Review

Interprofessional Collaboration and Spiritual Care in Health settings

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ABSTRACT

Background: Contemporary healthcare increasingly recognises spirituality as a key dimension of holistic, patient-centred care. Despite growing evidence on the benefits of spiritual care and the importance of interprofessional collaboration, these domains are often examined separately in the literature, creating a gap in understanding their integration. This paper explores the role of interprofessional collaboration in the provision of spiritual care within healthcare settings.

Methods: This study employs a conceptual and integrative literature review methodology. Relevant peer-reviewed sources were identified through databases including PubMed, Google Scholar, and CINAHL using structured keywords related to interprofessional collaboration and spiritual care. The selected literature was analysed using thematic synthesis to identify key concepts, patterns, and relationships.

Results: The review identified five major themes: conceptual understanding of spiritual care, the role of interprofessional collaboration in healthcare delivery, professional roles in spiritual care, benefits of collaborative spiritual care, and barriers to its implementation. Findings indicate that collaborative practice enhances the delivery of spiritual care by enabling comprehensive, patient-centred approaches. It is associated with improved patient well-being, coping, satisfaction, and decision-making. However, barriers such as lack of training, role ambiguity, and organisational constraints limit effective integration.

Conclusion: Interprofessional collaboration is essential for the effective delivery of spiritual care and the advancement of holistic healthcare. This study contributes by integrating two previously distinct domains into a unified conceptual framework, highlighting the need for educational, organisational, and policy reforms to support collaborative spiritual care in practice.

Keywords: Interprofessional Collaboration, Spiritual Care, Holistic Healthcare, Patient-Centred Care, Interdisciplinary Practice

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INTRODUCTION

Modern health care provision has increasingly embraced the paradigms of holistic and patient-centred care, which recognises the interrelation between the physical, psychological, spiritual, and existential needs of patients. In this context, spirituality is now becoming a central aspect of human wellbeing, especially when one is ill, suffering and at the end-of-life stage. Patients use their beliefs, values, and practices that touch on the spiritual aspect to cope with adversity, ascribe meaning, and make therapeutic decisions, thus affecting health-related outcomes. As a result, modern healthcare systems are increasingly becoming aware of the role of spiritual care in the overall care. Empirical research shows that the provision of patients with spiritual needs has the potential to improve psychological well-being, anxiety, and improve the quality of life in clinical environments, especially in palliative care, oncology, and mental health services.[1; 2] The expanding institutional support of spiritual care has highlighted the significance of cooperative models in the healthcare provision. Interprofessional collaboration can be defined as the joint effort of the physicians, nurses, allied health professionals, chaplains, and other stakeholders to provide the best care in collaboration with patients, families, and communities.[3] Interprofessional collaboration is defined by the World Health Organisation as the collaborative effort of various health workers to offer effective and comprehensive services.[4; 5] This teamwork model has become a staple of the contemporary healthcare systems since no one professional comprehensively has the expertise and experience to meet the needs of a patient that are wide-ranging and multifaceted. Interprofessional collaboration better patient outcomes, safety, and facilitated care delivery through collaborative effort, mutual decision-making, and coordination of communication.[6]

It is in this context that spiritual care is gradually becoming conceptualised as a responsibility that cuts across the disruptions of any given professional designation. Although the role of spiritual support has long been played by chaplains and pastoral caregivers, the successful delivery of spiritual care in the medical setting often requires the cooperation of nurses, physicians, psychologists, social workers, and other health science workers. [7;8] The interdisciplinary teamwork also equips the healthcare practitioners with the ability to identify the spiritual needs, provide spiritual testing, and implement admirable interventions in the overall care management plans of patients. As an example, joint programs incorporating nurses and chaplains have proved to enhance the awareness of spiritual needs and referrals to pastoral care, which enhances the comprehensive care of the patient.[9] Furthermore, researchers stress that interprofessional care teams with effective interprofessional communication and a balance of roles would be the most effective setting for spiritual care intervention.[10;11]

Despite growing recognition of spiritual care and interprofessional collaboration, major barriers persist in practice. Clinicians frequently report inadequate training, uncertainty about professional boundaries, and confusion over responsibility, leading to spirituality being neglected or poorly integrated and often viewed solely as the chaplain's or religious leader's domain.[12;13] In addition, healthcare systems tend to exist on a disciplinary basis, making it hard to work effectively. This disconnected organisation does not allow the incorporation of spiritual care into standard clinical care. Earlier research has been conducted about interprofessional collaboration and spiritual care in isolation. Indicatively, studies on the topic of collaboration have addressed teamwork dynamics, communication strategies, and the aim of interprofessional education to equip professionals with collaborative practice.[14;15] The role of spiritual support on the well-being of the patient and spiritual care interventions, particularly the role of chaplaincy services, have been studied in other literature. A recent scoping review of the interventions of chaplains reported positive psychological and spiritual patient outcomes in outpatient and palliative care.[16] Although such studies are useful, the bulk of the literature continues to consider the areas of spiritual care and interprofessional collaboration as distinct issues, without exploring how collaborative health care teams can meet the spiritual needs of patients.

The stratification that is seen in the existing literature illustrates a conspicuous knowledge gap. Although the major emphasis is on specific professional areas, including chaplains or nursing staff, the available empirical studies typically fail to provide a detailed analysis of the collaborative processes that can help to bring heterogeneous health workers together in delivering spiritual care. As a result, the interaction between interprofessional cooperation and effective spiritual care has not been properly theorised and introduced into the academic domain. The current

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conceptual review stands out on its own in its attempt to unite these two paradigms, interprofessional collaboration and spiritual care, into a single conceptual framework. The study focuses on clarifying theoretical, practical implications, and possible models of integrated spiritual care in modern healthcare systems by questioning the nature of collaboration between healthcare professionals in delivering spiritual care. Such integration presupposes a certain importance in the context of the contemporary healthcare environment that is characterised by multidisciplinary teamwork and more complex needs of patients and a shifting focus on holistic care.

Therefore, the main objective of this conceptual review is to examine the role of interprofessional collaboration in the provision of spiritual care within healthcare settings. Specifically, the review aims to:

1. Explore the conceptual foundations of interprofessional collaboration in healthcare practice.
2. Examine the significance of spiritual care as a component of holistic patient care.
3. Review existing literature on collaborative approaches to spiritual care delivery in healthcare environments.
4. Identify existing gaps in the integration of interprofessional collaboration and spiritual care.
5. Propose conceptual insights that can guide future research and practice in collaborative spiritual care within healthcare systems.

By synthesising existing knowledge and identifying conceptual relationships between collaboration and spiritual care, this review seeks to contribute to the ongoing discourse on holistic healthcare and the role of interdisciplinary teamwork in addressing the spiritual needs of patients. This paper applies a conceptual review to indicate the relationship between interprofessional collaboration and spiritual care in medical practice. A concept and integrative literature review approach, and is ideal for multidisciplinary and complex issues like interprofessional collaboration and spiritual care that have transcended to the healthcare practice, theology, psychology, and/or the social sciences. Jaakkola argues that conceptual review papers develop theories by structuring the existing knowledge, assessing the limits of the concepts, and suggesting frameworks that will inform future research.[17] The same is also observed by Snyder, who states that integrative reviews allow researchers to integrate the knowledge about a topic that various studies have acquired to create a holistic perspective.[18]

METHODOLOGY

A structured literature search was used to determine the literature on interprofessional collaboration, spiritual care, and healthcare practice that was relevant. Peer-reviewed and reputable sources were also accessed using electronic databases, namely PubMed, Google Scholar, and CINAHL. These databases were selected due to their wide coverage of literature in healthcare, nursing, medical and interdisciplinary research. The search strategy was used to find the relevant studies by using keywords and Boolean operators. Such keywords as the following were used: interprofessional collaboration, interdisciplinary healthcare teams, spiritual care in healthcare, spiritual support in clinical practice, chaplaincy and healthcare, holistic patient care, and collaborative spiritual care. Inclusion criteria: peer-reviewed journal articles, books, and scholarly book chapters; studies that would involve spiritual care in the healthcare setting; studies that would examine interprofessional collaboration, teamwork, or interdisciplinary healthcare practice; and studies that would address the delivery of spiritual care by nurses, physicians, chaplains, psychologists, or social workers. Exclusion criteria included: non-scholarly literature, opinion blogs or non-academic commentaries; articles that only dealt with religious practice, not in a healthcare context; articles that did not discuss spiritual care or interprofessional collaboration. The chosen publications were studied and evaluated. The data extraction was based on the major themes, which include definitions and conceptualisations of spiritual care; models and frameworks of interprofessional collaboration; roles of healthcare professionals in providing spiritual care; challenges and barriers to collaborative spiritual care; and outcomes related to the incorporation of spiritual care into healthcare practice. The thematic synthesis method was used. Braun and Clarke point out that thematic analysis helps the researcher to systematically organise and interpret qualitative data by classifying similar ideas into general thematic categories.[19] In this way, the literature was subdivided into major theme areas, including conceptual foundations of spiritual care, collaborative healthcare practice, professional roles in spiritual care delivery, and barriers to interdisciplinary integration, on which the establishment of a conceptual understanding of how interprofessional collaboration

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can support the delivery of spiritual care in healthcare settings was based. In this way, the current study sheds light on the importance of interdisciplinary collaboration when identifying and responding to the spiritual needs of patients in the medical setting.

RESULTS

Thematic analysis of the identified literature revealed a few important themes that can be used to describe the impact that collaborative healthcare practice has on the delivery of spiritual care. Such themes are: (1) theoretical knowledge of spiritual care in health care; (2) the contribution of inter profession collaboration in holistic health care provision; (3) the roles played by health care professionals in the provision of spiritual care; (4) the benefits of collaborative spiritual care in improving patient outcomes; and (5) the barriers facing effective integration of spiritual care in the inter profession teams.

Conceptual Understanding of Spiritual Care in Healthcare: Spiritual attention is particularly necessary when patients have severe health issues such as chronic disease, severe health conditions or end-of-life conditions. Research indicates that patients tend to use their religious beliefs and practices in trying to make sense of their illness, maintain hope, as well as uncertainty. According to scholars, spirituality in healthcare is a wide term that may encompass religious beliefs, personal values and existential speculation, as well as the search for meaning in life events. According to Brémault-Phillips, spirituality in healthcare implies acknowledging patient beliefs and values and integrating them into the clinical care process to facilitate healing, coping and well-being in patients. [20]Onyemaechi et al. have stated that spiritual resources can enhance coping skills, reduce psychological distress and develop emotional resilience in illness.[21] These perceptions make patients derive meaning in their suffering, remain positive about treatment and deal with fears about death. Studies also affirm that spiritual care is an important aspect of healthcare, as considered by many patients. The results by Fitch and Bartlett revealed that patients with severe conditions desire clinicians to recognise and talk about their spirituality.[22] In cases where healthcare providers are respectful and interested in spiritual issues, patients record greater satisfaction in care and feel more supported emotionally and existentially. Collectively, these studies indicate that spiritual care is a major component of patient-centred, caring healthcare. Through understanding that patients are whole individuals with spiritual and physical needs, healthcare systems are able to offer more holistic care to patients that fosters healing and human dignity. Spiritual care is therefore becoming viewed as an important part of modern healthcare, particularly in the multidisciplinary approaches that emphasise the holistic care of a patient.

Interprofessional Collaboration in Healthcare Delivery: The interprofessional collaboration is always known to be one of the fundamental strategies to be used in improving the effectiveness and quality of healthcare delivery in contemporary scholarship. The current health systems are becoming more reliant on collaborative practice due to the fact that the patient needs are often complex, multifaceted conditions that require the knowledge of two or more professional disciplines. Interprofessional collaboration refers to the planned and organised work of healthcare providers in different disciplines to plan, act and assess the patient care. The World Health Organisation defines collaborative practice as the setting where healthcare practitioners with diverse professional backgrounds work together to interact with patients, families, and communities to provide optimal quality of healthcare services possible.[23] The conceptualisation predicts the shared responsibility, effective communication and mutual respect among healthcare professionals. Empirical studies outline several benefits associated with the joint healthcare practice. The studies prove that interdisciplinary collaboration enhances patient safety, strengthens interdisciplinary communication, and improves the general treatment outcomes. Specifically, Onyekwere presents evidence that can be used to support the claim that effective inter- or even intra-professional teamwork makes it easy to coordinate the processes better, reduce the risk of medical errors, and increase the efficiency of healthcare resource utilisation.[4] Through cooperative activities, clinicians have the opportunity to share information, integrate different viewpoints, and develop holistic care plans that will address the multidimensional requirements of patients.

In team-based medical care, specialists, such as doctors, nurses, social workers, psychologists, and chaplains, share their expertise to achieve common goals that involve patient care. This type of collaborative paradigm will ease the incorporation of biomedical interventions with the help of psychosocial and emotional supports. Proper teamwork also leads to the maintenance of long-term communication between team members, which is a requirement to track patient outcomes and make the

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necessary changes in the treatment plan. The relevance of interprofessional collaboration is particularly evident when dealing with complicated patients' needs that are not largely of a biomedical essence. There are many health issues which involve psychological, social, cultural, and spiritual aspects, which cannot be addressed properly by one category of professionals. Specifically, spiritual issues often overlap with emotional distress, ethical considerations and end-of-life concerns. In these situations, multidisciplinary healthcare teams are in a more strategic position to determine and respond to the spiritual demands of patients by integrating the knowledge of medical professionals, mental health workers, and spiritual healthcare providers. Interprofessional collaboration provides a critical framework for the incorporation of spiritual care in the overall provision of healthcare services.

Roles of Healthcare Professionals in Spiritual Care

The literature recognises a key theme on the unique complementary roles of healthcare providers in offering spiritual care. Traditionally, spiritual care in healthcare facilities used to be referred mainly to the chaplain, clergy or pastoral caregivers who offer religious advice, prayer and counselling to their patients and their families. Nevertheless, the modern healthcare studies[24;25] tend to focus more on the idea that the spiritual needs of patients cannot be reduced to the chaplaincy services alone. Ruth-Sahd et al. note that hospital chaplains can be spiritual care specialists as a part of an interdisciplinary healthcare team, cooperating with physicians, nurses, and other professionals to meet the spiritual and existential needs of patients.[9,26] Figure 1 describes a variety of roles of different key players.

Figure 1: Roles of Healthcare Professionals in Spiritual care *(Source: Authors' own construct)*

Benefits of Collaborative Spiritual Care

The literature suggests that implementing the concept of spiritual care into interprofessional health-care cooperation has tremendous patient and provider outcomes. The empirical evidence has shown that patients who are given spiritual support tend to feel more emotionally comfortable, have more hope and better coping skills when sick. According to the research of Bovero et al., the intervention of spiritual care can positively affect the psychological adjustment and the quality of life of patients, especially when they have to face serious or life-threatening diseases.[27] Spiritual care may help patients to have a sense of assurance in their difficult medical experiences and thus enhance resilience and emotional stability.

Teamwork in spiritual care also helps to enhance better relationships between patients and healthcare providers. Discussions about the spirituality of patients and their values can be taken into consideration by professional workers; as a result, patients are often perceived as individuals and not only as clinical cases. Kwak et al.[28] believe that spiritual issues in clinical practice should be discussed to enhance the communication process and help build more trust between patients and medical workers. This trust leads to patient satisfaction with care and more open conversation on personal issues that may affect treatment decisions. The other great advantage is connected with the enhanced decision-making in critical illness and end-of-life care. The palliative and hospice care environments often present patients with challenging decisions on matters of treatment options, life-sustaining procedures, and personal objectives of care. Empirical research indicates that when the spiritual issues of patients are considered and addressed, chances are high that they will have meaningful conversations about their treatment choices, values, and priorities in life. According to Kelly et al., when spiritual needs are met, patients tend to be clearer when making decisions and more consistent when it comes to the relationship between their medical care and personal values.[29]

Such holistic care processes are specifically facilitated by interprofessional healthcare teams. Multidisciplinary teams that include a physician, nurses, chaplains, social workers, and mental health professionals amalgamate a variety of skills to meet the multifaceted physical, psychological, and spiritual needs of patients. By using communication and joint care planning, these teams can make sure that the spiritual issues are identified and addressed properly and incorporated into the patient

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care. As a result, collaborative spiritual care not only improves patient outcomes but also leads to a more holistic and caring approach to care delivery.

Barriers to Interprofessional Spiritual Care

The integration of spiritual care into interprofessional collaboration has significant advantages, but the available literature indicates several obstacles that may limit its successful application in the healthcare practice. These barriers are often based on educational, professional, and organisational issues that do not allow healthcare professionals to properly respond to the spiritual needs of patients under the collaborative care conditions. One of the most common issues reported to be a challenge is the lack of training and professional preparation in spiritual care. Many medical workers acknowledge that they have little knowledge, skills, and confidence in discussing the spiritual problem with patients; thus, they may either evade such discussion or feel uncertain about how to respond to patients who have spiritual concerns. According to Chidarikire et al., spirituality as a topic of systematic education is normally missing in the healthcare training programs, which usually leaves healthcare workers ill-prepared to offer spiritual support in clinical environments.[30] Therefore, spiritual care can be left in an underdeveloped state within the routine healthcare practice.

Role ambiguity in interprofessional health teams is also another important barrier. Most of the institutions are uncertain about the kind of professional group that needs to be the main one to handle spiritual care. Other healthcare professionals can neglect the spiritual needs of patients because some practitioners assume that spiritual care is the responsibility of chaplains, clergy, or pastoral caregivers, and so the assumptions may make them overlook it. Sperry and Miller are able to show how role ambiguity in interdisciplinary teams may undermine teamwork, as well as restrict the effective integration of spiritual care into clinical practice.[31] Without well-defined responsibilities, shared care opportunities might be overlooked.

Organisational and institutional barriers are very significant barriers to joint spiritual care. The healthcare systems are often under pressure of workload, strict time schedules and scarce resources, which limit the ability to investigate the spiritual issues of a patient in the normal clinical thinking of clinicians. Also, most medical facilities continue to focus on the biomedical treatment models that focus on the physical symptoms and clinical outcomes. Puchalski indicates that these structural and institutional issues may prevent healthcare providers from integrating spiritual care into normal medical practice.[32] Moreover, interdisciplinary teams may also have communication obstacles that make integration of spiritual care more challenging. Lack of effective communication channels or common frameworks to discuss spiritual issues among professionals working in different fields may make the coordination of care disjointed. As a result, the spiritual issues of patients might be overlooked or poorly handled. In general, the literature shows that educational constraints, role ambiguity, and organisational restrictions are all barriers to the efficient provision of collaborative spiritual care. To overcome these barriers, interprofessional education needs to be improved, the professional roles need to be defined, and the policies of the institution should be changed to accept spiritual care as a vital part of holistic healthcare.

DISCUSSION

This review of the concept was aimed at reviewing how interprofessional collaboration could affect the provision of spiritual care in healthcare environments. The results of a thematic synthesis of the existing literature show that spiritual care is now being recognised as an essential part of patient-centred and holistic care. The findings also reveal that interprofessional partnership offers a very important framework through which spiritual care can be introduced into everyday clinical practice. The multi-disciplinary approach to patient care in the form of collaborative healthcare teams, including nurses, physicians, chaplains, psychologists, and social workers, allows for a more complex response to patients. The functions of all the professional groups are separate and complementary, and nurses often recognise the spiritual distress, physicians prefer the treatment according to the values of the patients, and the role of chaplains is to provide specialised spiritual interventions. Notably, the results emphasise that collaborative spiritual care is related to a high patient outcome, such as the greater psychological well-being, more effective coping strategies, higher patient satisfaction, and greater value-consistent decision-making in critical care settings.

The results of this review are mostly in line with available literature, particularly with the importance of spiritual care in alleviating patient outcomes. Previous studies by Chen et al.[1] and Pearce et al.[2] also showed that the treatment of spiritual needs enhances quality of life and

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emotional wellness among patients with severe illness. This congruence affirms the validity of the finding that spiritual care is a fundamental, but not a supplementary, part of holistic healthcare. Moreover, the focus on interprofessional collaboration as a driver of improved healthcare provision agrees with the general research on collaborative practice. Onyekwere[4] and Bokhari et al.[6] conduct empirical studies demonstrating that teamwork enhances the process of coordinating care, reduces medical errors, and enhances efficiency. These findings are further developed in the present review since they explicitly correlate collaboration with the provision of spiritual care, which is why two separate spheres are commonly explored separately. However, one interesting area of difference found during this review is the lack of coherent conceptual frameworks in the existing literature. The existing studies are likely to focus either on interprofessional collaboration, including the teamwork dynamics and communication, or on spiritual care, including chaplaincy interventions, but they pay minimal attention to the interaction of the two areas in practice. This review seals this gap by integrating the two fields into a logical conceptual framework, therefore highlighting the fact that the process of providing spiritual care is inherently interdisciplinary, not limited to any single discipline. Another contradiction is connected with the ownership of spiritual care. Previous sources often refer to the chaplains as the main providers, but the results of this review support a more decentralised approach where the burden of the spiritual care lies on all healthcare providers. Such a shift is indicative of a shifting understanding of spirituality as embedded in the everyday clinical encounter as opposed to being confined to specialised care.

Strengths and limitations of the study

This review offers a key strength in its explicit integration of two domains that are often treated separately: interprofessional collaboration and spiritual care. By drawing on a broad range of peer-reviewed literature from medicine, nursing, chaplaincy, psychology and allied health, it develops a coherent conceptual framework that clarifies professional roles, benefits and barriers in collaborative spiritual care. The use of thematic synthesis provides a transparent structure for organising complex, multidisciplinary evidence. However, the study is limited by its reliance on existing literature rather than primary empirical data, which restricts the ability to infer causal relationships or context-specific effectiveness. Variability in how spirituality, spiritual care and collaboration are defined across studies also complicates direct comparison and may introduce conceptual ambiguity. In addition, most available evidence comes from high-income or specialised care settings, limiting transferability to low-resource contexts and routine clinical environments.

Implications of the findings of the study

The findings of this review have important implications for research, clinical practice, and health policy. From a research perspective, they highlight the need for more empirical studies that examine how interprofessional spiritual care operates in different clinical contexts, especially in under-researched settings such as primary care, acute care, and low-resource environments. Future studies should also evaluate outcomes using clearer conceptual definitions and standardised measures so that the impact of collaborative spiritual care can be compared across settings. In practice, the findings suggest that spiritual care should be embedded as a shared responsibility within interprofessional teams rather than left solely to chaplains or clergy. This requires clearer role delineation, routine spiritual screening, and stronger communication pathways among team members. At the policy level, healthcare organisations should recognise spiritual care as part of holistic, person-centred care and support it through staff training, institutional guidelines, and workforce planning.

CONCLUSION

This conceptual review aimed to evaluate how interprofessional collaboration can be used in providing spiritual care in the healthcare context. The key conclusion of the research is that spiritual care is a core part of holistic and patient-centred healthcare and cannot be successfully provided by a solitary group of professionals. The synthesised evidence presented in this review shows that cross-professional practice between healthcare professionals (nurses, physicians, chaplains, psychologists, and social workers) can lead to the identification and management of the spiritual needs of patients. Moreover, the results show that the inclusion of spiritual care into the interprofessional teams has a positive effect on patient outcomes by helping them to improve their psychological well-being, improve their coping strategies, enhance patient satisfaction, and improve ethical decision-making. The study provides an excellent contribution to the conceptual framework and

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introduces the necessity to conduct more research, create new policies, and reform the educational system to facilitate inclusion of spiritual care in the sphere of interprofessional healthcare.

Declarations

Authors' contribution: Author OLO – Conceptualisation, Investigation, Methodology, Writing original draft. Author SEO – Formal analysis, Supervision, Project administration. Author EOO – Literature search/Data curation, Visualisation, Writing – review and editing.

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REFERENCES

1. Chen J, Lin Y, Yan J, Wu Y, Hu R. The effects of spiritual care on quality of life and spiritual well-being among patients with terminal illness: a systematic review. Palliative medicine. 2018; 32(7):1167-79.
2. Pearce MJ, Coan AD, Herndon JE, Koenig HG, Abernethy AP. Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients. Supportive Care in Cancer. 2012; 20(10):2269-76.
3. Shukla M. Interprofessional Collaboration in Patient Care. In: [Editor(s)], editor(s). *Allied healthcare in practice 2026*. Oakville (ON): Apple Academic Press; 2026. p. 493–505.
4. Onyekwere LA. Interprofessional collaboration and work efficiency in the secondary healthcare delivery system in Rivers State. International Journal of Scientific Research in Education. 2013; 6(1):9-46.
5. Lateef F. Interprofessional Education, Interprofessional Practice and Team Science: Learning Together; Working Together. Education in Medicine Journal. 2018; 10(4): 81-91.
6. Esperat MC, Hust C, Song H, Garcia M, McMurry LJ. Interprofessional Collaborative Practice: Management of Chronic Disease and Mental Health Issues in Primary Care. *Public Health Rep*. 2023;138(1_suppl):29S-35S. doi:10.1177/00333549231155469
7. Khalili KP, Yazdi-Feyzabadi V, Setayesh M, Mehrolhassani MH, Rahimisadegh R. Identifying the key components of providing spiritual care in the hospital: a scoping review study. BMC palliative care. 2025; 24(1):142.
8. Kirchoff RW, Tata B, McHugh J, Kingsley T, Burton MC, Manning D, Lapid M, Chaudhary R. Spiritual care of inpatients focusing on outcomes and the role of chaplaincy services: A systematic review. J Relig Health. 2021; 60(2):1406-22.
9. Ruth-Sahd LA, Hauck CB, Sahd-Brown KE. Collaborating with hospital chaplains to meet the spiritual needs of critical care patients. Dimensions of Critical Care Nursing. 2018; 37(1):18-25.
10. Vincensi BB. Interconnections: Spirituality, spiritual care, and patient-centred care. Asia Pac J Oncol Nurs. 2019; 6(2):104-10.
11. Puchalski C, Jafari N, Buller H, Haythorn T, Jacobs C, Ferrell B. Interprofessional spiritual care education curriculum: A milestone toward the provision of spiritual care. Journal of Palliative Medicine. 2020; 23(6):777-84.
12. Swift RD, Todd RC, Cobb RD. *A handbook of chaplaincy studies: Understanding spiritual care in public places*. Ashgate Publishing; 2015.
13. Bennison T, Bryant D, Buelens E, Donaldson K, Evers H, Fitchett G, Fleenor D, Franz K, Fraser D, Grossoehme D, Handzo G. Chaplaincy and the soul of health and social care: Fostering spiritual wellbeing in emerging paradigms of care. London: Jessica Kingsley Publishers; 2019.
14. Gautama MS, Kharismawati FA, Astuti LF, Maulidyati M, Hidayatulloh A. Collaboration between interprofessional education (IPE) and interprofessional collaborative practice (IPCP) in health education: A narrative review. Journal of Holistic Nursing Science. 2023; 10(2):73-81.
15. Paris DM, Guest H, Winckler D, Slaymaker R, East K, Baldridge S. Collaboration in medicine: the role of interprofessional education. Journal of Evidence-Based Social Work. 2021; 18(5):527-33.
16. Sprik PJ, Vanderstelt H, Valenti-Hein C, Denton J, Ashton D. Chaplain interventions and outcomes in outpatient settings: a scoping review. Journal of Health Care Chaplaincy. 2024; 30(4):306-28.
17. Jaakkola E. Designing conceptual articles: four approaches. AMS review. 2020; 10(1):18-26.
18. Snyder H. Literature review as a research methodology: An overview and guidelines. Journal of Business Research. 2019; 104:333-9.

Print ISSN: 0189-9287 Online ISSN: 2992-345X

19. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006; 3(2):77-101.
20. Brémault-Phillips S, Olson J, Brett-MacLean P, Oneschuk D, Sinclair S, Magnus R, Weis J, Abbasi M, Parmar J, Puchalski CM. Integrating spirituality as a key component of patient care. Religions. 2015; 6(2):476-98.
21. Onyemaechi C, Onwudiwe A, Sunday A. Community support as a buffer against economic stress: Strengthening mental health resilience among Nigerians. Journal for Social Sciences (JSS). 2025; 2(2):337-50.
22. Fitch MI, Bartlett R. Patient perspectives about spirituality and spiritual care. Asia-Pacific Journal of Oncology Nursing. 2019; 6(2):111-21.
23. Mohamed N, Peck CW, Senekal J. Perceptions of interprofessional collaborative practice in South Africa: A systematic review. Health SA Gesondheid. 2024;29:2413.
24. Ross L, McSherry W. Relevance of addressing spiritual needs for clinical support: nursing perspective. In: Spiritual Needs in Research and Practice: The Spiritual Needs Questionnaire as a Global Resource for Health and Social Care 2021 May 29 (pp. 419-436). Cham: Springer International Publishing.
25. King DE, Koenig HG. Faith, spirituality, and medicine: Toward the making of the healing practitioner. Routledge; 2013.
26. Kruizinga R, Schuhmann C, Glasner T, Jacobs G. Enhancing the integration of chaplains within the healthcare team A qualitative analysis of a survey study among healthcare chaplains. *Integr Healthc J*. 2023;4(1):e000138. doi:10.1136/ihj-2022-000138
27. Bovero A, Leombruni P, Miniotti M, Rocca G, Torta R. Spirituality, quality of life, psychological adjustment in terminal cancer patients in hospice. European journal of cancer care. 2016; 25(6):961-9.
28. Kwak J, Bang SH, Rajagopal S, Dronamraju N, Handzo G, Hughes BP. Patients' spiritual concerns and needs and how to address them during advance care planning conversations: Healthcare chaplains' perspectives. Palliative & Supportive Care. 2024; 22(1):49-56.
29. Kelly EP, Myers B, Henderson B, Sprik P, White KB, Pawlik TM. The influence of patient and provider religious and spiritual beliefs on treatment decision making in the cancer care context. Medical Decision Making. 2022; 42(1):125-34.
30. Chidarikire S, Makaza M, Popoola T, Yu F, Molloy L. Bridging the gap: Normalising spiritual care in undergraduate nursing education: A review of qualitative research. Nurse Education in Practice. 2025; 85:104359.
31. Sperry L, Miller L. *Spirituality in clinical practice: Theory and practice of spiritually oriented psychotherapy*. New York: Routledge, 2012.
32. Puchalski CM, Vitillo R, Hull SK, Reller N. Improving the spiritual dimension of whole person care: reaching national and international consensus. Journal of Palliative Medicine. 2014; 17(6):642-56.

Print ISSN: 0189-9287 Online ISSN: 2992-345X