establishment of St. Christopher's Hospice in London in 1967. The movement introduced the concept of "total pain," recognizing that suffering includes physical, psychological, social, and spiritual dimensions (Saunders, 2001; Puchalski et al., 2009).

As palliative care developed during the 1980s and 1990s, spiritual assessment and spiritual care became recognized as essential components of quality care for persons experiencing serious illness, chronic disease, and end-of-life concerns (Ferrell et al., 2023; National Consensus Project for Quality Palliative Care, 2018; Puchalski et al., 2009).

1990s–Present: Spirituality in Nursing Education and Research

Beginning in the 1990s, there was a substantial increase in research examining the relationship between spirituality and health outcomes (Büssing et al., 2013; Koenig, 2013; Puchalski et al., 2014). Professional organizations, accrediting agencies, and nursing educators increasingly emphasized spirituality as an essential component of patient-centered care (American Association of Colleges of Nursing, 2021; Puchalski et al., 2009; Puchalski et al., 2014).

Numerous competency frameworks, educational standards, and clinical guidelines emerged, including:

- Nursing competencies for spiritual care (van Leeuwen & Cusveller, 2004)
- Consensus Conference on Spiritual Care in Palliative Care (Puchalski et al., 2009)
- International Consensus on Whole-Person Care (Puchalski et al., 2014)
- AACN Essentials (American Association of Colleges of Nursing, 2021)

Despite these developments, many nurses continued to report inadequate preparation and limited confidence in providing spiritual care (Cooper et al., 2013; O'Brien et al., 2019; Ross et al., 2018; Taylor et al., 2014; Weathers et al., 2016).

2026: Emergence of Spiritual Care Nursing as a Specialized Nursing Practice

The Evolutionary Conceptual Analysis of Spiritual Care Nursing provides conceptual clarity regarding the nature of Spiritual Care Nursing and proposes the specialty as a distinct nursing practice grounded in the nursing process, whole-person care, and evidence-based spiritual nursing care (Ziebarth, 2026). The conceptual analysis identifies the antecedents, attributes, competencies, and consequences of Spiritual Care Nursing and provides the philosophical and theoretical foundations necessary for the development and implementation of Spiritual Care Nurse programs within healthcare organizations (Ziebarth, 2026).

Building upon these findings, Spiritual Care Nursing is proposed as a specialized nursing practice in which registered nurses with advanced preparation intentionally integrate the spiritual dimension of health into the nursing process through evidence-based assessment, clinical judgment, spiritual nursing interventions, care planning, documentation, evaluation, consultation, and interdisciplinary collaboration (Ziebarth, 2026).

Particularly influential in the development of Spiritual Care Nursing was the emergence of Faith Community Nursing. Building upon the wholistic health movement, Faith Community Nursing demonstrated that intentional spiritual care could be successfully integrated into professional nursing practice and provided educational frameworks, competencies, and practice models that affirmed spirituality as an essential dimension of health and healing (American Nurses Association & Health Ministries Association, 2024; Solari-Twadell & Ziebarth, 2020; Westberg, 2015; Ziebarth, 2014). Although Spiritual Care Nursing emerged within clinical settings and serves a broader pluralistic population, it shares with Faith Community Nursing a commitment to whole-person care and the intentional integration of spirituality into nursing practice (Solari-Twadell & Ziebarth, 2020; Ziebarth, 2014; Ziebarth, 2026).

Evolutionary Conceptual Analysis of Spiritual Care Nursing

The following definitions, philosophical foundations, antecedents, attributes, competencies, and consequences emerged from the evolutionary conceptual analysis of Spiritual Care Nursing and represent the author's synthesis of the literature and conceptual findings (Ziebarth, 2026). The concept analysis distinguished Spiritual Care Nursing from general holistic nursing by identifying defining attributes, antecedents, consequences, and competencies unique to advanced spiritual nursing practice while maintaining consistency with professional nursing standards and interdisciplinary collaboration. An evolutionary conceptual analysis was conducted to clarify and define the concepts of Spiritual Care Nursing and the Spiritual Care Nurse. The analysis utilized contemporary and classical literature, nursing theories, professional standards, and empirical research to identify antecedents, attributes, and

consequences associated with the delivery of spiritual care.

The conceptual analysis yielded:
- Definitions of Spiritual Care Nursing and the Spiritual Care Nurse;
- Theoretical referents and philosophical foundations;
- Antecedents, attributes, and consequences;
- Essential attributes of the specialty;
- Implications for education, practice, and organizational implementation.

The resulting Spiritual Care Nursing Model provides the theoretical foundation for this emerging specialty (Ziebarth, 2026).

Definition of Spiritual Care Nursing

Spiritual Care Nursing is a specialized nursing practice that intentionally integrates the spiritual dimension of health into the nursing process through advanced assessment, evidence-based spiritual nursing interventions, clinical judgment, care planning, documentation, evaluation, consultation, and interdisciplinary collaboration.

Spiritual Care Nursing recognizes that spirituality is uniquely expressed through the intersection of culture, society, religion, age, genetic endowments, and individual experience. It is episodic in nature and is delivered through meaningful patient-nurse relationships that are collaborative, transcendent, whole-person, patient-centered, and preferably patient-directed.

Spiritual Care Nursing occurs within a spiritually nurturing environment that is safe and respectful and contributes to positive and meaningful outcomes for patients, Spiritual Care Nurses, and healthcare organizations (Ziebarth, 2026).

Definition: Spiritual Care Nurse

A Spiritual Care Nurse is a registered professional nurse with specialized knowledge, skills, and competencies in integrating the spiritual dimension of health into the nursing process. Through advanced nursing assessment, evidence-based spiritual nursing interventions, clinical judgment, care planning, documentation, evaluation, consultation, and interdisciplinary collaboration, the Spiritual Care Nurse promotes whole-person, person-centered care for patients and families across the continuum of health and illness.

The Spiritual Care Nurse possesses advanced competencies in the Whole-Person Spiritual Nursing Assessment™, therapeutic communication, spiritual history taking, evidence-based spiritual nursing interventions, Spiritual Nursing Plan of Care development, documentation within the nursing process, consultation, referral, and interdisciplinary collaboration.

Core Functions of the Spiritual Care Nurse

- Conducts Whole-Person Spiritual Nursing Assessments™ and spiritual histories as appropriate.
- Implements evidence-based spiritual nursing interventions.
- Develops, implements, and evaluates Spiritual Nursing Plans of Care.
- Initiates consultation and referral to professional chaplains and other community spiritual resources when indicated.
- Collaborates with members of the interdisciplinary healthcare team.
- Integrates the spiritual dimension into whole-person nursing care.

The distinguishing characteristic of the Spiritual Care Nurse is advanced competency in integrating the spiritual dimension of health into the nursing process through comprehensive nursing assessment, evidence-based spiritual nursing interventions, clinical judgment, documentation, evaluation, consultation, and interdisciplinary collaboration. The Spiritual Care Nurse provides advanced spiritual nursing care within the nursing scope of practice while collaborating with professional chaplains whenever patients desire or require specialized chaplaincy assessment, spiritual counseling religious guidance, ritual, sacramental care, or other services beyond the nursing role.

Implementation of the Spiritual Care Nurse Program

Within healthcare organizations, the Spiritual Care Nurse is typically implemented as a unit-based registered nurse with an intentionally reduced patient assignment that provides protected time for advanced spiritual nursing practice. In addition to caring for assigned patients as a clinical nurse, the Spiritual Care Nurse of the floor/unit accepts referrals from bedside nurses when patients, families, or members of the healthcare team identify spiritual distress, existential concerns, or other spiritual needs requiring advanced nursing assessment and intervention. This model expands access to timely spiritual nursing care while strengthening collaboration among bedside nurses, professional chaplains, and the interdisciplinary healthcare team.

The Spiritual Care Nurse as a Member of the Interdisciplinary Spiritual Care Team

The Spiritual Care Nurse collaborates with chaplains and other members of the interdisciplinary spiritual care team to ensure that patients' spiritual needs are recognized and addressed in a timely and comprehensive manner. When chaplaincy services are available, the Spiritual Care Nurse conducts a Whole-Person Spiritual Nursing Assessment™, identifies spiritual strengths and concerns, implements evidence-based spiritual nursing interventions, and consults with professional chaplains when specialized chaplaincy expertise is indicated. In organizations without professional chaplaincy services, the Spiritual Care Nurse continues to provide evidence-based spiritual nursing care within the nursing scope of practice while facilitating referral to virtual chaplain services, community faith leaders, clergy, or other spiritual resources according to the patient's preferences and organizational resources.

Spiritual Care Nursing Model: Practice Assumptions

The Spiritual Care Nursing Model is founded upon several assumptions regarding professional nursing specialization, competency development, and organizational support for spiritual care delivery. These assumptions recognize that intentional, evidence-based spiritual care requires specialized knowledge, skills, and competencies that extend beyond general nursing preparation and necessitate appropriate educational preparation, role clarity, and institutional commitment. Furthermore, the model assumes that healthcare organizations play a critical role in creating structures that enable nurses to address the spiritual dimensions of health, illness, suffering, and healing. The following assumptions provide the conceptual and operational foundation for implementing the Spiritual Care Nurse role within contemporary healthcare settings (Ziebarth, 2026).

- Clinical nurses frequently pursue specialized education and certification to develop advanced competencies in focused areas of practice. Similarly, nurses seek advanced education and recognition in spirituality and spiritual care.
- A Spiritual Care Nurse curriculum grounded in conceptual and role clarity, empirical evidence, and exemplary practices provides a theory-informed foundation for competency validation through certificate and certification programs.
- The professional designation "Spiritual Care Nurse" communicates advanced competency in integrating the spiritual dimension of health into professional nursing practice through evidence-based assessment, intervention, documentation, collaboration, and consultation.
- The Spiritual Care Nurse demonstrates advanced competency in integrating the spiritual dimension of health throughout the nursing process, including assessment, planning, implementation, evaluation, documentation, consultation, and referral.
- The Spiritual Care Nurse of the floor/unit requires sufficient time and appropriate patient assignments to establish meaningful patient-nurse connections and address the spiritual needs of assigned patients and others on the floor/unit assigned.
- The Spiritual Care Nurse is responsible for developing and documenting the plan of care related to spirituality and integrating spiritual care interventions within the electronic medical record as part of a whole-person, patient-centered approach to care.
- Healthcare organizations that recognize and support the Spiritual Care Nurse role empower their nursing staff to deliver comprehensive, person-centered care that intentionally addresses the spiritual needs of patients and families.
- The Certified Spiritual Care Nurse (CSCN) possesses competencies that extend beyond those expected of the generalist registered nurse and is prepared to manage spiritual concerns through evidence-based spiritual nursing interventions while collaborating with professional chaplains when specialized chaplaincy assessment, ritual, or sacramental care is indicated.

Philosophy and Theoretical Foundations of Spiritual Care Nursing

Philosophy of Spiritual Care Nursing

The philosophy of Spiritual Care Nursing is grounded in the understanding that spirituality is an essential dimension of human existence and is uniquely expressed through the intersection of culture, society,

religion, age, genetic endowments, life experiences, and personal worldview. Spirituality influences how individuals derive meaning and purpose, interpret health and illness, respond to suffering, sustain hope, form relationships, and experience healing and human flourishing.

Recognizing that illness, suffering, and major life transitions often intensify spiritual concerns and existential questions, Spiritual Care Nursing intentionally integrates the spiritual dimension of health into the nursing process as an essential component of whole-person nursing care. Through advanced nursing assessment, clinical judgment, evidence-based spiritual nursing interventions, care planning, documentation, evaluation, consultation, and interdisciplinary collaboration, the Spiritual Care Nurse partners with patients and families to address spiritual strengths, concerns, and goals in a manner that is individualized, patient-directed, and consistent with professional nursing practice.

The Spiritual Care Nurse combines advanced clinical competence with therapeutic presence, deep listening, spiritual inquiry, and reflective practice while recognizing the inherent power differential within the nurse-patient relationship. Through continual self-awareness and reflexive practice, the nurse acknowledges that personal beliefs and experiences influence perception and clinical decision-making and therefore strives to establish authentic, compassionate, culturally humble, and ethically grounded relationships centered on the patient's values, beliefs, preferences, and sources of meaning.

Spiritual Care Nursing affirms that addressing the spiritual dimension of health is an integral responsibility of whole-person nursing care and that advanced competency in spiritual nursing practice strengthens the profession's ability to respond to spiritual distress, promote hope and resilience, and support human flourishing. Working collaboratively with professional chaplains and the interdisciplinary healthcare team, the Spiritual Care Nurse contributes nursing expertise that complement the specialized contributions of other disciplines while expanding the organization's capacity to deliver coordinated, compassionate, whole-person care.

Philosophical Foundations

The evolutionary conceptual analysis identified four philosophical foundations that collectively define the worldview of Spiritual Care Nursing and guide its professional practice. These complementary philosophical traditions provide the conceptual basis for understanding the person, spirituality, health, illness, and healing while informing the integration of the spiritual dimension of health throughout the nursing process. Together, they shape the values, relationships, and clinical decision-making that characterize Spiritual Care Nursing as an emerging nursing specialty (Ziebarth, 2026).

The philosophical foundations of Spiritual Care Nursing do not represent isolated theories but rather complementary perspectives that together inform advanced spiritual nursing practice. Pluralism establishes respect for diverse beliefs and worldviews; Humanism affirms the inherent dignity and worth of every person; Phenomenology emphasizes understanding each individual's lived experience of health and illness; and the Ethics of Care provides the moral and relational framework for compassionate nursing practice. Together, these philosophical perspectives guide how Spiritual Care Nurses assess, interpret, and respond to the spiritual dimension of health within the nursing process.

Table: Philosophical Foundations of Spiritual Care Nursing

Philosophical Foundation	Central Principle	Relevance to Spiritual Care Nursing	Key References
Pluralism	Respect for diverse spiritual, religious, and nonreligious worldviews.	Recognizes that spirituality is uniquely expressed across cultures, societies, religions, ages, and individual experiences and requires culturally humble, patient-directed care.	Leininger & McFarland (2006); Puchalski et al. (2014)
Humanism	Affirmation of the inherent dignity, worth, and meaning of every person.	Supports whole-person, patient-centered care and recognizes the person's capacity for meaning, hope, growth, and self-transcendence, even in the presence of illness and suffering.	Watson (2008); Parse (1998); Newman (2008)
Phenomenology	Understanding the individual's lived experience of health, illness, suffering, and transcendence.	Emphasizes listening, presence, and inquiry to understand the patient's unique experience of spirituality, meaning, and existential concerns.	Parse (1998); Newman (2008); Burkhart & Hogan (2008)
Ethics of Care	Compassionate presence, relational responsibility, and commitment to human flourishing.	Provides the moral foundation for authentic therapeutic relationships, ethical stewardship, respect for patient autonomy, and compassionate spiritual care.	Mayeroff (1971); Eriksson (2007); Watson (2008)

Pluralism

Pluralism recognizes that spirituality is inherently diverse and cannot be reduced to a single definition, religious tradition, or worldview. Contemporary healthcare serves persons from a wide range of religious, spiritual, and nonreligious backgrounds, each possessing unique beliefs, values, practices, and sources of meaning. Consequently, Spiritual Care Nursing cannot assume a universal expression of spirituality or privilege one belief system over another.

Pluralism provides the philosophical basis for cultural humility and patient-directed care. It explains why Spiritual Care Nursing honors spiritual diversity and why the patient's beliefs and preferences guide spiritual assessment, interventions, and care planning.

Humanism

Human beings are understood as whole persons whose physical, psychological, social, cultural, and spiritual dimensions are inseparable and continually influence one another throughout health, illness, suffering, healing, and human flourishing. Humanism affirms the inherent dignity, worth, and uniqueness of every person. Humanistic nursing theories emphasize the person's capacity for meaning, growth, self-transcendence, and choice, even during illness and suffering.

Humanism provides the philosophical foundation for whole-person, patient-centered care and supports the belief that health and illness are experienced by persons rather than diseases. It reinforces the importance of hope, healing, compassion, and human flourishing and affirms that spirituality is an integral aspect of what it means to be human.

Phenomenology

Phenomenology seeks to understand human experiences as they are lived and perceived by individuals. Spiritual experiences, suffering, hope, transcendence, and meaning-making are inherently subjective and can only be understood from the perspective of the person experiencing them.

Phenomenology provides the philosophical basis for understanding spirituality as a lived experience that is often intensified during illness and suffering. It explains why listening, presence, and inquiry are essential components of Spiritual Care Nursing and why spiritual care begins with understanding the patient's experience of illness, meaning, and transcendence.

Ethics of Care

The ethics of care emphasizes relationships, compassion, responsibility, and attentiveness to the needs of others. It recognizes that healthcare relationships are inherently asymmetrical and that nurses possess an ethical responsibility to use their professional role in ways that protect patient autonomy and dignity. The ethics of care provides the moral framework for authentic presence, compassionate relationships, and ethical stewardship of the nurse-patient relationship. It explains why Spiritual Care Nurses intentionally avoid imposing personal beliefs, engage in reflexive practice, and seek to establish relationships centered entirely on the patient's spiritual needs and preferences.
Together, these four philosophical foundations shape how Spiritual Care Nurses understand the person, establish therapeutic relationships, interpret the lived experience of illness and suffering, and integrate the spiritual dimension of health throughout the nursing process.

Implications for Practice

Collectively, these philosophical foundations support a specialized nursing practice that delivers evidence-based spiritual care through compassion, presence, listening, inquiry, and authentic therapeutic relationships. They affirm that spirituality is diverse, deeply personal, and central to human experience and that effective spiritual care requires clinical competence, cultural humility, relational authenticity, and ethical responsibility.

These philosophical foundations distinguish Spiritual Care Nursing as a specialized nursing practice dedicated to addressing the spiritual dimensions of health, illness, suffering, and healing within contemporary healthcare environments.

Antecedents of Spiritual Care Nursing

Antecedents are the conditions, characteristics, and contextual factors that must be present before the specialized practice of Spiritual Care Nursing can occur. The evolutionary conceptual analysis identified antecedents at three interrelated levels: the nurse, the patient, and the healthcare organization. Together, these antecedents create the foundation upon which meaningful, evidence-based spiritual care is delivered.

At the individual level, the Spiritual Care Nurse must possess the knowledge, skills, experiences, and personal qualities necessary to provide comprehensive spiritual care. Patients bring their own spirituality, life experiences, relationships, health concerns, and existential questions that create opportunities for spiritual assessment and intervention. Equally important, healthcare organizations must establish structures and environments that recognize and support the Spiritual Care Nurse role through policies, resources, education, and institutional commitment. The interaction among these nurse, patient, and organizational antecedents creates the conditions necessary for authentic therapeutic relationships and the delivery of whole-person, patient-centered spiritual care (Ziebarth, 2026).

Antecedents of Spiritual Care Nursing

Nurse Antecedents

- Clinical education and professional preparation
- Specialized spiritual care education
- Knowledge and clinical experience
- Leadership and communication skills
- Self-awareness and reflexive practice
- Spiritual maturity and personal integration

Patient Antecedents

- Openness and trust
- Spiritual beliefs, values, and practices
- Significant relationships and support systems
- Health and illness experiences
- Existential concerns and meaning-making needs

Organizational Antecedents

- Institutional support and leadership commitment
- Recognition of the Spiritual Care Nurse role
- Policies, procedures, and standards
- Resources, education, and infrastructure

When these antecedents are present, Spiritual Care Nursing is manifested through four essential attributes: (1) possessing and demonstrating the antecedents of Spiritual Care Nursing, (2) demonstrating nursing practice behaviors, (3) delivering nursing spiritual care interventions, and (4) practicing spiritual care of self.

Essential Attributes of Spiritual Care Nursing

The evolutionary conceptual analysis identified four essential attributes that define and distinguish Spiritual Care Nursing as a specialized nursing practice. Attributes are the defining characteristics that consistently occur when the concept is present and provide evidence that the specialty is being enacted in practice. Collectively, these attributes describe how Spiritual Care Nursing is operationalized and illustrate the integration of specialized knowledge, therapeutic relationships, evidence-based interventions, and professional self-care.

Spiritual Care Nursing begins with the possession and demonstration of the antecedents necessary for practice, including appropriate education, knowledge, experience, self-awareness, and organizational support. Building upon this foundation, the Spiritual Care Nurse demonstrates professional nursing behaviors that foster trust, therapeutic presence, and authentic patient-nurse relationships. These relationships create opportunities for the delivery of evidence-based spiritual care interventions that address the spiritual dimensions of health, illness, suffering, and meaning-making. Finally, the specialty recognizes that the provision of compassionate spiritual care requires ongoing attention to the nurse's own spiritual well-being, reflective practice, and resilience.

Together, these attributes reflect the relational, intentional, and evidence-based nature of Spiritual Care Nursing and provide the framework through which comprehensive, whole-person spiritual care is delivered within contemporary healthcare environments (Ziebarth, 2026).

1. Possessing and demonstrating antecedents of Spiritual Care Nursing.

The first attribute of Spiritual Care Nursing is the possession and demonstration of the antecedents necessary for practice. The Spiritual Care Nurse brings specialized education, clinical expertise, spiritual care knowledge, self-awareness, leadership abilities, and spiritual maturity to the therapeutic encounter. These characteristics, together with patient readiness and organizational support, establish the conditions necessary for meaningful and effective spiritual care.

2. Demonstrating nursing practice behaviors.

The second attribute involves the demonstration of professional nursing practice behaviors that facilitate authentic therapeutic relationships and support whole-person care. These behaviors include compassion, presence, active listening, inquiry, empathy, cultural humility, and effective communication. Through these behaviors, the Spiritual Care Nurse creates a safe and respectful environment in which patients may express spiritual concerns, explore meaning, and seek hope and healing.

3. Delivering nursing spiritual care interventions.

The third attribute of Spiritual Care Nursing is the intentional delivery of evidence-based spiritual care interventions. Interventions may include spiritual assessment, facilitating meaning-making, supporting religious and spiritual practices, fostering hope, encouraging forgiveness and reconciliation promoting connectedness, facilitating referrals, and collaborating with chaplains and other members of the healthcare team. These interventions are individualized, patient-directed, and responsive to the unique spiritual needs and preferences of each person.

4. Practicing spiritual care of self.

The fourth attribute recognizes that the ability to provide authentic and compassionate spiritual care requires ongoing attention to the nurse's own spiritual well-being. Spiritual Care Nurses engage in reflective practice, self-awareness, self-care, and activities that nurture their own sense of meaning, purpose, and resilience. By attending to their own spiritual health, nurses enhance their capacity for presence, compassion, and therapeutic engagement while reducing the risk of compassion fatigue and burnout.

Competencies of the Spiritual Care Nurse

Competencies define the knowledge, skills, attitudes, clinical judgment, and professional behaviors required for safe and effective specialty nursing practice. They provide the foundation for curriculum development, competency validation, role implementation, professional certification, and ongoing professional development. The competencies of the Spiritual Care Nurse emerged from the evolutionary conceptual analysis and are grounded in the philosophical foundations and defining attributes of the specialty. They represent the integration of advanced clinical nursing expertise, knowledge of spirituality and health, therapeutic relationships, ethical practice, cultural humility, reflective practice, and evidence-based spiritual nursing care. Collectively, these competencies prepare the nurse to intentionally integrate the spiritual dimension of health throughout the nursing process

while collaborating with patients, families, professional chaplains, and the interdisciplinary healthcare team (Ziebarth, 2026).

The competencies of the Spiritual Care Nurse emerge from the evolutionary conceptual analysis and are grounded in the philosophical foundations and essential attributes of the specialty. They represent the integration of clinical nursing expertise, spiritual care knowledge, therapeutic relationships, ethical practice, and self-awareness necessary to provide comprehensive, evidence-based spiritual care. Collectively, these competencies enable the Spiritual Care Nurse to assess and respond to spiritual needs, facilitate meaning-making and hope, collaborate effectively with patients, families, and interdisciplinary teams, and promote whole-person, patient-centered care within diverse healthcare environments (Ziebarth, 2026).

Accordingly, the Spiritual Care Nurse demonstrates competency in the Whole-Person Spiritual Nursing Assessment™, spiritual history taking, therapeutic presence and communication, deep listening and spiritual inquiry, evidence-based spiritual nursing interventions, development and evaluation of the Spiritual Nursing Plan of Care, clinical judgment, cultural humility, ethical decision-making, interprofessional collaboration, consultation and referral, documentation within the nursing process, and reflective practice and professional resilience.

The Spiritual Care Nurse demonstrates competency in:

- Whole-Person Spiritual Nursing Assessment™ and spiritual history taking
- Therapeutic presence, communication, and deep listening
- Spiritual inquiry and discernment
- Evidence-based spiritual nursing interventions
- Spiritual Nursing Plan of Care development, implementation, and evaluation
- Documentation within the nursing process
- Cultural humility and person-centered care
- Ethical decision-making and professional boundaries
- Interprofessional collaboration and consultation
- Chaplaincy and community referral processes
- Reflective practice, resilience, and professional self-care

Unlike the generalist registered nurse, whose role includes recognizing and responding to basic spiritual concerns as part of whole-person nursing care, the professionally Certified Spiritual Care Nurse possesses advanced competencies in the assessment of the spiritual dimension of health, evidence-based spiritual nursing interventions, Spiritual Nursing Plan of Care development, documentation, consultation, and evaluation.

These competencies provide the foundation for curriculum development, competency validation, professional certification, professional standards, quality improvement initiatives, and organizational implementation of Spiritual Care Nursing as an emerging nursing specialty. Together, they establish expectations for advanced nursing practice while supporting consistency in education, research, clinical practice, and interdisciplinary collaboration.

Consequences of Spiritual Care Nursing

Consequences are the outcomes that occur when Spiritual Care Nursing is effectively implemented and provide evidence of the value and impact of the specialty. The evolutionary conceptual analysis

identified consequences at three interrelated levels: the patient, the nurse, and the healthcare organization. These outcomes reflect the multidimensional and relational nature of Spiritual Care Nursing and demonstrate that the intentional integration of the spiritual dimension of health through evidence-based spiritual nursing care has implications.

For patients and families, Spiritual Care Nursing promotes hope, meaning, dignity, resilience, and improved adaptation to illness and suffering. For nurses, the specialty contributes to increased competence in addressing the spiritual dimension of health, professional fulfillment, reflective practice, and meaningful therapeutic relationships. At the organizational level, implementation of Spiritual Care Nursing strengthens interdisciplinary collaboration, promotes a culture of healing and compassion, improves documentation and continuity of spiritual nursing care, enhances patient and staff satisfaction, and reinforces the organization's commitment to whole-person, patient-centered care.

Collectively, these consequences demonstrate that Spiritual Care Nursing is more than an additional nursing responsibility. Rather, it represents an emerging nursing specialty that strengthens the profession's capacity to intentionally integrate the spiritual dimension of health into whole-person nursing care while contributing to improved patient outcomes, professional nursing practice, interdisciplinary collaboration, and organizational excellence (Ziebarth, 2026).

Patient Outcomes: The provision of intentional, evidence-based spiritual care has been associated with numerous positive patient outcomes that promote healing, well-being, and adaptation to illness and suffering.

- Improved quality of life
- Hope, meaning, and purpose
- Reduced anxiety and spiritual distress
- Spiritual healing
- Improved coping and resilience
- Enhanced dignity, peace, and connectedness

Nurse Outcomes: The practice of Spiritual Care Nursing also influences the nurse by fostering professional fulfillment, competence, resilience, and personal growth.

- Increased confidence and competency in spiritual nursing care
- Professional fulfillment
- Greater competence
- Spiritual growth
- Meaningful connections
- Increased collaboration with professional chaplains

Organizational Outcomes: Healthcare organizations that intentionally integrate Spiritual Care Nursing may experience benefits that extend to organizational culture, quality metrics, and mission fulfillment.

- Healing and compassionate organizational culture
- Improved patient and family satisfaction
- Increased staff satisfaction and engagement
- Strengthened interdisciplinary collaboration
- Improved quality outcomes
- Enhanced documentation of the spiritual dimension of care
- Greater continuity of spiritual nursing care
- Reinforcement of the organization's commitment to whole-person care

Organizational Framework for Implementing a Spiritual Care Nursing Program

Successful implementation of a Spiritual Care Nursing (SCN) Program requires more than preparing individual nurses with advanced knowledge and competencies. It requires an organizational commitment to whole-person care and the development of structures that intentionally integrate the spiritual dimension of health into routine nursing practice. The effectiveness of the Spiritual Care Nurse depends upon leadership support, clearly defined professional roles, appropriate workload design, interdisciplinary collaboration, documentation systems, competency validation, and a culture that recognizes spirituality as an essential dimension of health.

Unlike traditional models in which spiritual care is viewed as an additional responsibility assigned equally to all nurses, the Spiritual Care Nursing Model establishes dedicated nursing time to a clinical nurse on each floor or unit with advanced preparation in spiritual nursing care. The model is designed to expand organizational capacity by providing nurses with specialized expertise who serve both their assigned patients and the broader clinical unit through consultation, mentorship, and collaboration. This approach strengthens the ability of bedside nurses to recognize spiritual concerns while ensuring that patients experiencing significant spiritual distress have timely access to advanced spiritual nursing care and appropriate chaplaincy consultation.

The organizational framework presented below emerged from the evolutionary conceptual analysis of Spiritual Care Nursing and the synthesis of the literature related to organizational implementation, whole-person care, and interdisciplinary spiritual care delivery (Ziebarth, 2026).

Organizational Framework

1. Leadership Commitment

Successful implementation begins with visible executive and nursing leadership support.

Healthcare organizations should:

- Recognize the spiritual dimension of health as an essential component of whole-person care.
- Align the Spiritual Care Nursing Program with the organization's mission, vision, and strategic priorities.
- Provide executive sponsorship and administrative oversight.
- Incorporate Spiritual Care Nursing into organizational quality and patient experience initiatives.

2. Role Design and Scope of Practice

The Spiritual Care Nurse functions as a specialized clinical nurse with clearly defined responsibilities that complement—not replace—the responsibilities of bedside nurses and professional chaplains.

Organizations should establish:

- A clearly defined job description.
- Defined scope of practice.
- Professional competencies.
- Reporting relationships.
- Collaboration pathways with chaplaincy and the interdisciplinary healthcare team.

3. Staffing Model and Clinical Integration

The effectiveness of the Spiritual Care Nurse depends upon organizational structures that provide sufficient time for meaningful patient engagement.

Organizations should consider:

- Assigning the Spiritual Care Nurse a reduced patient assignment appropriate to the complexity of the role.
- Establishing nurse-to-nurse referral pathways for patients experiencing spiritual distress or requiring advanced spiritual nursing care.
- Supporting consultation with professional chaplains and other disciplines when specialized expertise is indicated.

4. Education and Competency Validation

Organizations should support:

- Completion of a recognized Spiritual Care Nursing curriculum.
- Competency validation.
- Continuing professional development.
- Professional certification.
- Ongoing mentorship and peer learning.

5. Documentation and Clinical Communication

The Spiritual Care Nurse contributes to continuity of care through standardized nursing documentation.

Organizations should establish:

- Documentation standards for the Whole-Person Spiritual Nursing Assessment™.
- Documentation of Spiritual Nursing Plans of Care.
- Standardized documentation of spiritual nursing interventions.
- Referral and consultation documentation.
- Communication pathways within the electronic medical record.

6. Interdisciplinary Collaboration

The Spiritual Care Nurse functions as an integral member of the interdisciplinary healthcare team.

Collaboration includes:

- Professional chaplains.
- Physicians.
- Social workers.
- Case managers.
- Behavioral health professionals.
- Community faith leaders when appropriate.

Rather than duplicating services, the Spiritual Care Nurse strengthens interdisciplinary collaboration by ensuring that patients receive the appropriate nursing and chaplaincy expertise according to their identified needs.

7. Supportive Practice Environment

Organizations should provide:

- Protected time for reflective practice.
- Clinical supervision and mentoring.
- Debriefing after emotionally challenging situations.
- Resources promoting resilience and professional well-being.
- Appropriate spiritual resources for patients and families.

8. Quality Improvement and Evaluation

Evaluation should include outcomes related to:

- Patients and families.
- Nursing practice.
- Organizational performance.
- Interdisciplinary collaboration.
- Program effectiveness.

Quality improvement activities should monitor implementation fidelity while identifying opportunities for continued growth.

9. Scholarship and Innovation

Organizations implementing Spiritual Care Nursing contribute to the continued development of the specialty through:

- Clinical research.
- Evidence-based practice.
- Program evaluation.
- Publication and dissemination.
- Curriculum refinement.
- Innovation in whole-person nursing care.

Implementation of a Spiritual Care Nursing Program requires intentional organizational design that supports advanced nursing practice, interdisciplinary collaboration, and whole-person care. By providing leadership commitment, competency-based education, appropriate staffing structures, standardized documentation, referral pathways, and quality improvement processes, healthcare organizations create an environment in which Spiritual Care Nurses can integrate the spiritual dimension of health into the nursing process while working collaboratively with professional chaplains and the interdisciplinary healthcare team. Through this organizational framework, Spiritual Care Nursing becomes a sustainable model for expanding access to evidence-based spiritual nursing care and strengthening the delivery of compassionate, whole-person healthcare.

Conclusion

Healthcare increasingly recognizes that health extends beyond physical, psychological, and social well-being to include the spiritual dimension of the human experience. During illness, suffering, and life transitions, patients and families often grapple with questions of meaning, hope, purpose, relationships, and transcendence that influence coping, decision-making, healing, and quality of life. Although professional nursing has long acknowledged spirituality as an essential dimension of whole-person care, its integration into everyday clinical practice remains inconsistent because of barriers related to education, competency development, role clarity, organizational support, documentation, and the absence of standardized models for implementation.

This white paper advances Spiritual Care Nursing as an emerging nursing specialty that intentionally integrates the spiritual dimension of health into the nursing process through advanced assessment, evidence-based spiritual nursing interventions, clinical judgment, care planning, documentation, evaluation, consultation, and interdisciplinary collaboration. Grounded in an evolutionary concept analysis and informed by contemporary scholarship, the paper provides conceptual clarity for the

specialty while establishing its philosophical foundations, defining competencies, organizational framework, implementation model, and collaborative relationship with professional chaplaincy (Ziebarth, 2026).

The model presented recognizes that Spiritual Care Nursing extends beyond isolated spiritual interventions to represent a comprehensive, evidence-informed approach to whole-person nursing care. Through therapeutic presence, deep listening, spiritual inquiry, compassionate relationships, and evidence-based nursing interventions, the professionally Certified Spiritual Care Nurse intentionally addresses the spiritual dimension of health while remaining firmly grounded within the nursing process and collaborating with professional chaplains and the interdisciplinary healthcare team. This partnership expands organizational capacity for spiritual care while honoring the distinct expertise and complementary contributions of both professions.

The conceptual model, competency framework, organizational framework, educational curriculum, and proposed professional certification pathway presented in this white paper provide an initial foundation for the continued development of Spiritual Care Nursing as a recognized nursing specialty. Together, these contributions offer healthcare organizations a practical framework for implementing Spiritual Care Nursing programs while supporting consistency in education, clinical practice, competency validation, research, and quality improvement.

The potential impact of Spiritual Care Nursing extends beyond individual patient encounters. By strengthening nurses' competency in addressing the spiritual dimension of health, the specialty has the potential to improve patient outcomes through increased hope, meaning, dignity, coping, and quality of life; enhance professional nursing practice through greater confidence, resilience, and professional fulfillment; and foster healthcare environments characterized by compassion, collaboration, healing, and a sustained commitment to whole-person care.

As healthcare systems continue to pursue excellence in quality, patient experience, equity, and person-centered care, the need for intentional integration of spirituality into professional nursing practice will continue to grow. Future efforts should focus on implementation science, educational standards, competency validation, professional certification, psychometric evaluation of assessment instruments, outcomes research, and the development of policies that support the sustainable integration of Spiritual Care Nursing within diverse healthcare settings.

Ultimately, Spiritual Care Nursing represents both a return to nursing's historic commitment to caring for the whole person and an evolution in contemporary nursing practice. By intentionally integrating the spiritual dimension of health into the nursing process, Spiritual Care Nurses accompany patients and families through illness, suffering, healing, and life's most profound transitions with clinical expertise, compassionate presence, and evidence-based nursing care. As the specialty continues to mature through scholarship, education, research, and interdisciplinary collaboration, Spiritual Care Nursing has the potential to strengthen nursing's contribution to whole-person healthcare and to advance a future in which spirituality is recognized not as an optional aspect of care, but as an essential dimension of high-quality nursing practice and human flourishing.

The future of Spiritual Care Nursing is not simply the development of another nursing role; it is the advancement of a nursing specialty that strengthens the profession's enduring commitment to whole-person care and ensures that the spiritual dimension of health is intentionally integrated into nursing practice for generations to come.

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Appendix A

Spiritual Care Nursing

Theoretical Model - based on a concept analysis

D. Ziebarth 2026

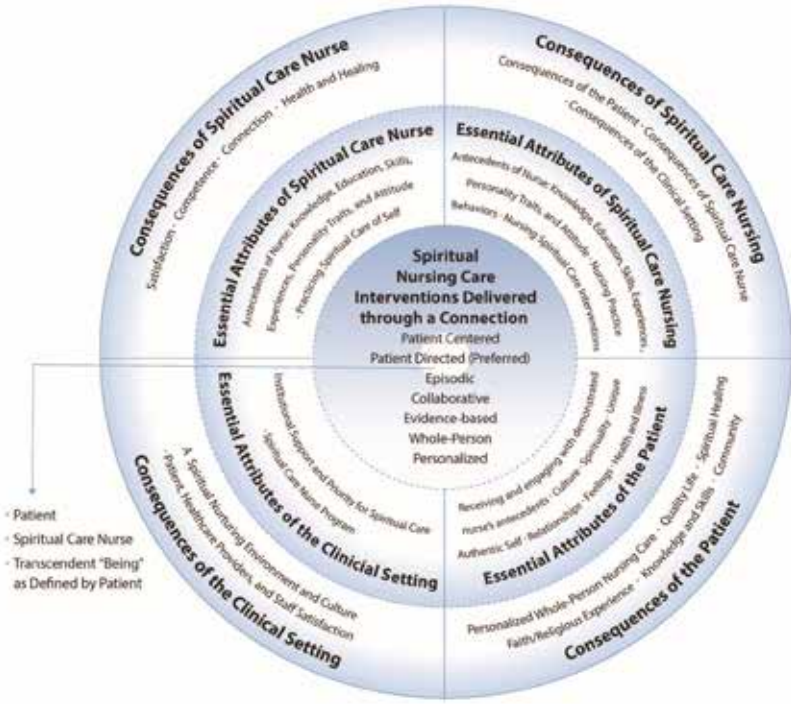
Spiritual Care Nursing

Delivered by a spiritual care nurse and demonstrates specialized knowledge, skills, and experience in clinical nursing and spiritual care. It consists of compassion, presence, listening, and inquiry followed by appropriate evidence-based spiritual care interventions and resources. It recognizes that spirituality is expressed differently across all cultures, societies, religions, ages, genetic endowments, and individual experiences. It is episodic in nature and is delivered through a patient/nurse connection that is collaborative, transcendent, whole-person, patient centered, and patient directed (preferred); patient being an individual or group in a clinical setting (unit, department, floor, clinic, or office). It occurs in a spiritual nurturing environment that is safe and respectful. It has positive and impactful consequences for the patient, spiritual care nurse, and health care organization.

Spiritual Care Nurse

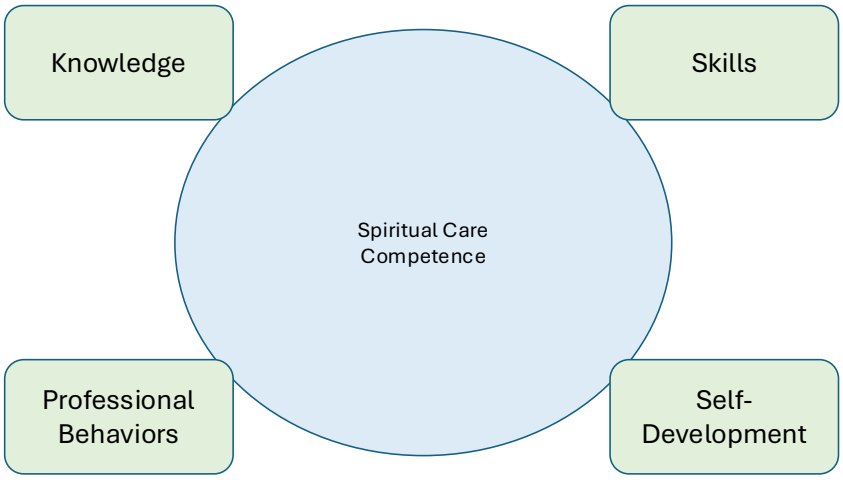
A professional nurse with specialized knowledge, skills, and experience in both clinical nursing and spiritual care nursing. They work in a clinical setting and understand the impact of health and illness on spirituality. They function as both staff and a member of the pastoral team. Consideration is given to patient assignments (load/acuity) to ensure dedicated time for a patient/nurse connection to assess and deliver appropriate and personalized whole-person evidence-based spiritual care interventions for their assigned patients and others on the unit. They are made aware of spiritual needs of patients through direct requests or referrals from other healthcare providers.

The Spiritual Care Nurse works collaboratively with others on the pastoral team. When a chaplain is available, a spiritual history is done to determine spiritual needs and appropriately refers. When a chaplain is not readily available, the spiritual care nurse performs a spiritual assessment to inform the plan of care related to spirituality and documents spiritual care interventions in the electronic medical record.



Appendix B

Competency Framework for the Spiritual Care Nurse

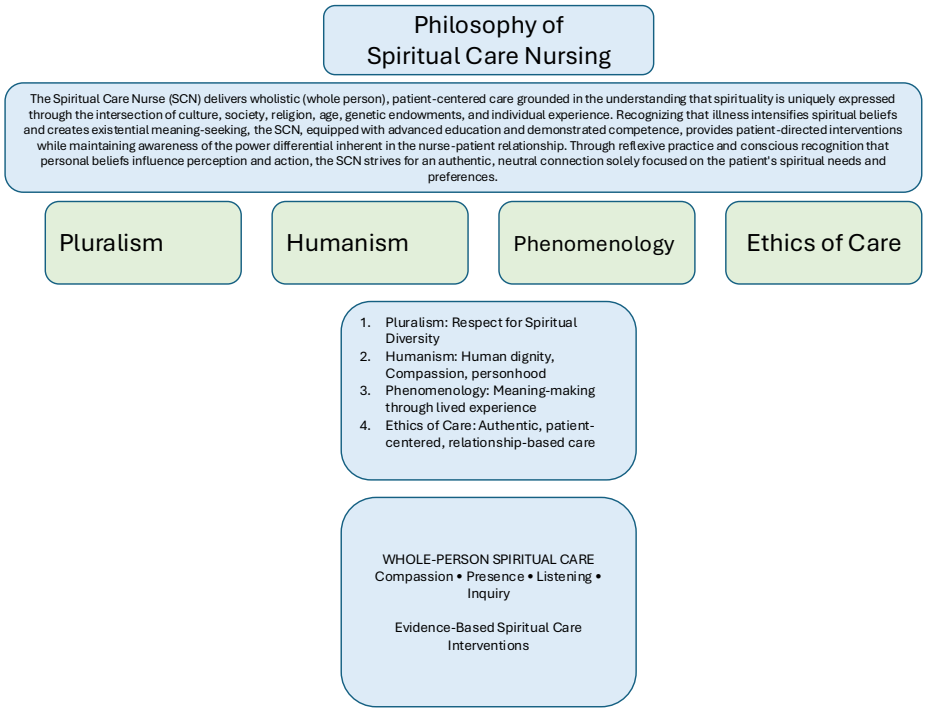


Note. Adapted from the author's evolutionary conceptual analysis of Spiritual Care Nursing (Ziebarth, 2026).

Appendix C
Organizational Framework for Implementing a Spiritual Care Nurse Program

Note. Adapted from the author's evolutionary conceptual analysis of Spiritual Care Nursing (Ziebarth, 2026).

Appendix D
Philosophy and Theoretical Foundations of Spiritual Care Nursing



Note. Adapted from the author's evolutionary conceptual analysis of Spiritual Care Nursing (Ziebarth, 2026).

Appendix E

Clinical Practice Model Illustrating Relationships Among the Patient, Spiritual Care Nurse, Chaplain, and Healthcare Organization

Note. Adapted from the author's evolutionary conceptual analysis of Spiritual Care Nursing (Ziebarth, 2026).

HealthCare Chaplaincy Network website:
www.healthcarechaplaincy.org

Spiritual Care Association website:
www.spiritualcareassociation.org

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