



Spiritual-based Nursing for Adolescents with Emotional Disorders: A Concept Analysis

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ABSTRACT

Background: SBN is a dynamic concept relevant for nursing practice, education and policy. **Purpose:** To analyze the concept of spiritual-based nursing (SBN) for adolescents with emotional disorders by identifying its attributes, antecedents, consequences, and empirical references. **Methods:** A systematic literature search was conducted in Scopus, CINAHL, PubMed/MEDLINE, and Google Scholar for studies published between 1995 and 2025. The study selection process was reported using PRISMA, and the included literature was analyzed using Rodgers' evolutionary concept analysis to identify related terms, contexts, attributes, antecedents, consequences, and empirical references. **Results:** SBN is defined as a nursing practice that deliberately integrates spiritual dimensions into therapeutic care to support adolescents' emotional health in accordance with cultural-religious contexts. Key attributes: (1) spiritual integration in practice, (2) a holistic bio-psycho-socio-spiritual approach, (3) empathetic therapeutic relationships, (4) strengthening emotional resilience, and (5) contextual-personal interventions. Antecedents: increasing adolescent emotional disorders, limitations of conventional approaches, the existence of spiritual values/beliefs, nurse competence, and service system support. Consequences: improvement in adolescents' emotional-spiritual well-being and family functioning, strengthening of professional nursing identity, and improvement in the quality of health services. Empirical references include measures of spiritual well-being, spiritual involvement, religious coping, anxiety, depression, stress, and self-concept. **Conclusion:** SBN is a dynamic concept with relevance for nursing practice, education, and policy. Future empirical studies are needed to test its implementation across settings, cultures, and delivery formats, including digitally supported care. **Implications for Nursing:** Integration of SBN enhances nurses' roles as holistic care providers, strengthens spiritual care competencies, and improves the effectiveness and cultural relevance of adolescent mental health interventions. Consistent implementation requires training, institutional support, and culturally adapted strategies.

Keywords: Adolescents, Emotional disorders, Mental health, Spiritual nursing.

What does this paper add?

1. It clarifies the meaning and scope of spiritual-based nursing in adolescents with emotional disorders.
2. It identifies the key attributes, antecedents, consequences, and empirical referents of the concept.
3. It provides a conceptual basis for more holistic nursing practice and future research in adolescent mental health care.

Introduction

Emotional disorders in adolescents have become a growing global public health issue and require serious attention. The World Health Organization (WHO) reports that approximately 10%-20% of adolescents worldwide experience mental disorders, with anxiety and depression being among the most common conditions (WHO, 2024). This high prevalence is due to the characteristics of adolescence, which is a critical developmental phase with complex biological, psychosocial, and spiritual changes, increasing vulnerability to emotional disorders (Chen et al., 2021; Ma et al., 2021; Niermann et al., 2021). These conditions can harm individuals, families, and society through poorer academic achievement, strained relationships, increased behavioral risks, greater psychosocial burden, and lower long-term productivity among young people (Akdeniz et al., 2020; Gavurova et al., 2022; Hosen et al., 2021).

Adolescence, defined by the WHO as the age range of 10–19 years, is a critical developmental stage characterized by profound biological, psychosocial, and spiritual changes that increase vulnerability to emotional disorders (Chen et al., 2021; Ma et al., 2021; Niermann et al., 2021). These conditions can negatively affect academic performance, relationships, behavioral functioning, psychosocial well-being, and long-term productivity (Akdeniz et al., 2020; Gavurova et al., 2022; Hosen et al., 2021). If left unaddressed, emotional disorders during adolescence may also persist into adulthood and contribute to a greater burden on families, communities, and health systems.

The management of emotional disorders in adolescents has been dominated by conventional, non-holistic approaches. Most interventions focus on psychological therapy, medication, or cognitive-behavioral counseling, which are effective in alleviating certain symptoms (De Fabritiis et al., 2022; Kleiman et

al., 2022; Lahtinen et al., 2023). However, these approaches tend to emphasize pathological aspects and fail to address adolescents' spiritual needs, which are often a crucial part of their adaptation process (Harith et al., 2022; Hourani et al., 2023). Spirituality can be a source of strength, meaning in life, and resilience that helps adolescents cope with emotional distress, making its integration into nursing practice crucial (Solaimanizadeh et al., 2020).

Spirituality is a key dimension of holistic nursing, which views human beings as bio-psycho-socio-spiritual entities (Leavitt-Alcántara et al., 2023). Previous studies suggest that spiritual practices may support emotional regulation, stress reduction, and positive self-identity among adolescents (Kasapoğlu, 2022; Scalora et al., 2022). Thus, spirituality may function not merely as an additional aspect of care, but as a potentially meaningful protective resource in adolescent mental health. In this context, nurses have an important role in recognizing and responding to adolescents' spiritual needs as part of holistic care (Fabbris et al., 2017; Haugan et al., 2016).

Despite growing interest in spiritually oriented care, there is still no clear and consistent understanding of spiritual-based nursing (SBN), particularly in adolescents with emotional disorders (Murwasuminar et al., 2023; Taylor et al., 2015). Terms, such as spiritual care, spiritual nursing, spiritual nursing care, and faith-based interventions, are often used interchangeably, creating conceptual ambiguity and limiting the clarity of their application in nursing practice (Attar, 2024; Monareng, 2012; Ramezani et al., 2014). In this analysis, SBN refers specifically to nursing-delivered care that intentionally integrates spiritual assessment, therapeutic presence, meaning-making support, and spiritually sensitive interventions into adolescent emotional care. It differs from general spiritual care, which may be provided by various professionals, and from faith-based interventions, which are more explicitly grounded in particular religious teachings or rituals. Most conceptual analyses focus on adult patients, the elderly, or palliative care, while adolescents with emotional disorders have been relatively neglected in the literature (Murgia et al., 2020). Adolescence, on the other hand, has unique biological, psychological, social, and spiritual developmental characteristics, requiring a different conceptual framework than other age groups. This indicates a knowledge gap in the lack of a comprehensive conceptual

analysis of SBN for adolescents with emotional disorders. Therefore, this concept analysis aims to clarify the meaning of SBN for adolescents with emotional disorders by identifying its related terms, defining attributes, antecedents, consequences, and empirical references.

Methodology

Study Design

This study employed Rodgers' evolutionary concept analysis, supported by a systematic literature search, to examine the concept of spiritual-based nursing (SBN) in adolescents with emotional disorders (Rodgers, 1989; Rodgers et al., 2018). Although this study was not designed as a systematic review, selected reporting elements adapted from PRISMA-informed literature identification were used to improve transparency in source selection and reporting.

Search Strategy and Eligibility Criteria

Literature was obtained through a systematic search in four credible international databases; namely, Web of Science, Scopus, CINAHL (via EBSCOhost), and PubMed/MEDLINE, as well as one search engine, Google Scholar, which was used to broaden retrieval and capture relevant grey literature. Google Scholar was searched using the same combination of key terms. Because of the large volume of results, the first 100

records sorted by relevance were screened to identify potentially eligible studies and grey literature. The eligibility of studies was guided by the PCC: Population= adolescents (10–19 years) and young people where adolescent data was extractable; Concept= spirituality, spiritual care/nursing; Context= healthcare, educational, or community settings. Inclusion criteria were original research articles published in English between 1995 and 2025 that addressed spirituality, spiritual care, spiritual nursing, or spiritually oriented interventions in adolescent populations or in studies where adolescent-related data could be identified. Qualitative, quantitative, and mixed-method studies were included. Editorials, commentaries, conference abstracts, duplicate records, and studies focusing exclusively on adult populations without relevance to adolescents were excluded. Based on this framework, the search strategy employed a combination of keywords, Boolean operators (AND, OR), and Medical Subject Headings (MeSH terms). The research question was formulated as follows: "How is the concept of SBN for adolescents with emotional disorders described, practiced, and identified in terms of its attributes, antecedents, and consequences in the nursing literature?" The entire process of searching, screening, and including articles was reported using a PRISMA Flow Diagram to ensure transparency (Figure 1).

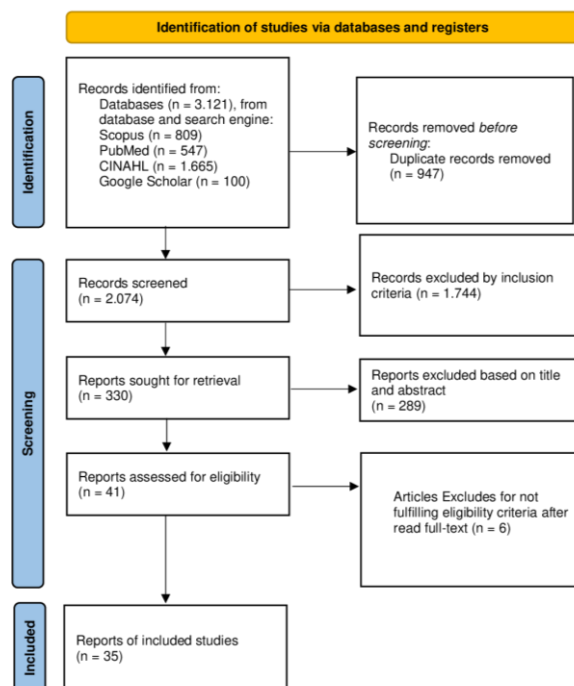


Figure 1. PRISMA flow diagram

Data Extraction and Analysis

Data extraction was conducted systematically using summary tables containing key information from each article, including author(s) (year), setting/population, term, definition, attribute, antecedents, consequences, and instrument. No formal methodological quality appraisal was conducted, because the purpose of this study was conceptual clarification rather than effect estimation. However, all included studies were reviewed for conceptual relevance during full-text analysis. Data analysis was conducted using Rodgers' Evolutionary Concept Analysis framework (2000) (Rodgers & Knaf, 2000). Rodgers' approach was chosen, because it allows

for comprehensive identification of the dynamics of the concept, including the main attributes, antecedents, and consequences of SBN in adolescents with emotional disorders. The stages of Rodgers' analysis consist of six steps; namely, identifying the concept and associated terms, selecting an appropriate scope and setting for data collection, collecting data to identify attributes, analyzing the data to determine the concept's context, identifying an exemplar or representative case, and finally identifying hypotheses and implications for the future development of the concept in nursing practice. The characteristics of the included studies are summarized in Table 1.

Table 1. Data extraction

(Author, Year)	Design	Population	Term	Definition	Attribute	Antecedents	Consequences	Instrument
(Aggarwal et al., 2023)	Systematic Review & Meta-analysis	Young people (10-24 years)	Religiosity, Spirituality, Negative religious coping, Spiritual well-being	Not explicitly stated	Negative religious coping (feeling abandoned/ blaming God)	Prevention and management of depression and anxiety	• Negative coping: greater depressive symptoms • Spiritual well-being: protection against depression	Not explicitly stated
(Areba et al., 2018)	Cross-sectional Online Survey	156 Somali students (18-21 years) in Minnesota	Religious coping	Not explicitly stated	Positive and negative religious coping	Association with symptoms of depression and anxiety	• Negative coping: increased symptom • Positive coping: decreased symptoms	Not explicitly stated
(Chiang et al., 2015)	Quantitative Study	Clinical nurses in Taiwan	Spiritual Health, Spiritual Care	Personal value and belief system	Not explicitly stated	Not explicitly stated	Influences nurses' attitudes, professional commitment, and caring abilities	Spiritual Health Scale-Short Form, Spiritual Care Attitude Scale, Nurses' Professional Commitment Scale, Caring Behaviors Scale
(Cho et al., 2024)	Systematic Review & Meta-analysis	Nursing students and nurses in Korea	Spiritual nursing education program, spiritual nursing competencies	Meta-analysis of educational programs	• Spiritual self-awareness • Concepts of spiritualist • Understanding others spiritualists • Spiritual nursing application	Not explicitly stated	Effective in improving spiritual nursing competency	Not explicitly stated
(Clayton-Jones et al., 2019)	Theoretical Framework	Adolescents with chronic illness	Spirituality, Spiritual Development Framework (SDF)	Universal phenomenon	Not explicitly stated	Chronic disease	Significance of spirituality in the lives of adolescents with chronic illness	Spiritual Development Framework (SDF)
(Dwi Utari & Hamid, 2021)	Quantitative Study (Correlation)	109 grade 12 students in Jakarta	Spirituality	Not explicitly stated	Not explicitly stated	Islamic-based school	Reduces academic stress	Parenting Style Questionnaire, Spiritual Involvement and Belief Scale, Educational Stress Scale for Adolescents

(Estrada et al., 2019)	Discussion Article	Teenagers in the school environment	Religious education, religious coping mechanisms	Mental health promotion strategy	• Healthier reactions • Strengthened coping • Awareness of beliefs • Social connections	Mental disorders in children and adolescents	• Improved mental health • Enhanced coping skills • Less risky lifestyles	Not explicitly stated
(Fabbris et al., 2017)	Cross-sectional Study	169 nursing students in Brazil	Spiritual well-being, Religiosity	Not explicitly stated	Not explicitly stated	Anxiety levels	High spiritual well-being correlates with lower anxiety	Spiritual Well-Being Scale (SWBS), Beck Anxiety Inventory (BAI)
(Ghorbani et al., 2021)	Integrated Literature Review	Integrated literature	Spiritual care interventions	Nursing art supporting existential aspects	• Exploration of spiritual perspectives • Healing presence • Therapeutic use of self • Meaning-centered interventions • Spiritually nurturing environment	Part of holistic care	Indicator of quality of care	Not explicitly stated
(Grossoehme et al., 2020)	Cross-sectional Study	Adolescents/young adults (14-21 years) with cancer	Spiritual and religious factors	Experiences, values, beliefs, and religious practices	• God's presence • Daily prayer • Attending services • Feeling religious/spiritual	Not explicitly stated	• Anxiety and depressive symptoms • Fatigue • Pain interference	Brief Multidimensional Measurement of Religiousness/Spirituality, FACIT-Sp
(Harrad et al., 2019)	Literature Review (Overview)	Nurses	Spiritual well-being	Importance of spiritual well-being in nurses' vital role	• Nurse involvement in spiritual care • Knowledge of spirituality • Ability to respond to spiritual pain	Not explicitly stated	Not explicitly stated	Spiritual Care-giving Scale (SCCS), SHALOM, Spiritual Well-being Questionnaire (SWBQ)
(Hekmati Pour et al., 2022)	Qualitative Research	14 adolescents (14-20 years) in Iran	Self-Spiritual Experiences	Important component of mental health	Not explicitly stated	Adolescence as time for strengthening beliefs	Shapes personality and identity	Semi-structured interviews
(Hekmatipour et al., 2021)	Qualitative Research	14 Iranian teenagers (14-20 years)	Spiritual self-care	Spiritual needs for relaxation and problem solving	• Relationship with God • Relationship with self • Relationship with others • Relationship with nature	Ambiguity of spirituality and unique adolescent needs	Not explicitly stated	Semi-structured interviews
(Kang et al., 2009)	Experimental Study	Terminal cancer adolescents in Korea	Logotherapy, spiritual well-being	Educational program to find meaning in life	• Reducing suffering • Increasing meaning of life	• Terminal illness • Lack of meaning in life	• Reduction of suffering • Increased meaning of life	Suffering Scale, Adolescent Meaning of Life Scale (AMIL), SWBS
(Leavitt-Alcántara et al., 2023)	Quantitative Study	71 adolescents (13-17 years) in psychiatric unit	Religiosity, Religious/Spiritual (R/S) struggle	Not explicitly stated	Not explicitly stated	Not explicitly stated	Relationship between R/S struggle and depression/anxiety	Self-report scales for religiosity, R/S struggle, depression, and anxiety
(Leeuwen & Cusveller, 2004)	Qualitative Literature Study	International nursing literature	Spiritual care	Competencies for professional nurses	• Awareness and use of self • Spiritual dimension in nursing process • Quality of expertise	Not explicitly stated	Not explicitly stated	Not explicitly stated

(Mansurifard et al., 2020)	Pre-experimental Study	35 adolescents with cancer in Iran	Spiritual care, spiritual health	Part of holistic care for adaptation to chronic illness	• Part of palliative/ holistic care • Adaptation to chronic illness	• Chronic illness (cancer) • Need for spiritual support	Improves spiritual health in adolescents	Paloutzian and Ellison Spiritual Health Questionnaire
(Mirghafourva nd et al., 2016)	Quantitative Study	520 teenage girls in Iran	Spiritual well-being	Not explicitly stated	Existential and religious well-being	Parental beliefs, family condition, father's illness	Predictors of quality of life	Not explicitly stated
(Mohammadi et al., 2025)	Randomized Clinical Trial	Parents of children with cancer in Iran	Spiritual care	Nurse-led program (5 sessions)	Individual sessions	Life-threatening disease in children affecting parents	• Increased resilience • Decreased death anxiety	Death Anxiety and Resilience Questionnaire
(Pandya, 2018)	Multi-city Experiment	1238 children/ adolescents with anxiety	Spiritual Counseling Program (SCP)	Child-centered counseling focusing on introspection and breathing	• Child-centered focus • Introspection and breathing control • Child and parent participation	• Anxiety disorders • Socio-cultural factor • Lack of child-centered interventions	• Decreased anxiety scores • Reduced anxiety symptoms	Self-report anxiety scores
(Pinto et al., 2023)	Scoping Review	Health professionals	Spiritual intelligence (SI)	Adaptive application of spirituality in problem solving	Not explicitly stated	Not explicitly stated	Better clinical and spiritual care competencies	Not explicitly stated
(Preston & Rew, 2022)	Systematic Review	14,064 participants (10-19 years)	Spiritual factors	Not explicitly stated	Not explicitly stated	Social isolation	Not explicitly stated	Not explicitly stated
(Rahimzadeh et al., 2025)	Systematic Review	Persian and English literature	Spiritual health	Connection with higher power towards, Self-strength and integrity	Link with physical, mental, and social health	Helping face problems and illness	• Mental Health: Reduces depression, anxiety, suicidal ideation • Social Function: Increases academic motivation, reduces stress	Not explicitly stated
(Rickhi et al., 2015)	Randomized Controlled Pilot Trial	62 adolescents/ young adults with MDD	Spiritual-based e-mental health	8-week online spiritual-based intervention (Project LEAP)	Online intervention for adolescent populations	Mild to Moderate Major Depressive Disorder (MDD)	Reduced depression severity and improved self-concept	Spiritual Involvement and Beliefs Scale, Six-factor self-concept scale
(Rossato et al., 2021)	Integrated Review	Children and adolescents with cancer	Religious and spiritual practices	Not explicitly stated	Prayer, sacred books/objects, visiting holy places, music	Cancer	Improved well-being, physical and emotional health	Not explicitly stated
(Rykkje et al., 2022)	Scoping Review	Healthcare students/staff in 15 countries	Spiritual care	Essential part of overall person-centered care	Awareness of spiritual issues and self-awareness	Not explicitly stated	Increased awareness of spiritual issues	Spiritual Care Competence Scale (SCCS), Spiritual Attitude and Involvement List (SAIL)
(Sellers & Haag, 1998)	Quantitative Survey	224 oncology and hospice nurses in USA	Spiritual Nursing Interventions	Interventions to enhance patient and family spirituality	Prayer, referral, active listening, therapeutic communication, touch, values clarification	Patient/family needs, nurses' clinical experience	Hope, meaning in life, nurse-patient relationship quality, emotional support	Research questionnaire on interventions
(Souza et al., 2024)	Scoping Review	Youth and families in vulnerable contexts	Spirituality, Religiosity	Benefits of religious practices in nursing care	Not explicitly stated	Vulnerable contexts (chronic illness or social vulnerability)	Not explicitly stated	Not explicitly stated

(Taylor et al., 2015)	Qualitative Review	Adolescents/young adults with cancer	Spirituality, Spiritual care	Therapeutic communication and creative therapies (art, journaling)	Not explicitly stated	Not explicitly stated	Not explicitly stated	Not explicitly stated
(Tomsovic et al., 2022)	Quantitative Study	Undergraduate nursing students	Spiritual well-being, spiritual care interventions	Measures of spiritual health (personal, communal, transcendental, environmental)	High spiritual well-being correlates with providing spiritual care	Not explicitly stated	Increased therapeutic use of spiritual care	SHALOM, Nursing Spiritual Care Therapeutics Scale (NSCTS)
(Torabi et al., 2018)	Qualitative Study	Adolescents in Iran	Spiritual health, Spirituality	Foundation is hope	Hope; God as the source of hope	Relationship between spirituality and risky behavior	Avoidance of risky behavior	Not explicitly stated
(Tuck, 2012)	Critical Review	Clinical and non-clinical populations	Spirituality, spiritual intervention	Inner strength, meaning/purpose, and harmonious interconnectedness	Inner strength, revealed mystery, and harmonious interconnectedness	Not explicitly stated	Positive impact on quality of life and decreased stress response	Not explicitly stated
(Tuck et al., 1997)	Descriptive Survey	50 mental health nurses in USA	Spiritual nursing interventions	Physical, emotional, social, and spiritual harmony	Presence, spiritual introspection, helping with rituals, building community	Nurses' awareness of spiritual needs; personal values	Therapeutic relationship, finding meaning, emotional recovery	Spiritual Perspective Scale (SPS)
(Valipour Eskandarkolai et al., 2023)	Experimental Study	66 adolescents with diabetes in Iran	Spiritual self-care training	Training based on White's model (6 sessions)	Pre-test and post-test design	Chronic disease (diabetes)	Improved sleep quality	Pittsburgh Sleep Quality Index (PSQI)
(Vazifeh Doust et al., 2020)	Experimental Study	40 children in Mashhad	Spiritual care, anxiety	Strong foundation for controlling tense conditions	Not explicitly stated	Trauma due to cancer (fear and anxiety)	Reduced anxiety levels	Multidimensional Anxiety Scale for Children (MASC)

Results

Identifying the Concept and Related Terms

The first step in concept analysis using Rodgers' evolutionary model is to identify the primary concept, along with surrogate and related terms that appear in the literature. The concept focused on in this study is SBN in adolescents with emotional disorders.

The literature uses several related terms around SBN, including spiritual care, spiritual nursing interventions, and spiritually oriented care programs. These terms commonly involve practices, such as therapeutic presence, active listening, referral for spiritual support, prayer when appropriate, hope instillation, and the creation of spiritually supportive environments (Ghorbani et al., 2021; Sellers & Haag, 1998; Tuck et al., 1997). However, these related terms are not conceptually identical. In this analysis, SBN is understood as a nursing-specific approach that intentionally integrates spirituality into adolescent emotional care within a therapeutic, culturally sensitive, and developmentally appropriate nursing process. Distinct from SBN are adolescent led-practices termed spiritual self-care and self-spiritual experiences, which

include connecting with God, self-reflection, and relating to others and nature (Hekmati Pour et al., 2022; Hekmatipour et al., 2021). The literature also highlights religious coping and spiritual struggle the positive and negative forms of which are associated with depression and anxiety and with heightened emotional symptoms among adolescents in inpatient psychiatric units (Aggarwal et al., 2023; Areba et al., 2018; Leavitt-Alcántara et al., 2023). In adolescent and young adult cancer populations, spirituality is operationalized as experiences, values, beliefs, and practices with common indicators, such as feeling God's presence, daily prayer, attendance at religious services, and self-ratings, as highly religious or spiritual (Grossoehme et al., 2020). The Spiritual Development Framework provides a lens for understanding how spirituality shapes adolescent experiences, values, and coping strategies in chronic conditions (Clayton-Jones et al., 2019).

SBN is defined as a nursing-specific practice that intentionally integrates spiritual assessment, therapeutic presence, meaning-making support, and culturally sensitive spiritual interventions to support the emotional well-being of adolescents.

Identifying the Context

In Rodgers' evolutionary model, the context stage emphasizes understanding the background, situation, and context in which a concept emerges. This understanding is crucial to ensure that a concept is not understood independently of the social, cultural, and clinical contexts in which it develops.

Adolescents are vulnerable to depression, anxiety, academic stress, and identity conflict, particularly in the presence of social isolation and environmental stressors (Preston & Rew, 2022). Within this context, religion and spirituality may serve as protective resources, whereas negative religious coping or spiritual struggle may be associated with worse emotional outcomes (Aggarwal et al., 2023; Areba et al., 2018; Rahimzadeh et al., 2025). In chronic illness and vulnerable social contexts, adolescents may experience a crisis of meaning and may benefit from spiritually oriented support that helps strengthen coping, hope, and emotional adjustment (Kang et al., 2009; Torabi et al., 2018; Valipour eskandarkolaii et al., 2023). The implementation of SBN is also influenced by nurse competence, family values, educational settings, and institutional support for holistic and culturally responsive care (Cho et al., 2024; Dwi Utari & Hamid, 2021; Estrada et al., 2019; Grossoehme et al., 2020; Harrad et al., 2019; Rykkje et al., 2022; Vazifeh Doust et al., 2020).

SBN emerged from the increasing emotional disorders of adolescents, stemming from both psychosocial stress and chronic illness. This was reinforced by the need for more holistic interventions beyond purely psychological and pharmacological approaches, and influenced by the educational environment, family, and health system.

Identifying Attributes

Identifying attributes in Rodgers' evolutionary model aims to identify essential characteristics that consistently appear in the literature to distinguish one concept from another. In this concept analysis, attributes refer to the core characteristics that distinguish SBN from related concepts and explain how it is enacted in adolescent care across clinical, school, and community contexts.

Spiritual integration in nursing practice: SBN involves the intentional integration of spirituality into nursing care through therapeutic presence, attentive listening, hope instillation, referral when needed, and

support for spiritually meaningful reflection (Ghorbani et al., 2021; Sellers & Haag, 1998; Tuck et al., 1997).

Holistic bio-psycho-socio-spiritual approach: SBN views adolescents as whole persons whose emotional distress cannot be understood only in psychological terms, but also in relation to social context, physical condition, and spiritual meaning (Ghorbani et al., 2021; Mansurifard et al., 2020; Rahimzadeh et al., 2025).

Empathetic therapeutic relationship: SBN is enacted through a respectful and empathetic nurse-adolescent relationship in which spiritual concerns, emotional suffering, and meaning-related questions can be safely expressed and addressed (Harrad et al., 2019; Tuck, 2012).

Strengthening emotional resilience: The literature suggests that spiritually oriented interventions may support coping, reduce emotional distress, and strengthen self-concept or resilience in adolescents and families facing illness or psychological burden (Mohammadi et al., 2025; Pandya, 2018; Rickhi et al., 2015).

Contextualized and personalized intervention: SBN is shaped by adolescents' cultural background, family values, religious orientation, developmental needs, and lived experiences; so, spiritual support must be adapted rather than delivered in a generic form (Dwi Utari & Hamid, 2021; Souza et al., 2024).

Based on the reviewed literature, the defining attributes of SBN are spiritual integration in nursing practice, a holistic bio-psycho-socio-spiritual approach, an empathetic therapeutic relationship, support for emotional resilience, and contextualized personalized intervention.

Identifying Antecedents

In Rodgers' evolutionary model, antecedents are defined as conditions, events, or situations that precede the emergence of a concept. Identifying antecedents is essential for understanding why a concept develops and for explaining the factors that enable the concept to be used in practice.

Increase in Emotional Disorders in Adolescents

Various studies confirm that adolescents are an age group vulnerable to depression, anxiety, academic stress, and risky behaviour. Social isolation is a significant factor contributing to the worsening of adolescent mental health (Preston & Rew, 2022).

Adolescents experiencing religious and spiritual struggles exhibited higher levels of depression and anxiety (Leavitt-Alcántara et al., 2023). Negative religious coping, such as feelings of abandonment or blaming God, was associated with greater depressive symptoms (Aggarwal et al., 2023). Religion and spirituality may also function as protective factors that help adolescents cope with illness, stress, and emotional difficulties, and are associated with physical, mental, and social well-being (Rahimzadeh et al., 2025).

Limitations of conventional approaches: Although conventional psychological and pharmacological approaches may reduce symptoms, they often overlook adolescents' existential and spiritual needs. This limitation has encouraged the development of spiritually informed programs and has contributed to the emergence of SBN as a more holistic nursing response (Rickhi et al., 2015; Torabi et al., 2018).

Presence of spiritual values and beliefs in the lives of adolescents and their families: Adolescent spirituality is rooted in hope, with God seen as the primary source of that hope (Torabi et al., 2018). Spirituality shaped by parenting styles and a faith-based school environment helps reduce academic stress (Dwi Utari & Hamid, 2021). Positive religious coping protects against depression and anxiety while strengthening social connections (Areba et al., 2018; Estrada et al., 2019).

Nurse Competence

Spiritual nursing education programs are effective in improving nurse competence, including self-awareness, understanding others' spirituality, and skills in integrating spirituality into nursing practice (Cho et al., 2024). Nurses' knowledge of spirituality and their ability to respond to spiritual suffering are essential assets for implementing spiritually-based care (Harrad et al., 2019).

Support from the Healthcare System and Organization

Spiritual care requires a set of competencies that must be supported by institutional policies for consistent implementation (Leeuwen & Cusveller, 2004). Organizational awareness of the importance of spiritual care leads to increased competency and involvement of healthcare workers in supporting patients' spiritual aspects (Rykkje et al., 2022). Structured and nurse-facilitated spiritual care programs can only be successfully implemented with the support of the

healthcare institutions where the research was conducted (Mohammadi et al., 2025).

The antecedents of SBN in adolescents with emotional disorders include five key conditions: increased emotional disorders in adolescents, limitations of conventional approaches, the presence of spiritual values and beliefs, nurses' competence in providing spiritual care, and health system support.

Identifying Consequences

In Rodgers' evolutionary model, consequences are defined as the outcomes or impacts that emerge after a concept is implemented in practice. Identifying consequences is crucial for understanding the extent to which the concept's implementation benefits individuals, families, professions, and the healthcare system.

Potential impact on adolescents: The reviewed literature suggests that SBN may be associated with reduced emotional distress and improved coping, self-concept, meaning in life, and self-identity among adolescents (Kang et al., 2009; Pandya, 2018; Rickhi et al., 2015; Torabi et al., 2018; Vazifeh doost et al., 2020).

Families: SBN may support family resilience, strengthen relational bonds, and contribute to more positive psychological outcomes in families facing adolescent illness or distress (Grossoehme et al., 2020; Mohammadi et al., 2025; Rossato et al., 2021).

Strengthening of the Identity and Role of the Nursing Profession

SBN strengthens nurses' identity as holistic care providers, enhances competencies, expands roles, and increases professional satisfaction (Cho et al., 2024; Harrad et al., 2019; Tomsovic et al., 2022).

Health system: At the system level, SBN may contribute to more culturally responsive and holistic services, while also supporting the relevance and quality of adolescent mental health care (Aggarwal et al., 2023; Ghorbani et al., 2021).

The consequences of implementing SBN for adolescents with emotional disorders can be mapped into four main layers: improving adolescents' emotional and spiritual well-being, strengthening family functioning, strengthening nursing professional identity, and improving the quality of the healthcare system (Figure 2).

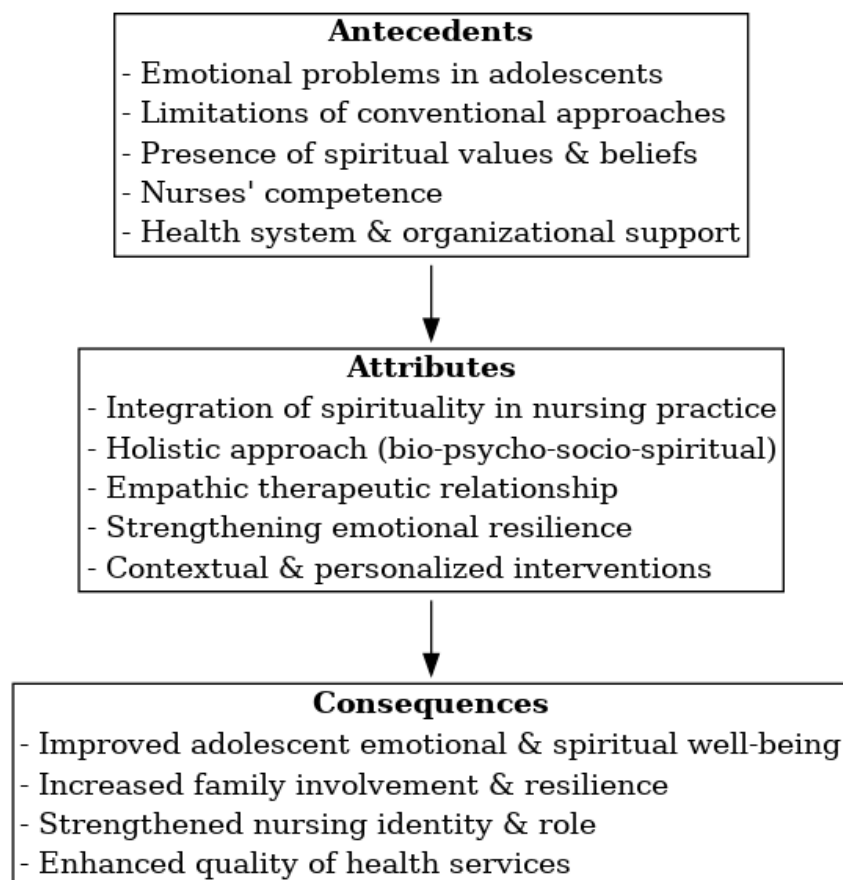


Figure 2. Antecedents, attributes, and consequences of “spiritual-based nursing on adolescents with emotional disorders” concept

Identifying Empirical References

The empirical referent identification stage in Rodgers' evolutionary model aims to determine indicators that can be used to recognize and measure the existence of a concept in empirical reality. Empirical referents answer the question of how a concept's attributes can be observed and measured through research or clinical practice. Empirical indicators of SBN in adolescents with emotional disorders can be viewed from two main dimensions: spiritual and emotional. In this analysis, these instruments are not interpreted as direct measures of SBN itself, but as empirical indicators of domains conceptually linked to SBN attributes, such as spiritual well-being, religious/spiritual involvement, coping, emotional distress, and self-concept.

The spiritual dimension is reflected in instruments that assess spiritual well-being, spiritual orientation, and attitudes toward spiritual care. These include the

Spiritual Health Scale-Short Form and the Spiritual Care Attitude Scale, which capture spiritual health and attitudes toward spiritual care, as well as the Spiritual Well-being Scale (SWBS) and the Spiritual Health and Life Orientation Measure (SHALOM), which assess existential meaning, religious well-being, and spiritual orientation (Chiang et al., 2015; Fabbris et al., 2017; Kang et al., 2009; Mirghafourvand et al., 2016; Tomsovic et al., 2022).

The emotional dimension is represented by measures of depression, anxiety, stress, coping, and self-concept. These outcomes help indicate whether domains conceptually related to SBN, such as meaning support, spiritual coping, and emotionally supportive care, are reflected in adolescents' psychological responses (Areba et al., 2018; Pandya, 2018; Rickhi et al., 2015). In the adolescent cancer population, questionnaire used are: the Brief Multidimensional Measurement of Religiousness/Spirituality (BMMRS) for religious–

spiritual practices/beliefs and the spiritual well-being subscale of the Functional Assessment of Chronic Illness Therapy (FACIT-Sp) for spiritual well-being (Grossoehme et al., 2020). Thus, emotional indicators, such as depression, anxiety, stress, and self-concept, serve as integral empirical references for SBN.

Several studies used qualitative methods, such as semi-structured interviews, to explore adolescents' spiritual experiences and needs (Hekmati Pour et al., 2022; Hekmatipour et al., 2021). Narrative experiences, religious practices, and family involvement are also key to understanding SBN's impact (Rossato et al., 2021; Souza et al., 2024).

Identifying a Model Case

Miss A, a 16-year-old girl, presented to the school clinic complaining of anxiety, sadness, difficulty sleeping, and declining grades. After conducting an assessment and obtaining Miss A's consent, the nurse invited her parents to discuss forms of support that align with the family's values. Respecting Miss A's autonomy, the nurse developed a simple plan that included prayerful breathing exercises, gratitude journaling, and encouraging Miss A to return to her favorite school activities. To support inner peace, the nurse also facilitated a brief meeting with a spiritual advisor whom Miss A trusted.

Within a few weeks, Miss A showed improvement: she slept better, her emotions calmed, and she began to feel closer to her family and her faith again. Her parents reported warmer family communication and felt supported by the nurse's role. Throughout the process, the nurse provided holistic care that integrated spiritual aspects and built an empathetic therapeutic relationship, ensuring that Miss A's emotional and spiritual needs were met. This case illustrates the key attributes and standards of SBN for adolescents with emotional challenges and emphasizes the nurse's crucial role in providing holistic, contextualized, and respectful interventions for the patient's values and beliefs.

This model case reflects the defining attributes of SBN. Spiritual integration is shown through prayerful breathing and referral to a trusted spiritual advisor. A holistic approach is reflected in the nurse's attention to emotional, relational, and spiritual concerns. The empathetic therapeutic relationship is evident in the respectful assessment process and support for Miss A's autonomy. Emotional resilience is fostered through

gratitude journaling, reconnection with meaningful activities, and family support. Finally, the intervention is contextualized and personalized, because it is aligned with Miss A's preferences and family values.

Hypotheses and Implications for Concept Development

The final stage of Rodgers' concept analysis emphasized the importance of identifying hypotheses and their implications for future concept development. Future empirical studies may examine whether adolescents receiving SBN demonstrate differences in depression, anxiety, stress, coping, and self-concept compared with those receiving conventional care (Aggarwal et al., 2023; Rickhi et al., 2015). The literature also suggests that spiritual well-being may function as a relevant explanatory domain, while religious coping may influence how adolescents respond to spiritually oriented nursing care (Grossoehme et al., 2020; Tomsovic et al., 2022), while religious coping is thought to act as a moderator, potentially strengthening or weakening the intervention's impact (Aggarwal et al., 2023; Areba et al., 2018). Practical implications of these findings include the need for consistent implementation of SBN through interventions that include therapeutic presence, active listening, clarification of values and expectations, facilitation of spiritual practices, and referral to religious leaders as needed. Nurses thus act as facilitators who connect the emotional and spiritual dimensions of adolescents in the healing process (Ghorbani et al., 2021; Pandya, 2018; Sellers & Haag, 1998).

Implications for Nursing

Contextual factors and nurse competency are important determinants of the success of SBN. Nurse competency in providing spiritual care is believed to directly contribute to the fidelity of intervention implementation, thus requiring spiritual education as a capacity-building strategy (Cho et al., 2024; Harrad et al., 2019; Rykkje et al., 2022). Interventions that are adapted to cultural, family, and religious values are likely to be more relevant and acceptable than generic approaches, particularly for adolescents facing chronic or life-limiting conditions (Kang et al., 2009; Rossato et al., 2021; Torabi et al., 2018; Valipour eskandarkolaii et al., 2023). Social support from schools and communities is also seen as strengthening the impact of SBN, given that social isolation has been shown to be a significant

risk factor for adolescent mental health (Preston & Rew, 2022).

Implications for nursing education emphasize that spiritual competency should be integrated into the curriculum as a core domain. The learning process should encompass cross-cultural dimensions, therapeutic communication skills, and spiritual assessment, while instruments, such as the SCCS, SAIL, or NSCTS, can be utilized to evaluate competency achievement (Cho et al., 2024; Rykkje et al., 2022; Tomsovic et al., 2022).

The implications of this research underscore the importance of randomized controlled trials to assess the effectiveness of SBN in various contexts, including clinics, schools, communities, and families. Spiritual instruments, such as the SWBS and FACIT-Sp, as well as psychological instruments, such as the PHQ-A and GAD-7, can be used to quantitatively evaluate the impact of interventions (Aggarwal et al., 2023; Grosseohme et al., 2020; Rickhi et al., 2015). Furthermore, qualitative research is needed to explore the subjective experiences of adolescents and families, so that interventions can be tailored to their social and cultural contexts (Hekmatipour et al., 2021; Souza et al., 2024). Innovations in spiritual-based digital interventions also need to be explored to reach adolescents outside of formal health facilities (Estrada et al., 2019; Rickhi et al., 2015).

Healthcare systems are required to provide institutional support in the form of policies, standard operating procedures, ongoing training, and routine documentation of spiritual practices. Without institutional support, SBN implementation risks are relying on individual initiatives and becoming unsustainable. Consistent integration of SBN is

expected to improve the quality of adolescent mental health services while strengthening the nursing profession's identity as providers of holistic care (Harrad et al., 2019; Leeuwen & Cusveller, 2004).

Conclusion

SBN is a complex, multidimensional concept integrating psychological, social, cultural, and spiritual aspects in nursing care. It has five key attributes: spiritual integration, holistic care, empathetic relationships, emotional resilience, and contextualized interventions. Antecedents include rising adolescent emotional disorders, limits of conventional care, spiritual values, nurse competence, and system support.

Conceptually, SBN is associated with support for adolescents' emotional well-being, self-identity, coping, and meaning-making, while also strengthening the holistic role of nurses. However, its implementation requires clearer conceptual boundaries, better empirical indicators, and stronger integration into nursing practice, education, and policy.

Conflict of Interests

The authors declare that they have no conflict of interests.

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Author Contributions

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