ABSTRACT

Background: Spiritual care for patients in critical areas is urgently required due to anxiety and fear related to death. Most people think that physical intervention is more important for patient care. However, spiritual needs are considered beneficial to speed up the physical recovery process and reduce pain. Nurse intervention for the provision of spiritual need to be an important aspect and expected at any time since the care is inseparable in critical care setting.

Objective: This literature review aims to identify various spiritual care interventions for patients in critical areas.

Method: A literature review conducted to discover spiritual care interventions. Data were collected in September 2022 from PubMed and Google Scholar database. A total of 3 (three) relevant studies were included in this study.

Result: The articles are qualitative and quantitative study which were conducted in 2021 and 2022. Sample in the studies ranged from 19 to 47 respondents, including nurses who work in critical settings, religious leaders and patient's families. Various nurse-led intervention to fulfill patient's spiritual needs are provision of belief, create calm atmosphere during prayer time, Facilitate placement of patients and their families' trusted protection symbol, collaboration with religious leaders and use of virtual technology for communication purpose.

Conclusion: Nurse did not neglect spiritual care for patients treated in critical areas. Consistent behavior to respect and support patient's spiritual needs in accordance with the religion and beliefs of the patient demonstrated by the nurses.

Keywords: collaboration, respect, support
INTRODUCTION

Spiritual care is a part of holistic care especially in the management of disease, suffering and death.\textsuperscript{1,2} Spirituality often prominent for those living with critical illnesses. People in needs are endeavoring a search for spiritual meaning in life, which appears to increase with the severity of the illness.\textsuperscript{3} In the context of patient and family relationship in spiritual care, the patient described as an integral human being and the subject of daily care, while the family serve as a source of support. A nurse’s role in spiritual care consists of delivering professionalism, nursing interventions, and nursing practice as an ability, understanding, perseverance and commitment to the provision of spiritual care.\textsuperscript{4}

Spiritual care becomes very important in critical areas since patients in this setting experience anxiety, depression and trauma due to threatening life situations. A mentoring and intense communication between nurses, patients and families to value patient’s spiritual and religious needs is expected.\textsuperscript{5} A study reported that spiritual care contribute to lower level of patients’ depression and anxiety in the ICU associated with enhanced communication between doctors, nurses and patients for the provision of spiritual needs according to the patient’s religion and beliefs.\textsuperscript{6} Based on the description above, the purpose of the study this is to examine and analyze various spiritual care interventions in critical areas.

OBJECTIVE

This study aimed to examine various spiritual care interventions in critical areas (Emergency Unit, Intensive Care Unit and Cardiac Care Unit). Further, discussion for identified intervention of spiritual care were established to stipulate recommendations for nursing practice in improving favorable spiritual care for patients in critical areas.

METHODS

Searching for relevant studies was carried out in September 2022 from two electronic databases, PubMed and Google Scholar. Keywords for the literature search were intervention nurses, spiritual care and critical areas. The research inclusion criteria were qualitative or quantitative research, availability of full text articles, and written in English language. Time limit was applied from the past 5 years (years 2018 – 2022). A total of 120 articles were listed and 3 (three) articles included for the review following the inclusion criteria and relevant to this review objective.

![Flow chart of search strategy and result](image-url)
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<td>1</td>
<td>Spiritual care in critically ill patients during COVID-19 pandemic/2021</td>
<td>Rocío de Diego - Corderero, Lorena López - Gómez, Giancarlo Lucchetti, &amp; Bárbara Badanta</td>
<td>Participants were 19 nurses who work at intensive care units (ICUs) or emergency services from public or private hospitals in Spain and treating critically ill patients with COVID-19.</td>
<td>The methodology of the research was a qualitative, exploratory, and descriptive design study using an ethnographic-phenomenological approach. The data collection consists of in-depth interviews conducted by a qualified investigator from January to June 2020.</td>
<td>Analysis related themes with action spiritual care of nurses in critical areas are: 1. Addressing spirituality in clinical practice and its influence on health. A number of participants reported that even though in the emergency room and the ICU more physiological or physical aspects are assigned as a priority, nurses remain addressing patient’s spiritual problems. Nurses emphasized that healthcare professionals need to respect every aspect that may affect the recovery of the patient, and this must be achieved regardless of the religiosity of the health worker: “I consider that Professionals’ beliefs should not interfere. I am not a religious believer and I have supported the beliefs of those who were religious because it made them feel better” (P-8, woman, 24 years); “Religious / spiritual patients who practice their faith, carry images and they pray during their illness”</td>
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2. Spiritual care during the COVID pandemic
COVID-19 pandemic was unprecedented. Participants considered emotions and spirituality were necessary aspect as support for the patient: “A woman began to pray when the doctors confirmed the diagnosis of COVID-19 positive and it did not seem strange to us. I remained silent as a sign of respect and support for her” (P-17, man, 25 years). “More than to the patient, the support is often offered to families when we have had to prepare them for the loss of a loved one, when we can only limit ourselves to comfort and advise them (...), when everything is lost, the only thing we can do is pray because it will make us feel better” (P-11, man, 46 years).
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<td>2.</td>
<td>Spiritual care: a description of family members' preferences of spiritual care nursing practices in Intensive Care Units in a Private Hospital in Kwa-Zulu Natal, South Africa/2022</td>
<td>Mercy Zambezi, Waheedha Emmall, &amp; Nomaxabiso Mooi</td>
<td>A total of 47 respondents, from family member of the patient during treatment in the ICU.</td>
<td>A quantitative, descriptive, cross-sectional study. Instrument in used this study was the Nurse Spiritual Therapeutic Scale.</td>
<td>In fact, on several occasions, religious and spiritual symbols were given to the patients. A nurse found an image of the Virgin placed next to a patient's respirator, which represents a symbol of protection that the patient and the family trust. Research results indicated that family's preferred spiritual care intervention delivered by the nurse are “to be facilitated for tranquility and space”, (M = 3.32, SD = 0.59) and “to arrange for a chaplain visit” (M = 2.70, SD= 0.91).</td>
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<td>3.</td>
<td>Towards a national strategy for the provision of spiritual care during major health disasters: A</td>
<td>Irena Papadopoulos, Runa Lazzarino, Christina Koulouglioti, Sheila Ali, &amp; Steve Wright.</td>
<td>25 participants consist of 16 religious leaders and 9 senior nurses in emergency and critical care services</td>
<td>A descriptive, cross-sectional, qualitative phenomenological design based on individual, semi-structured e-interviews.</td>
<td>Analysis of relevant themes associated with spiritual care intervention of nurses in critical areas are 1. Collaboration: nurses collaborate with local religious leaders in an interdisciplinary spiritual team (MDT = Multidisciplinary team)</td>
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‘The pandemic gave me quite a lot to reflect on our collaborative way of working…not just collaborating with the people in our team, but also collaborating and using those around us. And it was interesting how that experience kind of impacted the members of staff and they felt quite privileged to have been able to care for their patient in a very non-clinical way” (3CSEevi)

2. Technology: Distance communication offers virtual encounters between religious leaders to offer spiritual care by the collaboration with local religious leaders in an interdisciplinary team. “We were fortunate that we were given iPads and iPhones as well. I know that my colleagues who were shielding were able to use those to provide support for patients, for families and found that really helpful, become it meant that they felt able to part of things” (2CEMAda)
Spiritual Care Intervention in Critical Settings

Three included articles provided a comprehensive description regarding nurse intervention for spiritual care in critical areas. The intervention was intended to provide belief support to the patient, despite the nurse may have different beliefs. Tranquil atmosphere during patient prayer time, offer support to patients in need and facilitate placement of patients and their families’ trusted protection symbol (Virgin Mary beside the ventilator) were among the identified care. In addition, nurses collaborate with relevant figures in a non-clinical care team to manage scheduling the religious leaders and arrange communication service including video call for virtual interactions when physical encounter were prohibited.

DISCUSSIONS

Spirituality defined a “sensitivity or attachment to religious values.” An alternative description of spirituality including “the recognition of a feeling or sense or belief that there is something greater than oneself, something more to being human than sensory experience, and that the greater whole of which we are part is cosmic or divine in nature.” Nevertheless, spiritual care is a subjective and dynamic concept in a unique aspect of care that integrates all other aspects of an individual. The concept is a transcendent dimension of life and reflects the reality of the patient being acknowledged by the nurse. As a consequence, spiritual intervention becomes an essential part in patient care.

Spiritual care is rarely neglected in any area of care, especially in critical areas. Spiritual aspects become needs that must be fulfilled since the patient and family in a critical situation which require appropriate spiritual care associated with their religion and belief. Patient and family need serenity and proximity with the creator during critical events, which demanded to be facilitated by the nurse. In fact, provision of patient’s spiritual needs could accelerate the physical recovery, pain reduction, and self-development for the patient.

Various spiritual intervention offered by nurses in critical areas present positive impact. Facilitating support for patient’s beliefs, stimulating calm and supportive atmosphere during prayer time able to promote actual physical recovery. A study discovered that listening to Quran recitation increased patient awareness from coma in the intensive care unit. After 10 days of treatment, patients’ level of consciousness in the intervention group increased significantly (p = 0.01).

In addition, spiritual care involving religious figures could improve patients’ health status in critical care. Research reported that spiritual program at the cardiac care unit which includes supportive attendance, rituals and use of a support system for three days period offered by nurse with religious leaders improved patient’s spiritual well-being with cardiac ischemia. The mean existence dimension (p = 0.01) and the mean total score of spiritual wellbeing (p = 0.01) had a significant difference between test and control groups after the intervention.

Recent development of information and communication technology allows the use of technology virtual modalities, in particular for patients in critical care and isolated areas. Virtual communication with religious figures for leading worship and delivering spiritual support for COVID-19 patients in the ICU has proven to be effective for patients in isolated care. A qualitative study indicated that virtual communication needs become very important in ICU amid critical situations. “We have a designated prayer team that serves for specific purpose, but at this moment if no one can visit we arrange video call and facilitate prayer by video call with Pasosmed team (Socio-Medical Pastoral Service) for all religions.” (P8, 24 years old). The findings suggested that hospital regulations and nursing interventions to facilitate spiritual
support for Catholic, Christian and Muslim patients by the other religious leaders and include family members for an enhanced recovery process through technology is viable.

**CONCLUSION**

Spiritual care is an inseparable part of holistic care. Patients treated in critical settings remain in need of spiritual care. Facilitating support for patients' beliefs, creating calm atmosphere during prayer, situating patients and their families trusted protection symbol are among the reassuring interventions. Besides that, collaborating with religious figures in a non-clinical care team and providing virtual communication for interactions with religious leaders during prohibited time were alternative approaches to be implemented.

**REFERENCES**

3. Park, C. L. (2015). Integrating positive psychology into health-related quality of life research. *Quality of Life Research, 24*(7), 1645–1651. [https://doi.org/10.1007/s11136-014-0889-z](https://doi.org/10.1007/s11136-014-0889-z)


