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An Exegetical Study of the Good Samaritan (Luke 10:25–37) as a Model of Caring in Nursing Practice

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A B S T R A C T

Caring is widely recognized as the essence of nursing practice and remains central to holistic patient care. Contemporary nursing literature increasingly emphasizes compassion, empathy, and spiritual care as essential dimensions of professional nursing. Within Christian nursing education, biblical narratives may provide foundational insights into caring behaviors and holistic healing. This study explores the Good Samaritan narrative in Luke 10:25–37 as a model of caring relevant to nursing practice. Using qualitative biblical exegesis and thematic content analysis, the study identifies key caring themes embedded within the narrative and relates them to Jean Watson's Theory of Human Caring. The findings reveal seven major caring themes: compassion, presence, caring action, holistic care, sacrifice, advocacy, and human dignity. These themes demonstrate strong parallels with contemporary nursing caring theory and support the integration of biblical perspectives into holistic nursing education and practice. Also, the implementation of this model requires nurses' reflective awareness in bridging the gap between administrative demands and patients' emotional needs. The study contributes to faith integration scholarship by providing a theological and theoretical framework for understanding caring within Christian nursing. Future research may explore other biblical healing narratives and their relevance to nursing, leadership, ethics, and spiritual care.

INTRODUCTION

Background of the Study

Caring has long been considered the foundation and essence of nursing practice. Nursing scholars consistently describe caring as a defining characteristic that distinguishes nursing from other healthcare professions (Leininger, 1988; Watson, 2008). Caring behaviors such as compassion, empathy, presence, advocacy, and holistic support are closely associated with quality patient outcomes and therapeutic relationships (Boykin & Schoenhofer, 2001).

Modern healthcare systems, however, often face challenges that may reduce the expression of caring behaviors in clinical settings. Increasing workloads, technological dependence, time limitations, emotional fatigue, and burnout may affect nurses' ability to provide compassionate and holistic care (Wei et al., 2019). Consequently, nursing education and professional practice increasingly emphasize the restoration of caring values and patient-centered care.

At the same time, there has been growing scholarly interest in spiritual care and faith integration within nursing (Timmins & Caldeira, 2017). Holistic nursing recognizes that human beings possess physical, emotional, social, and spiritual dimensions. Therefore, caring should not only address physical illness but also emotional and spiritual needs (Dossey & Keegan, 2016).

For Christian nursing education, biblical narratives provide important insights into caring and healing ministry. One of the most significant biblical narratives concerning compassion and service is the parable of the Good Samaritan found in Luke 10:25–37. In this narrative, Jesus presents a Samaritan man who demonstrates extraordinary compassion and practical assistance toward an injured stranger despite ethnic and social barriers (Green, 1997).

The Samaritan's response to human suffering reflects a transformation from passive observation to active, risk-taking compassion. This narrative challenges conventional boundaries of identity and obligation, emphasizing that authentic care is defined by action rather than status or affiliation (Simanjuntak, 2020; Sihotang & Situmorang, 2025).

The actions of the Samaritan closely resemble principles found in contemporary nursing caring theories. The narrative includes emotional compassion, physical intervention, advocacy, sacrifice, continuity of care, and holistic concern for human well-being. These dimensions strongly align with Jean Watson's Theory of Human Caring, which emphasizes authentic presence, loving-kindness, compassion, and holistic healing (Watson, 2008). Thus, in nursing practice, this parable is increasingly interpreted as a model of transpersonal caring, aligning with Jean Watson's theory that emphasizes human connection, moral presence, and spiritual engagement in care delivery (Watson, 2023).

Although the Good Samaritan narrative has frequently been discussed in theology and ethics, limited studies systematically examine the narrative through a nursing caring framework. Furthermore, few studies integrate biblical exegesis with nursing theory to develop a faith-based understanding of caring within nursing practice. This study therefore aims to analyze the Good

Samaritan narrative exegetically and identify caring themes relevant to nursing practice and holistic care.

Research Gap and Novelty of Study

Existing literature frequently discusses caring theory, holistic nursing, compassion in healthcare, and spiritual care within nursing (Watson, 2008; Sitzman & Watson, 2018). Similarly, theological studies commonly examine the Good Samaritan narrative from ethical and religious perspectives, discipleship and neighbor-love concepts (Bailey, 2008; Bock, 1996).

However, limited studies integrate biblical exegesis with nursing caring theory to combine both nursing and theological perspectives of this Good Samaritan narrative. Few studies systematically analyse the Good Samaritan narrative using a nursing theoretical framework such as Jean Watson's Theory of Human Caring. This study addresses that gap by integrating theology, biblical exegesis, and nursing science.

This study is novel because it integrates biblical exegesis with nursing caring theory and uses the Good Samaritan narrative specifically as a nursing caring model. Additionally, this connects scriptural caring themes with holistic nursing practice, then contributes to Christian nursing scholarship and faith integration, and lastly, this provides a framework for teaching caring in Christian nursing education

Statements of the Problem

This study seeks to answer the following questions:

1. What caring themes emerge from Luke 10:25–37?
2. How are compassion and holistic care demonstrated within the Good Samaritan narrative?
3. How do the identified caring themes relate to Jean Watson's Theory of Human Caring?
4. What implications does the narrative have for nursing education and nursing practice?

Purpose of the Study

The purpose of this study is:

1. To exegete Luke 10:25–37;
2. To identify caring themes within the Good Samaritan narrative;
3. To relate these caring themes to nursing caring theory;
4. To explore implications for holistic nursing practice.

Significance of the Study

For nursing education this study provides a biblical foundation for teaching caring values within Christian nursing institutions. While for nursing practice, the findings may support compassionate and holistic nursing care by emphasizing empathy, advocacy, and patient-centered care. Then, for faith integration, the study contributes to integration between theology and nursing science. Lastly, for future research, this research may serve as a foundation for future biblical nursing studies and spiritual care research.

LITERATURE REVIEW

Caring in Nursing

Caring is recognized as a central concept within nursing science. Nursing scholars emphasize that caring involves more than performing technical procedures; it includes compassion, empathy, emotional support, advocacy, and authentic human relationships (Leininger, 1988).

Jean Watson's Theory of Human Caring describes caring as a moral and philosophical foundation of nursing. Watson emphasizes loving-kindness, authentic presence, transpersonal caring relationships, and holistic healing (Watson, 2008). According to Watson, caring promotes healing by addressing physical, emotional, social, and spiritual dimensions of individuals.

Holistic nursing similarly emphasizes comprehensive care that respects the dignity and uniqueness of each patient (Dossey & Keegan, 2016). Nurses are expected to provide care that integrates mind, body, and spirit.

Spirituality and Nursing

Spirituality has become an increasingly important component of healthcare. Spiritual care may include emotional support, compassionate presence, hope, prayer, meaning-making, and respect for patient beliefs (Timmins & Caldeira, 2017).

Within Christian nursing, biblical principles may guide caring attitudes and ethical practice. Biblical narratives provide examples of compassion, healing, mercy, and service toward vulnerable individuals (Shelly & Miller, 2006). Furthermore, clinical competence integrated with profound compassion serves as a foundation for nurses to act as authentic agents of healing amid the increasing complexity of ethical issues in healthcare services (Barus, 2020; Hynnekleiv et al., 2023).

The integration of this spiritual dimension aligns with the Transpersonal Caring theory, which emphasizes that an authentic nurse–patient relationship can bridge human needs through genuine compassion (Rianti & Damanik, 2025; Settecase-W & Whetsel, 2018). Consistent with this paradigm, even in Moslem context, nurses who internalize spirituality tend to demonstrate more consistent caring behaviors and are better able to provide more adaptive responses to the complexity of patients' needs (Yustini et al., 2022). In addition, research shows that interventions focusing on theory-based training and personal character development are effective in improving standards of caring behavior across various clinical settings (Zakaria et al., 2025).

The Good Samaritan Narrative

The Good Samaritan narrative is found in Luke 10:25–37. Jesus presents the story in response to a lawyer's question concerning eternal life and neighbor-love. The following is the King James Version narrative of the story, with the red text was the words spoken directly by Jesus.

The Parable of the Good Samaritan

1. Luk 10:25 And, behold, a certain lawyer stood up, and tempted him, saying, Master, what shall I do to inherit eternal life?
2. Luk 10:26 He said unto him, What is written in the law? how readest thou?

3. Luk 10:27 And he answering said, Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy strength, and with all thy mind; and thy neighbour as thyself.
4. Luk 10:28 And he said unto him, Thou hast answered right: this do, and thou shalt live.
5. Luk 10:29 But he, willing to justify himself, said unto Jesus, And who is my neighbour?
6. Luk 10:30 And Jesus answering said, A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead.
7. Luk 10:31 And by chance there came down a certain priest that way: and when he saw him, he passed by on the other side.
8. Luk 10:32 And likewise a Levite, when he was at the place, came and looked on him, and passed by on the other side.
9. Luk 10:33 But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him,
10. Luk 10:34 And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.
11. Luk 10:35 And on the morrow when he departed, he took out two pence, and gave them to the host, and said unto him, Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee.
12. Luk 10:36 Which now of these three, thinkest thou, was neighbour unto him that fell among the thieves?
13. Luk 10:37 And he said, He that shewed mercy on him. Then said Jesus unto him, Go, and do thou likewise.

In the narrative, a traveller is attacked, robbed, and left injured on the road from Jerusalem to Jericho. A priest and a Levite pass by without helping. However, a Samaritan man stops, shows compassion, treats the victim's wounds, transports him to an inn, and pays for his continued care (Bock, 1996).

The narrative has often been interpreted as a model of mercy, neighbor-love, and ethical responsibility (Bailey, 2008). However, its relevance to nursing caring theory has not been extensively explored.

Theoretical Framework

This study is guided by Jean Watson's Theory of Human Caring. Watson (1979) listed 10 Carrative Factors which later evolved into Caritas Processes as now appeared in Watson Caring Science Institute (2025) as the followings:

1. Embrace (Loving-Kindness). Embrace refers to the sustaining humanistic-altruistic values by practice of loving-kindness, compassion and equanimity with self/others.
2. Inspire (Faith-Hope). Inspire means being authentically present, enabling faith/hope/belief system; honouring subjective inner, life-world of self/others.

3. Trust (Transpersonal). Trust viewed by Watson as being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.
4. Nurture (Relationship). Nurture refers to developing and sustaining loving, trusting, caring relationships.
5. Forgive (Holding Space). Forgiveness means allowing for the expression of positive and negative feelings, in which one authentically listens to another person's story.
6. Deepen (Creative Self). Deepen means to creatively problem-solving-'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.
7. Balance (Learning). Balance means engaging in transpersonal teaching and learning within the context of a caring relationship; staying within others' frame of reference; shifting toward a coaching model for expanded health/wellness.
8. Co-create (Caritas Field). Watson mentioned the caritas field is to create a healing environment at all levels; a subtle environment for energetic, authentic, caring presence.
9. Minister (Humanity). Reverentially assisting with basic needs as sacred acts, touching the mind-body-spirit of others, and sustaining human dignity are also considered caring processes.
10. Open (Infinity). Opening to spiritual, mystery, unknowns, allowing for miracles is a part of the caring process.

Then, in another writing, Watson identifies caring as the essence of nursing and emphasizes several caring processes, including practicing loving-kindness; developing helping-trusting relationships; promoting emotional and spiritual support; assisting with human needs; supporting holistic healing (Watson, 2008).

The Good Samaritan narrative demonstrates strong parallels with Watson's caring concepts. The Samaritan exhibits compassion, authentic presence, practical intervention, sacrifice, and holistic concern for the wounded individual. The theory, therefore, provides an appropriate framework for interpreting caring behaviors within the biblical narrative.

METHODOLOGY

Research Design

This study employed a qualitative design using biblical exegesis and thematic content analysis, with the primary data source being Luke 10:25–37 using the King James Version of the Bible. The units of analysis included words, phrases, actions, and interactions associated with caring behaviors.

Data Analysis

The analysis followed several stages, which are: repeated reading of the biblical text; identification of significant words and caring actions; coding of caring-related concepts; categorization into themes; thematic interpretation; and

lastly, comparison with nursing caring theory. The following chart is the flow of how the data is being analysed:

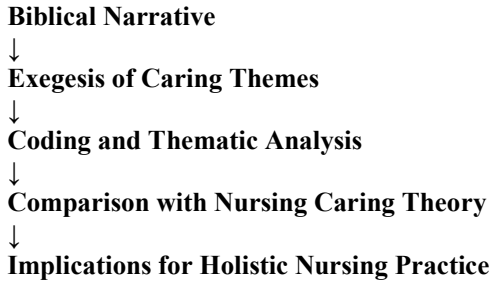

Figure 2. Data Analysis Flow

RESULTS AND DISCUSSION

Trustworthiness

The study utilized scholarly biblical commentaries and nursing literature to support interpretive rigor and credibility (Lincoln & Guba, 1985).

Exegetical Analysis

1. Historical Context

The relationship between Jews and Samaritans during the first century was characterized by hostility and social separation. Samaritans were often viewed negatively by Jewish society due to historical and religious differences (Green, 1997).

The road between Jerusalem and Jericho was known for danger and criminal activity. Travelers were vulnerable to robbery and violence (Bailey, 2008). Priests and Levites held important religious roles within Jewish society. Ritual purity regulations may have influenced their decision to avoid contact with the injured man (Bock, 1996). Against this cultural background, the Samaritans' actions become especially significant.

2. Literary Context

The narrative occurs within a discussion concerning eternal life and the commandment to love God and neighbor. Jesus uses the parable to redefine the concept of "neighbor." Rather than emphasizing social identity, the narrative emphasizes compassionate action. The structure of the narrative contrasts religious indifference with compassionate service.

3. Lexical Analysis

A lexical analysis of key Greek terms in Luke 10:25–37 provides deeper insight into the caring dimensions demonstrated by the Good Samaritan. Four Greek terms reveal that the narrative is not merely a story of charitable behavior, but a profound illustration of compassionate, intentional, and holistic care that parallels contemporary nursing values.

4. Splagchnizomai (σπλαγχνίζομαι) — Compassion

The Greek verb splagchnizomai appears in Luke 10:33 when the Samaritan "had compassion" on the wounded man. The term derives from splagchna, meaning "inner organs" or "bowels," which in ancient Greek thought represented the seat of deep emotions and mercy (Green, 1997). Thus, splagchnizomai conveys more than superficial sympathy; it refers to profound emotional movement arising from the innermost being.

In the Synoptic Gospels, this term is frequently associated with Jesus Himself when responding to human suffering, sickness, hunger, or helplessness (Matt. 9:36; Mark 1:41; Luke 7:13). Its use in Luke 10:33 therefore portrays the Samaritan as embodying Christ-like compassion. Bailey (2008) explains that the Samaritan's response transcends social expectation because compassion compels him to act sacrificially toward an ethnic stranger.

From a nursing perspective, this term closely parallels empathic caring and emotional responsiveness. Watson (2008) identifies loving-kindness and authentic concern as foundational elements of caring science. Compassion motivates nurses to recognize suffering not merely as a clinical condition but as a human experience requiring emotional presence and moral engagement. Therefore, splagchnizomai reflects the emotional foundation of therapeutic nursing relationships.

5. Proselthon (προσελθών) — Presence and Approach

Luke 10:34 states that the Samaritan "went to him." The participle proselthon, from the verb proserchomai, means "to approach," "to come near," or "to draw close" (Bock, 1996). This action is significant because both the priest and the Levite intentionally avoided the wounded man, whereas the Samaritan deliberately moved toward him.

In the cultural context of first-century Judaism, approaching a potentially dead or bleeding individual carried risks related to ritual impurity and personal safety (Green, 1997). The Samaritan's decision to come near therefore demonstrates courage, intentionality, and willingness to engage suffering directly.

Within nursing, presence is recognized as a core caring behavior. Therapeutic presence involves emotional availability, attentiveness, and interpersonal connection with patients during vulnerable moments (Dossey & Keegan, 2016). The Samaritan's movement toward the wounded man symbolizes the nurse's willingness to enter the patient's experience with empathy and support. Rather than remaining distant, caring professionals intentionally draw near to individuals in pain.

6. Epedesen (ἐπέδησεν) — Caring Action and Clinical Intervention

The verb epedesen, translated "bound up," describes the Samaritan's treatment of the victim's wounds in Luke 10:34. The term originates from epideo, meaning "to bind," "to bandage," or "to wrap wounds" (Marshall, 1978). This word highlights direct and practical intervention rather than passive sympathy.

The Samaritan not only experiences compassion emotionally but translates compassion into concrete action. He cleanses and bandages the wounds using oil and wine, substances commonly associated with ancient medicinal treatment (Bock, 1996). His actions demonstrate practical caregiving, physical intervention, and concern for healing.

This dimension strongly parallels nursing practice, where caring involves both emotional support and competent clinical intervention. According to Watson (2008), caring is not abstract sentimentality; it includes intentional actions that preserve human dignity and promote healing. The

Samaritan therefore, exemplifies holistic caregiving that integrates compassion with practical assistance.

7. Epimeleomai (ἐπιμελέομαι) — Ongoing Care and Responsibility

In Luke 10:35, the Samaritan instructs the innkeeper to "take care of him." The Greek verb epimeleomai means "to care for," "to attend to," or "to assume responsibility for another" (Louw & Nida, 1989). Unlike temporary aid, this term implies sustained concern and continuing responsibility.

The Samaritan does not abandon the wounded man after initial treatment. Instead, he arranges for continued care, provides financial support, and promises to return. Bailey (2008) notes that this demonstrates long-term commitment rather than momentary compassion.

Within nursing, continuity of care is essential for promoting recovery and patient well-being. Nurses frequently coordinate ongoing treatment, advocate for patients, and ensure continuity between healthcare services. This concept aligns with holistic nursing, which recognizes that healing often requires sustained physical, emotional, social, and spiritual support (Dossey & Keegan, 2016).

Thus, epimeleomai reflects advocacy, accountability, and continuity of care—important dimensions of professional nursing practice.

8. Findings

The exegetical and thematic analysis identified seven major caring themes within the Good Samaritan narrative and paralleled to Watson's 10 Caritas Processes. These themes reveal strong parallels between biblical compassion and contemporary nursing caring theories. Table 1 summarizes the themes emerges as the finding of the study.

Table 1. Caring Themes in Luke 10:25–37

Verse	Greek Lexicon	Caring Behavior	Caring Theme	Caritas Process Parallel	Nursing Interpretation
Luke 10:33	***Splagchnizomai* (σπλαγχνίζομαι) Compassion**	"Had compassion"	Compassion	Embrace (Loving-Kindness) Open (Infinity)	Empathic response to suffering
Luke 10:34	***Proselthon* (προσελθών) — Presence and Approach**	"Went to him."	Presence	Inspire (Faith-Hope) Holding Space Co-Create (Caritas Field) Open (Infinity) Trust (Transpersonal)	Therapeutic presence
Luke 10:34	***Epedesen* (ἐπέδησεν) — Caring Action and Clinical Intervention**	"Bound up his wounds" "Pouring in oil and wine, and set him on	Caring Action	Nurture (Relationship) Open (Infinity)	Physical nursing intervention (wound care)

Verse	Greek Lexicon	Caring Behavior	Caring Theme	Caritas Process Parallel	Nursing Interpretation
		his own beast."			
Luke 10:34		"Brought him to an inn."	Holistic Care	Deepen (Creative Self) Co-Create (Caritas Field) Holding Space Open (Infinity)	Continuity of care
Luke 10:35		"Take care of him."	Advocacy	Nurture (Relationship) Minister (Humanity) Open (Infinity)	Responsibility for recovery
Luke 10:35	***Epimeleomai* (ἐπιμελέομαι) – Ongoing Care and Responsibility**	Paid expenses	Sacrifice	Trust (Transpersonal) Open (Infinity)	Selfless service
Luke 10:25-37		All the above	Human Dignity	All Caritas Process	Real caring and not just administrative or because of duty

9. Compassion

The Samaritan demonstrates profound emotional sensitivity toward the suffering individual. Compassion becomes the motivating force behind all subsequent caring actions. Unlike the priest and Levite, who maintain emotional and physical distance, the Samaritan allows himself to be emotionally affected by another person's pain.

Compassion in nursing similarly involves recognizing suffering and responding with empathy, kindness, and concern (Watson, 2008). Compassionate care strengthens therapeutic relationships and improves patient experiences within healthcare settings.

This finding paralleled Caritas Process number one, which is embrace (Loving- Kindness), which refers to the sustaining humanistic-altruistic values by practice of loving-kindness, compassion, and equanimity with self/others.

This also paralleled with Caritas Process number 10, which is open (Infinity), referring to the opening to spiritual, mystery, unknowns, allowing for miracles, is a part of the caring process. The Good Samaritan exhibited a caring behaviour in which he was opened for any miracles for others, even though it was hard for him.

10. Presence

The Samaritan intentionally approaches the wounded man despite possible danger and social prejudice. His willingness to come near reflects relational presence and emotional availability. This caring behaviour reflected the caritas processes of inspire, holding space, co-create, trust, and being open.
As mentioned previously in caritas processes, inspire means being authentically present, enabling faith/hope/belief system; honouring subjective inner, life-

world of self/others. Then trust is viewed by Watson as being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence. Furthermore, nurture refers to developing and sustaining loving, trusting-caring relationships. Then, Watson mentioned caritas field is to create a healing environment at all levels; subtle environment for energetic authentic caring presence. Lastly, holding space means allowing for expression of positive and negative feelings, in which authentically listening to another person's story.

Therapeutic presence is widely recognized within nursing literature as a vital aspect of caring practice. Presence involves attentiveness, listening, emotional support, and authentic interpersonal engagement (Dossey & Keegan, 2016). The Samaritan's behavior reflects a willingness to accompany suffering individuals rather than avoid them.

11. Caring Action

The Samaritan's compassion results in practical intervention. He cleanses wounds, applies oil and wine, bandages injuries, transports the victim, and secures shelter.

This behaviour paralleled to caritas process of "nurture" and "open". That, nurture refers to developing and sustaining loving, trusting-caring relationships, while open referring to the opening to spiritual, mystery, unknowns, allowing for miracles is a part of caring process.

This reflects also the integration of emotional caring and clinical competence in nursing practice. Caring in nursing is expressed not only through empathy but also through effective interventions that address patient needs (Boykin & Schoenhofer, 2001).

12. Holistic Care

The Samaritan addresses multiple dimensions of the victim's condition, including physical injury, safety, transportation, shelter, and future recovery. His actions demonstrate holistic concern for overall well-being rather than isolated treatment of injuries.

This holistic nursing touched the caritas process of deepen which means to creatively problem-solving-'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming. Then, "balance" as an act of engaging in transpersonal teaching and learning within the context of caring relationship; staying within other's frame of reference; shift toward coaching model for expanded health/wellness. Then, the Good Samaritan created caritas field which is to create a healing environment at all levels; subtle environment for energetic authentic caring presence. And again, he was opened to spiritual, mystery, unknowns, allowing for miracles is a part of caring process.

Holistic nursing similarly emphasizes care for the physical, emotional, social, and spiritual dimensions of individuals (Dossey & Keegan, 2016). The narrative illustrates that authentic caring extends beyond technical treatment toward comprehensive human support.

13. Sacrifice

The Samaritan sacrifices time, comfort, resources, and personal safety to assist the wounded stranger. His willingness to interrupt his journey and provide financial support demonstrates selfless service.

By sacrificing, he reflected caritas process of nurture which is to develop and sustain loving, trusting-caring relationships. The he ministers reverentially in assisting with basic needs as sacred acts, touching mind-body-spirit of spirit of other; sustaining human dignity also considered as caring process, because he was opened for miracles from God.

Sacrifice is frequently associated with professional nursing, where nurses often place patient welfare above personal convenience (Watson, 2008). The Samaritan's actions exemplify altruistic caring motivated by compassion rather than obligation.

14. Advocacy

The Samaritan ensures continued care by involving the innkeeper and providing financial resources for ongoing treatment. He assumes responsibility for the victim's future well-being.

Advocacy is an essential nursing role involving protection of patient welfare, coordination of care, and support for vulnerable individuals (Wei et al., 2019). The Samaritan functions as an advocate by ensuring continuity and accountability in care delivery.

This act of advocacy paralleled with caritas process of trust, deepen, balance, co-create and open. Trust viewed by Watson as being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence. While deepen means to creatively problem-solving-'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming. Then, balance means engaging in transpersonal teaching and learning within the context of a caring relationship; staying within others' frame of reference; shifting toward a coaching model for expanded health/wellness. Co-creating the caritas field is to create a healing environment at all levels; a subtle environment for energetic, authentic caring presence. Then, again, opening to spiritual, mystery, unknowns, allowing for miracles is a part of the caring process.

15. Human Dignity

Despite historical hostility between Jews and Samaritans, the Samaritan treats the wounded man with respect, compassion, and value. Ethnic prejudice does not prevent caring behavior. This principle aligns closely with ethical nursing practice, which recognizes the inherent dignity and worth of every human being regardless of background, religion, ethnicity, or social status (Boykin & Schoenhofer, 2001). The narrative, therefore, reinforces patient-centered care grounded in human dignity.

This caring theme combined the caritas process and the Good Samaritan caring behaviour in one. When the Good Samaritan chose to step out from his agenda for a stranger, despising the danger, he reflected the real caring behaviour that should set a high caring standard for nurses.

The findings demonstrate that the Good Samaritan narrative contains multiple dimensions of caring that are highly relevant to contemporary nursing practice. The narrative presents caring not merely as emotion, but as an integrated process involving compassion, presence, intervention, sacrifice, advocacy, and respect for human dignity.

The Samaritan's compassion reflects the emotional foundation of caring relationships. Watson (2008) emphasizes that authentic caring begins with loving-kindness and genuine concern for another human being. Similarly, the Samaritan's emotional response motivates concrete caring behaviors.

The Samaritan's willingness to approach the wounded individual illustrates therapeutic presence. Presence in nursing involves emotional availability, attentiveness, and relational engagement during moments of vulnerability (Dossey & Keegan, 2016). Rather than avoiding suffering, caring professionals intentionally move toward individuals in need.

The practical treatment of wounds resembles direct nursing intervention. The Samaritan demonstrates that caring includes both emotional compassion and competent action. This supports Boykin and Schoenhofer's (2001) assertion that caring is expressed through concrete nursing behaviors that preserve dignity and promote healing.

The narrative also demonstrates holistic care. The Samaritan addresses immediate physical injuries while simultaneously ensuring transportation, safety, shelter, and continued recovery. This reflects holistic nursing principles recognizing the multidimensional nature of human beings (Dossey & Keegan, 2016).

Sacrifice and advocacy further strengthen the caring relationship. The Samaritan assumes responsibility for the victim despite personal inconvenience, financial cost, and cultural barriers. Such actions parallel nursing advocacy, where healthcare professionals protect vulnerable patients and coordinate ongoing care (Wei et al., 2019).

Importantly, the narrative emphasizes human dignity. The Samaritan demonstrates compassion toward a stranger without discrimination. This principle aligns closely with ethical nursing practice and patient-centered care, which affirm the intrinsic worth of every person regardless of social identity (Boykin & Schoenhofer, 2001).

This analysis reveals that the Good Samaritan model provides an ethical framework that transforms caring behavior from a mere procedural obligation into a service-oriented calling centered on empathy and the recognition of patient dignity (Pardede et al., 2020; Prihandhani & Kio, 2019). The quality of care is strengthened by nurses' commitment to actively listening to patients' complaints, which not only enhances their sense of being valued but also serves as a key indicator in assessing the effectiveness of caring behaviors within hospital settings (Mustar et al., 2023). This is consistent with findings that the respectful dimension, encompassing empathy and respect for patient rights, is a crucial element that must be optimized to support patient safety and recovery (Hutabarat et al., 2022). Therefore, strengthening an organizational culture that promotes empathy and nurses' ethical responsibility is essential to ensure that

service practices remain oriented toward the holistic needs of clients (Ginting et al., 2022; Susanti et al., 2022).

The findings, therefore, support integration of biblical narratives within Christian nursing education. The Good Samaritan may serve as a theological and ethical model for compassionate, holistic, and spiritually grounded nursing practice.

Implications for Nursing

1. Nursing Education

Christian nursing programs may utilize the Good Samaritan narrative to teach caring values, compassion, empathy, advocacy, and holistic care. Biblical narratives may help students integrate spiritual values with professional nursing competencies. Additionally, incorporating faith-based caring models into nursing curricula may strengthen moral formation, reflective practice, and ethical sensitivity among nursing students (Shelly & Miller, 2006).

2. Nursing Practice

The findings encourage nurses to demonstrate compassionate presence, patient advocacy, and holistic support in clinical settings. The Samaritan's example reminds healthcare professionals that caring involves both technical competence and authentic human connection.

In increasingly technological healthcare environments, the narrative reinforces the continuing importance of empathy, relational care, and human dignity.

The implementation of this model requires nurses' reflective awareness in bridging the gap between administrative demands and patients' emotional needs, so that the quality of care can be maintained at an optimal standard (Karawati, 2015). Furthermore, efforts to enhance nurses' capacity through therapeutic communication training and the development of professional ethics must be continuously integrated to ensure that caring behavior is applied consistently and has a significant impact on patient satisfaction (Mentari & Ulliya, 2019; Suweko & Warsito, 2019). Moving forward, this transformation of practice needs to be supported by managerial policies that prioritize a humane work environment, considering that nurses' responsiveness and emotional support are key determinants in reducing patient complaints (Pakpahan et al., 2025; Sukmawati & Rahayuningsih, 2026).

3. Spiritual Care

The narrative reinforces the importance of integrating spiritual and moral dimensions into healthcare practice. Spiritual care includes compassionate presence, hope, emotional support, and respect for patient beliefs (Timmins & Caldeira, 2017). The Good Samaritan illustrates that caring extends beyond physical treatment toward compassionate ministry to the whole person.

The reflective approach also enables nurses to connect more deeply with patients, which in turn enhances the quality of care and strengthens emotional bonding within the therapeutic relationship (Hameed, 2024).

CONCLUSIONS AND RECOMMENDATIONS

The Good Samaritan narrative in Luke 10:25–37 presents a comprehensive model of caring highly relevant to nursing practice. Through biblical exegesis and thematic content analysis, the study identified compassion, presence, caring action, holistic care, sacrifice, advocacy, and human dignity as central caring themes.

These themes strongly correspond with Jean Watson's Theory of Human Caring and contemporary principles of holistic nursing, termed the 10 Caritas Processes. The narrative, therefore, provides both a theological and practical foundation for compassionate nursing care.

The study supports the integration of biblical perspectives within nursing education and practice, particularly in Christian healthcare settings. Future research may explore other biblical healing narratives and their relevance to nursing, leadership, ethics, and spiritual care.

REFERENCES

Bailey, K. E. (2008). Jesus through Middle Eastern eyes: Cultural studies in the Gospels. IVP Academic.

Barus, C. V. br. (2020). PERAN PERAWAT DALAM PENGAMBILAN KEPUTUSAN ETIS. https://doi.org/10.31219/osf.io/jqs4e

Bible, King James Version.

Bock, D. L. (1996). Luke 9:51–24:53. Baker Academic.

Boykin, A., & Schoenhofer, S. (2001). Nursing as caring: A model for transforming practice. National League for Nursing Press.

Dossey, B. M., & Keegan, L. (2016). Holistic nursing: A handbook for practice (7th ed.). Jones & Bartlett Learning.

Ginting, A., Pakpahan, R. E., & Karo, M. B. (2022). Hubungan Caring Behavior dengan Tingkat Kepuasan Pasien Rawat Inap. Jurnal Keperawatan Jiwa, 10(2), 385–385. https://doi.org/10.26714/jkj.10.2.2022.385-392

Green, J. B. (1997). The Gospel of Luke. Eerdmans.

Hameed, U. (2024). Modern Ideas of Caring in Nursing Practices. Journal of Clinical and Nursing Research, 8(6), 247–255.

Hutabarat, V., Novieastari, E., Kuntarti, K., & Murtiani, F. (2022). Personal Characteristics and Nurses' Caring Behaviour. Media Keperawatan Indonesia, 5(2), 93–93. https://doi.org/10.26714/mki.5.2.2022.93-99

Hynnekleiv, I. I., Jensen, J. K., Giske, T., Lausund, H., Mæland, E., & Heggdal, K. (2023). Patients' and Nurses' experiences of caring in nursing: An integrative literature review across clinical practices [Review of Patients' and Nurses' experiences of caring in nursing: An integrative literature review across clinical practices]. Journal of Clinical Nursing, 33(4), 1233–1255. Wiley. https://doi.org/10.1111/jocn.16964

Karawati, D. (2015). Hubungan Caring Perawat Dengan Kepuasan Pasien Menurut Teori K. M. Swanson Di RSUD Ade. M. Djoen Sintang Kalimantan Barat. In Universitas Airlangga Repository (Universitas Airlangga). Airlangga University.

Leininger, M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. Nursing Science Quarterly, 1(4), 152–160.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage Publications.

Louw, J. P., & Nida, E. A. (1989). Greek-English lexicon of the New Testament based on semantic domains (Vol. 1). United Bible Societies.

Marshall, I. H. (1978). The Gospel of Luke: A commentary on the Greek text. Eerdmans.

Mentari, D. A., & Ulliya, S. (2019). Gambaran Interaksi Caring Perawat dengan Pasien: Studi Pendahuluan. Holistic Nursing and Health Science, 2(2), 56–61. https://doi.org/10.14710/hnhs.2.2.2019.56-61

Mustar, N. A., Samsualam, & Sudarman, S. (2023). Implementasi Caring Spiritual Islam Perawat terhadap Kepuasan Pasien. Window of Nursing Journal, 1–8. https://doi.org/10.33096/won.v5i1.673

Pakpahan, H. M., Hutabarat, S., Silalahi, D., & Devi, D. (2025). Hubungan perilaku caring perawat dengan tingkat kepuasan pasien rawat inap di rumah sakit. JOURNAL OF Mental Health Concerns, 4(2), 145–150.

Pardede, J. A., Saragih, M. Y., & Simamora, M. (2020). Tipe kepribadian berhubungan dengan perilaku caring perawat. Jurnal Keperawatan Silampari, 3(2), 707–716. https://doi.org/10.31539/jks.v3i2.1207

Prihandhani, I. G. A. A. S., & Kio, A. L. (2019). Hubungan Motivasi Kerja Perawat Dengan Perilaku Caring Perawat Pelaksana Di Ruang Rawat Inap Rumah Sakit Umum Wisma Prashanti Tabanan. Interest Jurnal Ilmu Kesehatan, 8(1). https://doi.org/10.37341/interest.v8i1.114

Rianti, Y., & Damanik, S. R. (2025). JEAN WATSON DAN TEORI KEPEDULIAN TRANSPERSONAL DALAM PRAKTIK

KEPERAWATAN: LITERATUR REVIEW. BIMIKI (Berkala Ilmiah Mahasiswa Ilmu Keperawatan Indonesia), 13(1), 15–20.

Settecase-W, C. A., & Whetsel, M. V. (2018). Caring in the Nurse-Patient Relationship through the Caritas Lens: An Integrative Review. Cultura Del Cuidado, 15(2), 34–66.

Shelly, J. A., & Miller, A. B. (2006). Called to care: A Christian theology of nursing (2nd ed.). InterVarsity Press.

Sihotang, E., & Situmorang, S. A. (2025). Memaknai Lukas 10:25-37 melalui lensa diakonia dan Pendampingan/Konseling pastoral. Gema Teologika Jurnal Teologi Kontekstual Dan Filsafat Keilahian, 10(2), 169–186.

Simanjuntak, H. J. (2020). KONSEP SESAMAKU MANUSIA DALAM LUKAS 10: 25-37. Voice of Wesley Jurnal Ilmiah Musik dan Agama, 3(1), 43–53.

Sitzman, K., & Watson, J. (2018). Caring science, mindful practice: Implementing Watson's human caring theory. Springer Publishing Company.

Sukmawati, B., & Rahayuningsih, F. B. (2026). Korelasi caring tenaga medis dan perawat dengan kepuasan pelayanan keperawatan pada pasien rawat inap. HOLISTIK JURNAL KESEHATAN, 19(11), 3383–3390.

Susanti, M., Febrianti, L., Emrita, R., Hilmawati, H., Wahyudi, W., & Syafrida, S. (2022). The Effect of Caring Training on the Implementation of Caring Behavior and Work Culture of Nurses in Providing Services to COVID-19 Patients in an Indonesian National Referral Hospital. Open Access Macedonian Journal of Medical Sciences, 10, 655–661.

Suweko, H., & Warsito, B. E. (2019). HUBUNGAN PERILAKU CARING PERAWAT DENGAN KEPUASAN PASIEN DI RUANG RAWAT INAP: LITERATUR REVIEW. Jurnal Ilmu Keperawatan Dan Kebidanan, 10(1), 243–243.

Timmins, F., & Caldeira, S. (2017). Understanding spirituality and spiritual care in nursing. Nursing Standard, 31(22), 50–57.

Watson, J. (2008). Nursing: The philosophy and science of caring (Rev. ed.). University Press of Colorado.

Watson, J. (2018). Unitary caring science: Philosophy and praxis of nursing. University Press of Colorado.

Watson Caring Science Institute. (2025). 10 Caritas Processes.

Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. Journal of Nursing Management, 27(4), 681–687.

World Health Organization. (2021). Global strategic directions for nursing and midwifery 2021–2025. World Health Organization.

Yustini, M. D., Abdurrouf, M., Nursalam, N., Sari, D. W. P., Safitri, M., & Safaah, M. (2022). Increasing Islamic Caring Behavior by Increasing Motivation and Leadership Roles. Media Keperawatan Indonesia, 5(2), 124–124.

Zakaria, Z., Pohan, V. Y., & Hartiti, T. (2025). Factors and Interventions Influencing Nurses Caring Behavior: A Systematic Review. Jurnal Ners, 9(3), 5360–5366.