

## Spiritual well-being among critically ill patients: A literature review

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### Article Info

#### Article history:

Received: 10 November 2025

Revised: 20 December 2025

Accepted: 30 December 2025

#### Keywords:

Spiritual well-being; critically ill patients; literature review.

#### Article type:

Review article

### Abstract

**Background:** Patients admitted to the Intensive Care Unit (ICU) face not only physiological problems but also psychological, social, and spiritual distress. Critical conditions, limited interaction with family, and invasive medical procedures often lead to spiritual distress, which can reduce patients' quality of life.

**Purpose:** This article aims to describe the concept of spiritual well-being and its application in nursing practice as part of holistic care for ICU patients

**Methods:** This paper is a literature review based on books and scientific articles published between 2000–2022, using the keywords spiritual well-being, ICU, nursing care, and spiritual nursing practice obtained from the PubMed, ScienceDirect, ProQuest, and Google Scholar databases.

**Results:** The results show that spiritual well-being consists of two dimensions: existential well-being (meaning and purpose in life) and religious well-being (relationship with God). Patients with good spiritual well-being tend to demonstrate greater calmness, hope, and more adaptive coping abilities. In nursing practice, its implementation includes spiritual assessment, provision of religious support, therapeutic communication, collaboration with spiritual leaders, and optimization of family support.

**Conclusion and recommendation:** The promotion of spiritual well-being is an essential component of ICU nursing practice, effective in enhancing patients' holistic well-being, and should be integrated into critical care nursing standards.

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## 1. Latar Belakang

Patients admitted to the Intensive Care Unit (ICU) are often in critical condition, requiring constant monitoring and advanced medical interventions. Beyond the physiological challenges, these patients frequently face psychological, social, and spiritual difficulties. Factors such as invasive medical procedures, limited communication, isolation from family, and uncertainty about their prognosis can lead to heightened anxiety, fear, and spiritual distress. If this condition is not solved adequately, spiritual distress may worsen clinical status and reduce quality of life (Ho, et al 2018; Roze des Ordons et al, 2018). Within the context of holistic nursing, spiritual needs is an essential component that must

be fulfilled. Previous studies have shown that patients with higher levels of spiritual well-being tend to experience greater calmness, hope, and more adaptive coping mechanisms (Wei et al., 2016; Lewis et al., 2016).

In the context of holistic nursing care, addressing spiritual needs is a fundamental aspect of patient well-being, consistent with international guidance that frames high-quality serious-illness care as biopsychosocial–spiritual (World Health Organization, 2023). Spiritual well-being is commonly understood through two dimensions, including existential well-being (meaning and purpose) and religious well-being (relationship with God or a higher power) which are operationalized in the widely used Spiritual Well-Being Scale (Paloutzian & Ellison, 1982; Paloutzian & Ellison, 2021). Previous studies indicate that higher spiritual well-being is associated with greater calm, hope, and adaptive coping during crises, supporting the recommendation to integrate spirituality into serious-illness care (Ho et al., 2018; Balboni et al., 2022).

Incorporating spiritual care into clinical nursing practice involves strategies such as brief spiritual assessment, provision of religious support, therapeutic communication, collaboration with spiritual or religious leaders, and involving family members in care (Puchalski, 2021). Such interventions can reduce distress, improve quality of life, and foster motivation for recovery, although spiritual care is often inconsistently delivered or initiated late during hospitalization (Kirchoff et al., 2021; Ho et al., 2018). In parallel, updated Society of Critical Care Medicine guidelines on family-centered care recommend liberalized family presence, structured communication, and explicit attention to families' spiritual needs, providing a practical roadmap for routine ICU implementation (Hwang et al., 2025; Society of Critical Care Medicine, 2025).

Despite its importance, spiritual well being and its application in nursing care remain underexplored in some ICUs. Emerging ICU focused research is mapping intervention characteristics and outcomes and piloting generalist spiritual care models to reduce psychological sequelae after critical illness indicating a growing but still incomplete evidence base (Gomes et al., 2025; Repetto et al., 2025). Establishing a deeper understanding of spiritual well being and its implementation is therefore essential for enhancing holistic, evidence based nursing practices for critically ill patients (Balboni et al., 2022).

Therefore, establishing a deeper understanding of spiritual well-being and its implementation is essential for enhancing holistic nursing practices. It is important to explore the concept of spiritual well-being and its implementation in nursing practice, particularly for patients in the ICU.

This study aims to explore how spiritual well-being can be effectively integrated into nursing care for ICU patients. By doing so, it seeks to provide a theoretical foundation and strengthen evidence-based practices that prioritize the holistic needs of critically ill patients.

## 2. Methods

This literature review examined books and peer-reviewed articles addressing critically ill patients, spiritual distress, and spiritual well-being within the context of nursing care. Eligible studies were published between 2010 and 2024 and were identified using a PICO-informed search strategy across ProQuest, CINAHL, PubMed, Elsevier/ScienceDirect, and Google Scholar. Search terms included critical care patient, critically ill, spiritual distress, spiritual needs, spiritual well-being, nursing care, and ICU patient, along with their Indonesian equivalents.

Inclusion criteria were: (a) articles in English or Indonesian; (b) full-text availability; and (c) primary research (quantitative, qualitative, or mixed methods) or review articles directly relevant to the topic. Exclusion criteria were: (a) absence of topical relevance; (b) lack of full-text access; or (c) publication prior to 2010. Studies meeting the criteria were analyzed and synthesized narratively to elucidate the relationship between critical illness and spiritual distress and to describe strategies for enhancing spiritual well-being among ICU patients.

## 3. Result and discussions

### Spiritual Well-Being among Critically Ill Patients

Patients treated in the Intensive Care Unit (ICU) face critical conditions that cause not only physiological disturbances but also profound psychological, social, and spiritual stress. Uncertain prognoses, limited family interaction, and invasive medical procedures often lead to anxiety, fear, and hopelessness, which frequently result in spiritual distress (Nolan, 2020; Zawodniak, 2013). In this context, spiritual well-being is understood as a state of inner wellness reflecting an individual's harmonious relationship with themselves, others, the environment, and a higher power (Ellison, 1983; Fisher, 2009). This concept encompasses two primary dimensions: existential well-being, which relates to a sense of meaning and purpose in life, and religious well-being, which pertains to a spiritual or religious relationship with God (Paloutzian & Ellison, 1982).

For ICU patients, spiritual well-being serves a protective role for mental and emotional health. Literature indicates that patients with high levels of spiritual well-being tend to exhibit greater tranquility, gratitude, hope, and more adaptive coping mechanisms (Wei et al., 2016; Lewis et al., 2016). This condition helps patients accept the reality of their illness, reduces the fear of death, and improves quality of life despite their critical state. Various factors influence spiritual well-being in the ICU, including age, gender, previous religious experiences, and specific coping strategies (Lestari, 2018; Jalaluddin, 2011). Furthermore, family support, cultural background, and nursing services that prioritize spiritual needs contribute significantly to a patient's spiritual health (Achir Yani, 2008; Kyle & Carman, 2014). Ultimately, the concept of spiritual well-being in ICU settings emphasizes the importance of fulfilling spiritual needs as an integral part of holistic nursing care, as it strengthens the motivation for healing and helps patients find meaning in the face of crisis.

## Spiritual Well-Being in Critical Nursing Practice

Spiritual well-being is a vital focus in nursing practice because it enhances psychological resilience and supports the overall healing process. Emotional pressure from invasive procedures and limited family contact often lead to spiritual distress, characterized by a loss of meaning and an inability to find inner peace (Nolan, 2020; Potter et al., 2017). Spiritual well-being, comprising both existential and religious dimensions, can be integrated into nursing practice through several key interventions. These include performing spiritual assessments to identify distress, providing support by facilitating worship according to the patient's beliefs, utilizing empathic therapeutic communication, and collaborating with chaplains or religious leaders. Additionally, nurses play a crucial role in optimizing family support to ensure patients feel loved and maintain hope (Black & Hawks, 2019). Research shows that these spiritual-oriented interventions effectively increase tranquility, strengthen coping mechanisms, and lower anxiety in ICU patients (Wei et al., 2016; Sulmasy, 2018), thereby supporting the delivery of patient-centered, holistic care.

The practical application of spiritual well-being in nursing involves a multifaceted approach starting with a thorough spiritual assessment. Tools such as the Spiritual Well-Being Scale or the FICA approach (Faith, Importance, Community, Address) help nurses understand a patient's beliefs and the meaning they derive from life (Fisher, 2010; Sulmasy, 2018). Beyond assessment, providing spiritual support such as facilitating prayer or scripture reading has been shown to enhance a patient's sense of gratitude and hope (Wei et al., 2016). Furthermore, the presence of an empathic nurse who utilizes therapeutic communication and supportive touch provides a sense of security, ensuring the patient does not feel alone during their struggle (Potter et al., 2017). Collaborating with religious figures bridges the gap for specific religious needs that medical staff may not be equipped to handle (Achir Yani, 2008). Finally, optimizing family support remains essential, as facilitating these interactions helps maintain the patient's spiritual well-being and sense of connection (Black & Hawks, 2019). Collectively, these interventions reduce distress and improve the quality of life for those in critical condition.

## 4. Conclusion

According to the literature review, spiritual well-being is a fundamental aspect of caring for critically ill patients in the Intensive Care Unit (ICU). This concept encompasses the dimension of existential well-being, which pertains to a sense of meaning and purpose in life, as well as religious well-being, which relates to an individual's spiritual relationship with a higher power. Patients in the ICU frequently experience spiritual distress due to their critical health status, invasive medical procedures, and restricted interaction with their families. Consequently, the integration of spiritual well-being into nursing practice is essential as a core component of holistic care.

The implementation of this care involves several key interventions, including conducting thorough spiritual assessments, providing religious support, utilizing

therapeutic and empathic communication, collaborating with chaplains or religious leaders, and optimizing family support systems. Evidence suggests that these interventions effectively enhance patient tranquility, foster hope, and improve overall quality of life while simultaneously strengthening coping mechanisms necessary for navigating critical illness.

### **Acknowledgments**

The authors would like to express their deepest gratitude to the Mohammad Natsir University, which provided access to the digital databases (PubMed, ScienceDirect, ProQuest, and Google Scholar), which made this literature review possible.

### **Kontribusi Penulis**

NF: Conceptualization, methodology, literature search and data extraction, formal analysis, and drafting of the original manuscript.

JSR: Conceptualization, supervision, critical revision of the manuscript for important intellectual content, validation, and final approval of the version to be published.

### **Konflik kepentingan**

The authors declare that there is no conflict of interest regarding the publication of this article. There are no financial or personal relationships with other people or organizations that could inappropriately influence or bias the content of this work.

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