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Spirituality and Anxiety in Critical Care Patients' Families: A Systematic Review

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Spirituality and Anxiety in Critical Care Patients' Families: A Systematic Review

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ABSTRACT

The critical care room is an independent hospital with special staff and special equipment for observation, care and therapy of patients suffering from life-threatening illnesses, injuries or complications. Families in critical rooms usually experience anxiety, fear, and panic. One of the efforts to reduce anxiety is to get closer to God Almighty to increase spirituality. The review aims to obtain information about the spiritual level with anxiety in patients' families in critical care rooms at the hospital. A systematic review was carried out using the PRISMA (Prefered Reporting Items for Systematic Reviews and Meta-analysis) reporting technique with article selection using eligibility criteria. Search journals using Elsevier, PubMed, ScienceDirect, Google Scholar, Springer, and ProQuest databases from June to July 2021. Using English keywords, three journals are obtained; through Indonesian, six journals are obtained. The results of nine journals that have been analyzed by researchers as a whole are 57.5% of good family spiritual and 52.5% moderate family anxiety. This decrease in anxiety was caused by the spiritual services provided to respondents in the form of praying. The spiritual approach can be used as input for nurses to provide interventions to all patients' families in the hospital, especially those who experience anxiety.

Keywords: *anxiety; critical care room; patient's family; spiritual*

ABSTRAK

Ruang *critical care* merupakan suatu bagian dari rumah sakit yang mandiri dengan staf khusus dan perlengkapan khusus untuk observasi, perawatan dan terapi pasien yang menderita penyakit, cedera atau penyulit yang mengancam nyawa. Keluarga di ruang kritis biasanya banyak yang mengalami cemas, takut, dan panik. Salah satu upaya mengurangi kecemasan dengan cara mendekatkan diri kepada Tuhan Yang Maha Esa sebagai upaya meningkatkan spiritualnya. Review ini bertujuan untuk mendapatkan informasi tentang tingkat spiritual dengan kecemasan pada keluarga pasien ruang *critical care* di rumah sakit. Tinjauansistematis dilakukan dengan menggunakan teknik pelaporan PRISMA (*Prefered Reporting Items for Systematic Reviews and Meta-analysis*) dengan seleksi artikel menggunakan kriteria kelayakan. Pencarian jurnal menggunakan kata kunci Bahasa Inggris ditemukan 3 jurnal dan dengan Bahasa Indonesia diperoleh 6 jurnal dari Juni hingga Juli 2021. Pencarian jurnal diperoleh dari Elsevier, PubMed, ScienceDirect, Google Scholar, Springer, dan ProQuest.

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Hasil dari sembilan jurnal yang sudah dianalisis oleh peneliti secara keseluruhan sebanyak 57,5% spiritual keluarga baik dan 52,5% kecemasan keluarga sedang. Penurunan kecemasan ini disebabkan oleh layanan spiritual yang diberikan kepada responden berupa berdoa dan tawakal. Pendekatan spiritual dapat dijadikan sebagai bahan masukan bagi perawat untuk memberikan intervensi kepada semua keluarga pasien di rumah sakit khususnya yang mengalami kecemasan.
Kata Kunci: kecemasan; ruang *critical care*; keluarga pasien; spiritual

INTRODUCTION

A critical care room or intensive care unit (ICU) is a part of an independent hospital with special staff and special equipment intended for observation, treatment and therapy of patients suffering from diseases, injuries or complications that threaten life or life. Regulations in critical care rooms tend to be strict, families cannot wait for family members continuously, so this will cause anxiety for the family. Patients and their families must face the changes condition of the illness and the treatment received by the patient. Families and patients in this critical care room usually experience various feelings of fear, anxiety, and panic. One of the efforts that a person can make to overcome fear, anxiety, panic is to draw closer to God to increase his spirituality (Prabawati, Priyanto and Suhariyanti, 2016).

Good development in the spiritual aspect can make a person more able to interpret life and have self-acceptance of his condition. He responds positively to changes that occur in him. Praying and praying or other religious practices help meet spiritual needs (Nurcahya and Utami, 2015). Research conducted by Tripeni (2014) at the Sidoarjo Regional Hospital with 30 respondents, almost half of families whose members are treated in the ICU experience moderate levels of anxiety with a total of 13 respondents (43.3%). Most of the respondents have a high school education level and the age factor of 20-30 years. The results of research conducted by Novitarum (2015) at Elisabeth Hospital Medan were obtained from 19 respondents, most of the families had a good spiritual level as many as 13 respondents (68.4%), sufficient spiritual level as many as four respondents (21.1%) and less spiritual as many as two respondents (10.5%). It is shown that almost all of the patient's families still carry out their own spiritual and religious activities. From the results of Febriyanti (2019) at the dr. Ramelan Surabaya Hospital, with 108 family respondents, found that most of the respondents who had adaptive coping were 72 respondents (66.7%), while almost half of the respondents, 36 respondents (33.3%),

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had maladaptive coping. Based on the results of a preliminary study on five respondents, 50% of the patient's family waiting in the ICU room experienced moderate anxiety because the patient's family felt worried and panicked about the patient's developmental condition and treatment plan.

The patient's family's anxiety level in the Critical Care room is influenced by several factors, including age, gender, personality type, experience, education level, nurse communication, economy, family relationships, and spirituality (Novitarum, 2015). Spirituality is related to making meaning in life through one's relationship with oneself, others, the environment and God in overcoming various life problems (Yusuf *et al*., 2016). Spirituality in health is considered important because it does not depend on religion or holy places. Still, it is related to harmony with other people, the environment, and God, respectingmortality, and self-actualization. If someone is having a problem, they willquestion the spiritual value, the purpose of life, and the source of the meaning of their life (Potter and Perry, 2005).

Critical care room nurses as professional health workers have the most excellent opportunity to provide health services, especially comprehensive services, by helping patients and families meet basic holistic needs, including biological, psychological, social and spiritual aspects. This spiritual and religious involvement contributes to reducing symptoms of anxiety and depression. People who draw closer to God Almighty will give more strength, confidence and comfort (Abuatiq, 2015). Families of critically ill patients can experience different levels of anxiety, and spirituality is important to note. However, few studies have reviewed the spiritual and family anxiety of critically ill patients. It attracts the author to write research with a systematic review design. This study carried out a systematic review systematically to identify the spiritual level with the level of anxiety in the patient's family in the Critical Care room.

METHOD

The findings' identification, assessment and interpretation were systematically carried out in June-July 2021 using the PRISMA (Preferred Reporting Items for Systematic Reviews) reporting guidelines. The steps taken include: 1) defining the eligibility criteria. 2) define the source of information. 3) study selection. 4) data collection process. 5) selected data items. The stages carried out in the review process include planning, starting with developing research

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questions and making a review protocol. The formulation consists of the population (P), namely families of critically ill patients; Intervention (I) in the form of fulfilling spiritual needs; Comparison (C) no comparison; Outcomes (O) in the form of anxiety levels; Context (C) is in the form of setting and critical care room environment. The next stage is the implementation of a systematic review which begins with determining keywords to search for the literature to be reviewed (search string and then select the source (digital library). Because many kinds of literature are found, Mendeley's reference manager is used to manage the sources. After the literature is collected, then literature selection is carried out by filtering using predetermined inclusion criteria and a quality assessment of the literature that has been found. The last stage is in the formof extracting the data that has been obtained and synthesizing from various domains found from the selected literature (synthesis of evidence).

The inclusion criteria applied in the selection of articles are as follows: articles using Indonesian and English, the article used is full-text research, a quantitative study with a critical patient family population, discusses the fulfilment of spiritual support with anxiety levels in families of critical patients who are treated in critical care rooms according to research questions. As for the exclusion criteria in selecting this article, namely articles published before 2010. The articles were obtained through online database sources from Elsevier, PubMed, ScienceDirect, Google Scholar, Springer, ProQuest. The author will eliminate articles that are not in the full-text form. The authors also adjust the articles that have been obtained with the research questions that have been made.

Study selection is carried out in three phases: 1) The keywords used in the article search included: "spiritual", "anxiety", "patient family", "critical care", "religious", "Intensive Care Unit", "spiritual care". "or", and the two words are used together, 2)The selection of articles is based on the contents of the abstract, title and keywords in the article, 3) Full or partial articles were not omitted in the previous review process, which will be carried out to determine whether the article should be included in the review or excluded, according to the established criteria. The stages of the review process by the author do it collaboratively as an Expert Judgment. Thus any discrepancies or discrepancies in the articles are discussed and resolved carefully to get an agreement. The data are collected manually, consisting

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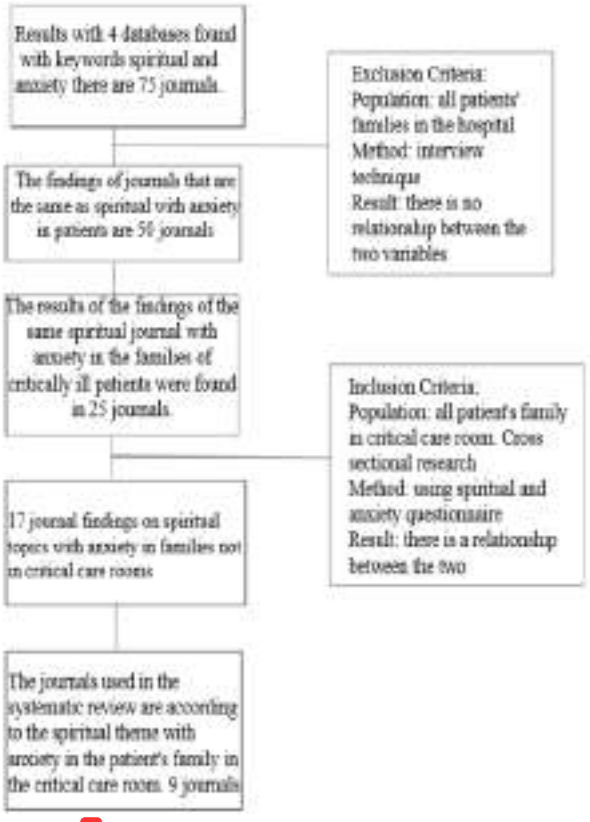
of several contents: the type of article, article title, year, population, and method, by reading data through the full text. The papers obtained will be assessed by the author whether the article is relevant or not. Based on the results of a literature search through publications in four databases and using keywords that have been adjusted to MeSH, the researchers found 75 journals that matched the keywords spirituality and anxiety. The results that have been obtained are then checked for duplication, and it is found that there are 50 journals with spiritual topics with anxiety in patients, then the same journals so that the remaining 25 journals are issued with spiritual topics with anxiety in critical patients. The researcher then conducted a screeningbased on the title. Nine journals were adapted to the systematic review theme, namely spirituality with anxiety in the patient's family in the critical care room. The assessment was carried out based on the feasibility of the inclusion criteria and obtained as many as nine journals that it could use in a systematic review.



Picture 1. PRISMA (Preferred Reporting Items for Systematic Reviews)

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RESULTS AND DISCUSSION

Nine journals met the inclusion criteria related to spiritual concepts with anxiety experienced by the patient's family, especially in the critical care room. Each study discusses how to worship and pray for each individual to reduce the anxiety experienced while waiting for a sick family member at that time. Many factors cause the family's emergence of this anxiety whilein the hospital, from internal factors that influence age, education level, and work, to external factors that influence uncertainty of treatment outcomes, treatment costs, and care environment with various medical devices.

Table 1. Research Result Data Extraction

No.	Author and Year	Method (Design, Sample, Variable, Instrument)	Results
1	(Rahmati *et al.*, 2017)	**Design:** Simple random sampling **Sample:** 34 family respondents in the ICU **Variables:** independent variable (spiritual), dependent variable (family anxiety) **Instruments:** spiritual healing time 45-60 minutes 3 times a week and anxiety questionnaire (STAI)	They were divided into two control groups and intervention groups, each with 17 respondents and the patient's family. The results of Spielberger's mean total anxiety score in the intervention and control groupsbefore the intervention were 117.41 and 111.88, respectively, which means that there is a significant difference in terms of anxiety scores between the two groups before the intervention.
2	(Lukmanulhakim and Firdaus, 2018)	**Design:** consecutive sampling (pre-post test design) Sample: 25 family respondents in the ICU **Variables:** independent variable (anxiety), dependent variable (spiritual) **Instruments:** anxiety questionnaire (HARS) and spiritual counselling.	The average level of anxiety of respondents before spiritual counselling was 33.44, and the standard deviation was 5.213. Meanwhile, after doing spiritual counselling, the average is 18.60, and the standard deviation is 2.582.
3	(Arwati, Manangkot and Yanti, 2020)	**Design:** consecutive sampling (non-experimental design) Sample: 40 family respondents in ICU and ICCU **Variables:** independent variable (spiritual), dependent variable (anxiety) **Instruments:** spiritual questionnaire (Organization Quality Of Life Spirituality) and anxiety questionnaire (HARS-A)	The results showed that the higher the level of family spirituality, the lower the potential for experiencing anxiety. High spiritual outcome 23respondents (57.5%) and mild anxiety 21 respondents (52.5%) The Chi-Square test showed a significant relationship between the level of spirituality and the level of anxiety in the patient's family in the intensive care unit with a p-value = 0.015 <0.05.

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No.	Author and Year	Method (Design, Sample, Variable, Instrument)	Results
4	(Taghipour *et al*., 2017)	**Design:** simple random sampling **Samples:** 123 respondents from the patient's family in the hemodialysis room **Variables:** independent variable (anxiety), dependent variable (spiritual) Instruments: Templer Anxiety Scale anxiety questionnaire and Paloutzian spiritual health questionnaire	123 respondents (mean age 21 to 92 years) 78 (63.4%) were male respondents. The results of the TDAS deathanxiety consisted of 51 items rated from 1 (strongly disagree) out of 51 items rated from 1: strongly disagreeto 5 strongly agree) from 51 to 225. Internal consistency and Chronbach's alpha coefficient (a= 0.89)
5	(Novitarum, 2015)	**Design:** purposive sampling Sample: 20 respondents from the patient's family in the ICU **Variables:** independent variable (spirituality), dependent variable (family anxiety) **Instrument:** spiritual questionnaire and anxiety level	Measurement of the spirituality of 20 respondents, most of the families have good spirituality level 13 respondents (68.4%), four respondents (21.1%) have sufficient spirituality level, and three respondents (10.5%) have less spirituality level.
6	(Aflah, 2017)	**Design:** purposive sampling **Sample:** 32 family respondents in the ICU Variables: independent variable (spirituality) dependent variable (anxiety) **Instruments:** 15-question spiritual questionnaire and anxiety questionnaire (HARS)	The results of the spirituality questionnaire that most of the families of patients treated in the ICU have good spirituality with a total of 29 respondents (90.6%) and sufficient spirituality of 3 respondents (9.4%). The results of the anxiety questionnaire showed that most of thefamily anxiety levels of patients treated in the ICU experienced mild anxiety levels as many as 19 respondents (59.4%), 11 respondents (34.4%) with moderate anxiety levels, and two respondents with severe anxiety levels (6.2%)
7	(Yusuf *et al*., 2016)	**Design:** purposive sampling **Sample:** 30 respondents from the patient's family in the ICU **Variables:** independent variable (spiritual), dependent variable (family anxiety) **Instruments:** audio murrotal spiritual therapy and anxiety questionnaire (DASS 42)	At the pre-test anxiety level, the 25th respondent experienced severe anxiety at point 18, but at the post-test, the respondent experienced a decrease in anxiety at point 14. At the pre-test stress level, the 25th respondent experienced severe stress at point 30, but at the post-test, the respondent experienced stress decreased at point 24 (moderate stress). At the pre-test depression level, 25 respondents experienced mild depression at point 14, but the respondents were no longer depressed at the post-test.

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No.	Author and Year	Method (Design, Sample, Variable, Instrument)	Results
8	(Gufron, 2019)	**Design:** purposive sampling **Sample:** 30 respondents from the patient's family in the ICU **Variables:** independent variable (spiritual welfare), dependent variable (family anxiety) **Instruments:** spiritual debriefing with dhikr and anxiety questionnaire (HARS)	The level of anxiety of the family of patients who are treated in the ICU. Before the provision of spiritual welfare, the level of spiritual welfare was very severe 11 (36.7%), heavy 10 (33.3%), moderate 4 (13.3%), mild 7 (23.3%) and normal 4 (13.3%). After debriefing on spiritual well-being, the level of anxiety for the family of patients treated in the ICU was very severe 2 (6.7%), severe 9 (30%), moderate 8 (26.7%), mild 7 (23.3%), normal 4 (13.3%).
9	(Sari, 2019)	**Design:** quasy experiment pre-post test design **Sample:** 15 respondents, family of patients in critical stroke patients **Variables:** independent variable (spiritual), dependent variable (anxiety) **Instruments:** spiritual healing remembrance of the verses of the Qur'an and anxiety questionnaire (HARS)	Fifteen families of stroke patients before spiritual therapy all experienced anxiety as much as 100%, with an average value of 23.73. The results showed that from 15 families of stroke patients after spiritual therapy, 11 people did not experience anxiety with an average value of 1320.

A review of nine research journals is according to the research inclusion criteria with the independent variable spiritual and the dependent variable anxiety using the correlation method with a cross-sectional approach, the population of all families of patients in critical care. This systematic review has implications for nursingpractice, namely basic human needs and religion's role in everyday life. The practice of spiritual nursing, which is one of the complementary therapies for basic human needs, can be used for intervention in families or patients who experience anxiety. They can do this spiritual therapy in time every day. It can be used as input for room nurses and community nurses. Community nurses can practice in patients with chronic diseases and in people who experience anxiety disorders in living their lives. Nurses can also modify or develop the methods in this article according to nursing care in improving the quality of life in families and chronic disease patients in the community. In addition, it requires evaluation and monitoring of spiritual effectiveness by nurses and levels of health in the community. Most of the patient's

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families in critical care rooms mostly have good spirituality (72%) and a small portion of low spirituality (20%). In this study, spiritual well-being is influenced by the level of development. Whereas one gets older, one's spirituality will get better, and the average age of the respondents is above 30-40 years (Aflah, 2017). It can be seen from the activities of the patient's family, who often pray for the patient to recover his sick family and diligently perform worship. There is an attachment to others in giving hope to one another while in the hospital.

In the results of respondents with low spirituality, the five journals said that because the situation and conditions in patients treated in critical care rooms were getting worse, they forgot to surrender to God Almighty to keep praying and offering. Researchers argue that many factors influence the relationship between spirituality and anxiety in a person. These factors influence the anxiety response, including age, cultural, spiritual values, education, physical condition, coping responses, social support, stage of development, experience and knowledge. Age greatly affects a person's psychology. The higher the age, the better the level of emotional maturity and ability to deal with various problems. Culture and spirituality influence the way a person thinks. The stages of spirituality development start from infancy to middle age, where middle age and the elderly have a lot of time for religious activities and play an active role in life and precious times and are more able to accept death as something that they cannot avoid (Herliawati, Maryatun and Herawati, 2014).

Most of the anxiety is mild (60%), and a small portion is a severe anxiety (30%). Mild anxiety because several respondents have experienced members entering the critical care room resigned to the illness experienced by their family members. Severe anxiety, because respondents do not communicate with family, do not meet in person and are limited to a certain time, related to medical expenses and medical equipment attached to the patient's body. According to Mardiyah (2014), the level of anxiety in the families of patients treated in critical care rooms is still within the adaptive response range because the family receives minimal information. Someone with spiritual such as dhikr and prayer that is done regularly can make the mind calmer. When a person experiences a problem, it can cause various symptoms in a person such as feelings of restlessness and fear, but they can reduce these feelings if they can calm themselves by praying and dhikr. Spirituality is a feeling of harmony from a

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person when he finds a balance between values, goals, and beliefs. In spiritual guidance through the guidance process, it is expected that someone with the nature of awareness and patience, which finally worship for the patient's family, can be carried out well (Gufron, 2019).

The characteristics of respondents related to the spiritual relationship with anxiety in the family in the ICU are listed in a research journal conducted by Novitarum (2015). The result found that respondents experienced mild anxiety levels (57.9%) with good spirituality (68.4%). It is because respondents are, on average, 20-30 years old, female gender. The anxiety of families waiting for patients in critical care rooms can be seen in families who experience anxiety, worry, and fear accompanied by physical sensations such as heart palpitations and difficulty sleeping.Anxiety factors can also be caused by external factors, such as the treatment environment and medical equipment installed on the patient's body. The patient's family in the intensive waiting room still carries out spiritual and religious activities of each individual such as praying, reading the Bible/Spiritual and giving each other the motivation of hope between the families of one another. As for the family of the patient who is still experiencing severe anxiety because the patient being treated is the closest person and the perception in the family is not sure about the treatment carried out by medical personnel. The nine journals describe spirituality as one's faith in God expressed through the formulation of faith and religious practice. In psychology, spirituality is explained as an expression of the motives and impulses in humans that are directed at the depths of their lives and to God. Groups of people in their environment also influence spirituality. Worship also has other benefits that greatly help humanity for its survival in this world and the hereafter. Prayer also changes distress into ease, sadness into happiness. It can even change destiny.

When praying, it will create a sense of self-confidence, a sense of optimism (hope for healing), bring peace, and feel the presence of God Almighty. It is causing the body to respond by secreting several hormones in the limbic system, which then propagate to the hypothalamic neurons, resulting inCRH (corticotrophin-releasing hormone) decrease. It is followed by a decrease in ACTH production by anterior pituitary neurons, which is finally responded by the adrenal cortex with a reduction in cortisol, which decreases anxiety (Berman, Snyder and Frandsen, 2016). With sufficient spiritual understanding, a person feels no

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prolonged anxiety and is confident in dealing with something, including when family members wait for a patient in a critical room. According to Maslow, the success of decreasing anxiety also includes basic human needs, namely the need for security and safety, wherein this needs humans are free from fear or anxiety.

CONCLUSION

The decrease in anxiety was caused by the spiritual services provided to respondents in prayer and tawakkal. This spiritual influence occurs in the patient's family, preoperative patients, and chronic diseases who experience extraordinary and uncontrolled anxiety. With this spiritual result, the average anxiety experienced decreases with the required time. Each respondent has their nature and character to control and believe in the effects of spiritual influences to reduce the anxiety experienced at that time. On average, respondents who experienced high anxiety were female respondents and aged 30-60 years. So spiritual therapy can be applied to the patient's family, preoperative patients and patients with chronic diseases who experience high anxiety as a complementary therapy because it is a cost-effective and straightforward procedure.

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Spirituality and Anxiety in Critical Care Patients' Families: A Systematic Review

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