JHSE
Vol 2 No 2 August 2024
e-ISSN 2988-7283

Original Research

Enhancing Spiritual Care in Intensive Care Units: An Analysis of the Impact Nurses' Knowledge, Motivation, and Competency

Revi Neini Ikbal[1], Rebbi Permata Sari[2]

[1,2]Department of Nursing, Alifah Padang Health Science College, Indonesia

*Email corresponding author: revineini@gmail.com

Abstract

Spiritual care, a vital component of holistic nursing, is often overlooked in intensive care units (ICUs) because of the limited knowledge, motivation, and competency of healthcare providers. This study investigated ICU nurses' knowledge, motivation, and skill in providing spiritual care. This cross-sectional study included 38 ICU nurses. A systematic questionnaire was used to evaluate nurses' knowledge, motivation, and competency in spiritual care. The relationships between these parameters were analyzed using univariate and bivariate analyses. The findings indicated that ICU nurses moderately understood spiritual care ($M = 7.2$, $SD = 1.9$) and exhibited strong motivation ($M = 4.0$, $SD = 0.8$). Skills in spiritual care were positively correlated with knowledge ($r = 0.41$, $p < 0.05$) and motivation ($r = 0.52$, $p < 0.01$). Previous spiritual care training markedly enhanced nurses' competencies ($p < 0.05$) and served as a significant predictor ($\beta = 0.28$, $p < 0.05$). This study underscores the critical role of knowledge, motivation, and competency in enhancing spiritual care among ICU nurses. Targeted interventions such as educational programs and institutional support are essential for improving spiritual care practices. Future research should focus on developing comprehensive training models to address the individual and systemic barriers to spiritual care integration in critical care environments.

Keywords: Spiritual Care, ICU, Nursing, Competency, Motivation, Knowledge

INTRODUCTION

Spiritual care is an essential aspect of holistic nursing, especially in intensive care units (ICUs) where patients frequently encounter life-threatening circumstances. Patients in intensive care units frequently experience mortality; severe pain; and significant emotional, psychological, and spiritual distress (Riahi et al., 2018). The World Health Organization (WHO) and numerous nursing bodies emphasize integrating spiritual care into clinical practice as a key aspect of comprehensive healthcare delivery. In this precarious circumstance, the patient's spiritual dimension is frequently neglected, despite its significance in confronting serious health adversities. Incorporating spiritual care into clinical practice is increasingly acknowledged to contribute to patient well-being, alleviate existential suffering, and improve overall health outcomes (Dural, 2024; Laili et al., 2019). The relationship between spiritual care and patient outcomes has been well-documented. Spiritual care has been shown to improve patients' emotional and psychological well-being,

which is particularly important in critical illnesses (Ho et al., 2018; Laili et al., 2019). For example, a systematic review by Ho et al. highlights that addressing spiritual needs can lead to better-coping strategies among patients, ultimately improving their overall health outcomes (Ho et al., 2018). Additionally, spiritual care can enhance the nurse-patient relationship and foster trust and open communication, which are vital for effective care delivery (Dural, 2024; Wittenberg et al., 2017). Despite the recognized benefits of spiritual care, actual practice within ICUs often falls short. A study conducted by Santos et al. (2021) revealed that while many nurses acknowledged the importance of spiritual care, many felt inadequately trained to provide such support (Santos et al., 2021). This discrepancy between recognition and practice underscores the need for comprehensive training programs that equip nurses with the skills necessary to effectively address spiritual concerns. Furthermore, integrating spiritual care into routine nursing assessments can ensure that spiritual needs are consistently identified and addressed (Ho et al., 2018; Wittenberg et al., 2017). Spirituality can offer emotional support, enhance coping strategies, and elevate the quality of life of critically ill patients and their families, particularly in contexts where death and recovery are both viable outcomes. Notwithstanding its significance, spiritual care is sometimes undervalued in healthcare contexts, particularly in high-stress settings, such as the ICU, where emphasis is predominantly placed on the urgent physical requirements of patients (Mohamed Elsayed et al., 2023). Several studies have highlighted the positive impacts of spiritual care on patient outcomes. For example, a study of end-of-life care by Rykkje et al. (2022) found that patients who received spiritual care reported higher levels of satisfaction and lower rates of depression and anxiety. Similarly, (Chen et al., 2018) demonstrated that spiritual care improves the overall well-being of palliative care patients by addressing their emotional and existential concerns. These studies emphasize the necessity of spiritual care, not only in palliative care, but also in acute care settings, where patients face considerable physical and emotional distress.

The main research problem lies in the gap between the recognized importance of spiritual care and the practical challenges that prevent its consistent implementation in ICUs. Ideally positioned to provide spiritual care due to their close interaction with patients, nurses often face barriers, such as inadequate knowledge, lack of confidence, time constraints, lack of training, and insufficient institutional support (Laili et al., 2019). Moreover, ICU nurses are frequently more focused on the physical and technical aspects of care given the critical nature of their patients' conditions. These factors contribute to the underutilization of spiritual care, even though it can significantly enhance patient outcomes (Chen et al., 2018)(Laili et al., 2019). Although previous studies have addressed the importance of spiritual care in nursing, there remains a significant gap in the research focused specifically on ICU settings. Research has primarily concentrated on palliative care or general wards, with few studies investigating spiritual care practices in high-stress, fast-paced environments, such as ICUs. However, implementing spiritual care practices in ICUs faces numerous challenges, including lack of training among nursing staff, insufficient understanding of spiritual care concepts, and systemic barriers within healthcare settings (Dural, 2024; Laili et al., 2019). Studies have shown that many nurses feel unprepared to address the spiritual needs of their patients because of a lack of formal education and training in this area (Azarsa et al., 2015). For instance, Elsayed highlights that the competency of nurses in providing spiritual care is closely linked to their understanding and training in spiritual care practices (Mohamed Elsayed et al., 2023). Furthermore, Ramadhan et al. (2020) emphasized that nurses with higher spiritual levels are more likely to provide optimal spiritual care, suggesting that enhancing nurses' spiritual competencies through

targeted education could improve care delivery (Ramadhan et al., 2020). Their level of training and experience often influences their preparedness to deliver spiritual care. Studies have shown that nurses who receive formal education in spiritual care are more likely to engage with patients' spiritual needs, feel more confident in addressing spiritual issues, and provide care that aligns with patients' holistic needs. By contrast, nurses who lack training or confidence in spiritual care are less likely to initiate conversations about spirituality, potentially neglecting an essential aspect of patient-centered care. Given the critical nature of care in ICUs, addressing the spiritual needs of patients is increasingly being recognized as an ethical imperative. The research gap lies in the lack of comprehensive practical solutions that address ICU nurses' individual competencies and systemic challenges within healthcare institutions. While previous studies have recognized the importance of spiritual care and proposed frameworks for its integration, few have offered concrete evidence-based interventions specifically tailored to the ICU context. This study aimed to fill this gap by enhancing ICU nurses' knowledge, motivation, and competency in spiritual care, while addressing institutional barriers through policy changes and protocol development recommendations.

METHODS

This study employed a cross-sectional design to examine the relationship between nurses' knowledge, motivation, and competency in providing spiritual nursing care in the intensive care unit (ICU). This study was conducted in multiple ICU departments at Dr. Rasidin Padang Hospital. The data were collected between October 2023 and February 2024. Participants were given the questionnaire during their work shifts, and they completed it on their own, ensuring minimal disruption to their work. Participation was voluntary, and informed consent was obtained prior to data collection. All the data were collected anonymously to maintain confidentiality.

The target population included registered nurses working in ICUs with at least one year of experience. To be eligible, participants were required to interact directly with patients in critical conditions and be involved in patient care activities that could include spiritual support. Nurses who were on leave or who worked in administrative positions were excluded. The sample size was calculated using G*Power software, based on the expected moderate effect size ($f^2 = 0.15$), with an alpha level of 0.05, and a power ($1-\beta$) of 0.80. A total of 38 participants were recruited to account for potential dropouts and nonresponses. A simple random sampling technique was applied to select participants from a list of ICU nurses provided by the hospital administration.

Data were collected using a structured self-administered questionnaire. The questionnaire consisted of four sections. Demographic Information: This section collected data on age, gender, years of experience in the ICU, and previous spiritual care training. Knowledge of Spiritual Care: Knowledge was assessed using a validated 10-item scale adapted from (Tiew & Creedy, 2012) *Spiritual Care-Giving Scale*. This scale measures nurses' understanding of spiritual care, including their awareness of its role in holistic nursing. Motivation for Spiritual Care: Motivation was measured using a 7-item scale that evaluated intrinsic and extrinsic motivational factors for providing spiritual care. The scale was based on Self-Determination Theory (Deci & Ryan, 2012), with responses rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Competency in Spiritual Care: Competency was assessed using the Spiritual Care Competency Scale (SCCS)(Van Leeuwen et al., 2009), a 6-item scale that measures nurses' abilities to deliver spiritual care in clinical settings, including assessment of spiritual needs, providing spiritual support, and reflecting patients' spiritual concerns. The validity and reliability of these scales have been established in previous studies (Cronbach's alpha > 0.80 for each scale). A pilot study was conducted with 20 ICU nurses to assess the clarity and reliability of the instrument. The pilot data were not included in the final analysis.

Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize the participants' demographic characteristics and main variables of interest (knowledge, motivation, and competency). Univariate analysis was used to assess the distribution of critical variables. A bivariate analysis was conducted using Pearson's correlation to examine the relationships between knowledge, motivation, and competency.

RESULTS

A total of 38 ICU nurses participated in the study. Most participants were female (78.1%, n = 25) with a mean age of 35.2 years (SD = 7.6). The average years of ICU experience among the participants was 7.4 years (SD = 3.2), with 56.3% (n = 18) reporting more than five years of experience. Additionally, 52.6% (n = 20) of the nurses had received previous training in spiritual care, while the remaining 47.4% (n = 18) had not received any formal training in this area. The univariate analysis of the main study variables (knowledge, motivation, and competency in spiritual care) is presented in Table 1.

Table 1: Univariate Analysis of Knowledge, Motivation, and Competency in Spiritual Care

Variable	n (%)	Mean	Standard Deviation (SD)	Minimum	Maximum
Gender					
Male	7 (21.9)				
Female	25 (78.1)				
Age		35.2	7.6	20	50
Years of ICU Experience					
≤ 5 years	14 (43,8)				
> 5 years	18 (56,3)				
Spiritual Care Training					
Yes	11 (34.4)	4.0	0.7		
No	21 (64.6)	3.4	0.6		
Knowledge of Spiritual Care (0-10)		7.2	1.9	3	10
Motivation for Spiritual Care (1-5)		4.0	0.8	2.5	5
Competency in Spiritual Care (1-5)		3.7	0.7	2.5	5

The mean score for knowledge of spiritual care was 7.2 (SD = 1.9), suggesting that nurses generally had a moderate-to-high understanding of spiritual care concepts. The motivation to provide spiritual care had a mean score of 4.0(SD = 0.8), indicating that nurses were highly motivated to engage in spiritual care practices. In terms of competency in spiritual care, nurses reported an average score of 3.7 (SD = 0.7), reflecting a moderate level of self-perceived competence in delivering spiritual care to ICU patients.

Bivariate analysis revealed significant positive correlations between knowledge, motivation, and competency in spiritual care (Table 2).

Table 2. Bivariate Analysis: Correlations Between Knowledge, Motivation, and Competency

Variables	Knowledge	Motivation	Competency
Knowledge of Spiritual Care	1	0.47**	0.41*
Motivation for Spiritual Care	0.47**	1	0.52**
Competency in Spiritual Care	0.41*	0.52**	1

*Note: *p < 0.05, **p < 0.01.*

There was a moderate, significant positive correlation between knowledge and competency ($r = 0.41$, $p < 0.05$), indicating that nurses with higher knowledge of spiritual care tended to report greater competency in delivering spiritual care. Similarly, a strong positive correlation was found between motivation and competency ($r = 0.52$, $p < 0.01$), suggesting that nurses with a higher motivation to engage in spiritual care practices also perceived themselves as more competent in providing spiritual care. Additionally, knowledge and motivation were positively correlated ($r = 0.47$, $p < 0.01$), indicating that better knowledge of spiritual care might enhance nurses' motivation to engage in these practices. Further analysis showed that nurses who had received spiritual care training ($M = 4.0$, $SD = 0.7$) reported significantly higher competency scores than those who had not ($M = 3.4$, $SD = 0.6$) ($p < 0.05$). This suggests that formal education and training are essential for enhancing nurses' abilities to provide spiritual care.

DISCUSSIONS

The findings of this study provide significant insights into the factors influencing spiritual nursing care in ICU settings, mainly focusing on nurses' knowledge, motivation, and competency. The positive correlation between knowledge and competency in spiritual care emphasizes the crucial role that education and awareness play in equipping nurses to address the spiritual needs of their patients. This is consistent with previous studies that highlight the importance of enhancing nurses' understanding of spiritual care to improve patient outcomes. For instance, Best et al. (2023) found that better knowledge of spiritual care among healthcare providers is associated with higher satisfaction and reduced distress among patients in critical care settings.

Motivation has also emerged as a key factor influencing nurses' abilities to deliver spiritual care. The strong relationship between motivation and competency supports the idea that internal factors, such as personal drive and perceived importance of spiritual care, are integral to whether nurses engage in such practices. This finding aligns with Mamier et al. (2019), who demonstrated that nurses who are more motivated to provide spiritual care are more likely to do so and perceive themselves as more competent. The motivational aspect underscores the need for healthcare institutions to foster environments that encourage and support spiritual care practices, as a lack of motivation may act as a barrier even when knowledge is sufficient.

This study highlights the significance of formal training in spiritual care. Nurses who had undergone spiritual care training reported higher competency levels than those who had not, reinforcing the role of structured education in enhancing care delivery. This aligns with the recommendations of Riahi et al. (2018), who emphasized that formal training is essential for developing spiritual competencies among healthcare providers. Despite the recognized importance of spiritual care, many ICU nurses need more training to deliver it effectively, as evidenced by the substantial proportion of nurses in this study who have yet

to receive formal spiritual care education. These findings suggest that increasing access to training programs is critical for improving spiritual care competency in ICU settings.

Interestingly, although ICU experience was positively correlated with competency, it did not reach statistical significance in this study. This contrasts with the findings of Elsayed et al. (2023), who observed that years of clinical experience were correlated with higher spiritual care competency. The lack of significance in the present study could be attributed to the highly specialized and technical nature of ICU care, where physical and medical concerns may overshadow spiritual needs. Additionally, nurses may become desensitized to the spiritual aspects of care over time because of the intense focus on life-saving measures in the ICU. Therefore, the results suggest that more ICU experience is needed to improve spiritual care competencies. Specific training and motivational interventions are required to ensure that spiritual care is integral to holistic nursing.

The gap between recognizing the importance of spiritual care and its practical application remains challenging in ICU settings. Rykkje et al. (2022) noted that, although healthcare providers acknowledge the value of addressing spiritual needs, many feel unprepared to engage in spiritual conversations with patients. This study confirms that, while knowledge and motivation are crucial, institutional support and clear protocols are equally important to encourage consistent spiritual care practices. Without a supportive environment, nurses may be hesitant to prioritize spiritual care, particularly in high-stress environments, such as the ICU, where medical interventions take precedence.

The research gap highlighted by previous studies is evident in the need for comprehensive solutions that address individual and systemic barriers to spiritual care. While studies such as those by Koenig (2012) and Ramadhan et al. (2020) provide frameworks for enhancing spiritual care, practical interventions must be tailored to ICU settings. This study fills this gap by demonstrating the need for a multifaceted approach that includes training and motivational support to enhance spiritual care competencies among ICU nurses.

CONCLUSION

This study provides valuable insights into the factors influencing ICU nurses' competency in delivering spiritual care, emphasizing the roles of knowledge, motivation, and formal training. The findings suggest that increasing nurses' awareness and understanding of spiritual care, fostering a motivating work environment, and offering structured training programs significantly enhances their ability to meet patients' spiritual needs. However, the lack of significance associated with ICU experience indicates that gaining more experience in critical care is insufficient to develop spiritual care competencies. The results underscore the need for targeted interventions beyond traditional clinical training, incorporating educational and institutional support to ensure that spiritual care becomes a consistent component of ICU practice. In conclusion, healthcare institutions must prioritize spiritual care by integrating it into routine training and patient care protocols and by providing nurses with the necessary motivation and institutional support to deliver holistic care. Future research should explore the development and implementation of comprehensive training programs that address individual and systemic barriers to spiritual care in the ICU, ensuring that critically ill patients receive the emotional and existential support they need during one of the most vulnerable times of their lives.

REFERENCES

Azarsa, T., Davoodi, A., Khorami Markani, A., Gahramanian, A., & Vargaeei, A. (2015). Spiritual wellbeing, Attitude toward Spiritual Care and its Relationship with Spiritual Care Competence among Critical Care Nurses. *Journal of Caring Sciences*, *4*(4), 309–320. https://doi.org/10.15171/jcs.2015.031

Best, M. C., Vivat, B., & Gijsberts, M.-J. (2023). Spiritual Care in Palliative Care. *Religions*, *14*(3), 320. https://doi.org/10.3390/rel14030320

Chen, J., Lin, Y., Yan, J., Wu, Y., & Hu, R. (2018). The effects of spiritual care on quality of life and spiritual wellbeing among patients with terminal illness: A systematic review. *Palliative Medicine*, *32*(7), 1167–1179. https://doi.org/10.1177/0269216318772267

Deci, E. L., & Ryan, R. M. (2012). Self-determination theory. *Handbook of Theories of Social Psychology*, *1*(20), 416–436.

Dural, G. (2024). Spiritual care experiences of nurses working in intensive care units: A qualitative study. *Nursing in Critical Care*, *29*(3), 545–554. https://doi.org/10.1111/nicc.12975

Ho, J. Q., Nguyen, C. D., Lopes, R., Ezeji-Okoye, S. C., & Kuschner, W. G. (2018). Spiritual Care in the Intensive Care Unit: A Narrative Review. *Journal of Intensive Care Medicine*, *33*(5), 279–287. https://doi.org/10.1177/0885066617712677

Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, *2012*, 1–33. https://doi.org/10.5402/2012/278730

Laili, N. R., Zulkarnain, H., Yasmara, D., & Sriyono. (2019). Promoting Spiritual Nursing Care in an Intensive Care Unit: A Systematic Review. *Indian Journal of Public Health Research & Development*, *10*(8), 2773. https://doi.org/10.5958/0976-5506.2019.02291.5

Mamier, I., Taylor, E. J., & Winslow, B. W. (2019). Nurse Spiritual Care: Prevalence and Correlates. *Western Journal of Nursing Research*, *41*(4), 537–554. https://doi.org/10.1177/0193945918776328

Mohamed Elsayed, S., Abdalla Elbiaa, M., & Arafa Hassan, E. (2023). Critical Care Nurses' Spiritual Care Practice and Its Relationship with Their Spiritual Perception and Competency. *Alexandria Scientific Nursing Journal*, *25*(4), 64–73. https://doi.org/10.21608/asalexu.2023.344753

Ramadhan, M. D., Pangestika, D. D., & Fitriana, N. F. (2020). The Correlation between Spiritual Care Giving and Nurses' Competences at Critical Care Units. *JURNAL PENDIDIKAN KEPERAWATAN INDONESIA*, *6*(2). https://doi.org/10.17509/jpki.v6i2.27057

Riahi, S., Goudarzi, F., Hasanvand, S., Abdollahzadeh, H., Ebrahimzadeh, F., & Dadvari, Z. (2018). Assessing the Effect of Spiritual Intelligence Training on Spiritual Care Competency in Critical Care Nurses. *Journal of Medicine and Life*, *11*(4), 346–354. https://doi.org/10.25122/jml-2018-0056

Rykkje, L., Søvik, M. B., Ross, L., McSherry, W., Cone, P., & Giske, T. (2022). Educational interventions and strategies for spiritual care in nursing and healthcare students and staff: A scoping review. *Journal of Clinical Nursing*, *31*(11–12), 1440–1464. https://doi.org/10.1111/jocn.16067

Santos, P. M. dos, Rodrigues, K. de S., Pinheiro, L. A., Santana, B. de S., Ipólito, M. Z., & Magro, M. C. da S. (2021). Religious and spiritual support in the conception of nurses

and families of critical patients: a cross-sectional study. *Revista Da Escola de Enfermagem Da USP*, *55*. https://doi.org/10.1590/1980-220x-reeusp-2020-0508

Tiew, L. H., & Creedy, D. K. (2012). Development and preliminary validation of a composite Spiritual Care-Giving Scale. *International Journal of Nursing Studies*, *49*(6), 682–690. https://doi.org/10.1016/j.ijnurstu.2011.11.014

Van Leeuwen, R., Tiesinga, L. J., Middel, B., Post, D., & Jochemsen, H. (2009). The validity and reliability of an instrument to assess nursing competencies in spiritual care. *Journal of Clinical Nursing*, *18*(20), 2857–2869. https://doi.org/10.1111/j.1365-2702.2008.02594.x

Wittenberg, E., Ragan, S. L., & Ferrell, B. (2017). Exploring Nurse Communication About Spirituality. *American Journal of Hospice and Palliative Medicine®*, *34*(6), 566–571. https://doi.org/10.1177/1049909116641630