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Concept of Spiritual Wellbeing in End-of-Life Patients in Emergency Settings: A Literature Review

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ABSTRACT

Spiritual Wellbeing (SWB) is essential in palliative care for end-of-life (EoL) patients. However, its implementation in emergency settings is often overlooked despite the significant spiritual needs of patients at the end of life. This study aims to describe and explain the concept of SWB in EoL patients in the Emergency Setting. The study used a qualitative approach based on concept analysis of the literature. Data were collected from 18 relevant articles purposively selected from international databases (2020-2024). The analysis focused on the attributes, antecedents, and consequences of SWB through thematic evaluation and cross-referencing. The results showed that four main attributes of SWB were identified: relationship with higher power, inner peace, meaning of life, and active role of family and health workers. Antecedents of SWB included clergy and family support, while consequences included improved patient quality of life and reduced anxiety. These findings demonstrate the importance of integrating spiritual care into emergency setting practice. Holistic collaboration between patients, families and healthcare professionals is key to improving the spiritual wellbeing of EoL patients.

INTRODUCTION

Spiritual Wellbeing (SWB) is an intrinsic and essential component of palliative care, which has been central to the understanding of palliative care as defined and recognized by the WHO for nearly 15 years (WHO, 2023). With growing evidence, spiritual care for patients in end-of-life (EoL) conditions is critical and requires professional healthcare providers to deliver such care (Abuatiq, 2015).

Reports indicate the positive impact of spiritual care on the quality of life of patients across all age groups and medical conditions, including cancer, organ failure, and dementia patients (Bailey, Murphy, and Porock, 2011). Moreover, evidence suggests that a lack of spiritual support from healthcare teams is associated with poor quality of life, dissatisfaction with care services, increased costs, reduced utilization of hospice care, and more aggressive treatments, especially among ethnic minority groups and those with high levels of religiosity (Bailey, Murphy, and Porock, 2011).

Despite emerging evidence and its status as a core dimension of palliative care, spiritual care for EoL patients remains one of the most underdeveloped and neglected aspects in emergency settings (Harrad et al., 2019). Death in hospitals is a common occurrence, particularly in emergency units. With aging populations and an increase in chronic illnesses at the end of life, mortality rates in emergency units have also risen, as these settings are frequently utilized for managing various chronic conditions (Harrad et al., 2019).

The principles of emergency room services require an environment conducive to optimal patient observation, rapid service delivery, and healthcare providers' expertise in handling complications and saving lives (Sari and Sidabutar, 2022). Emergency rooms are typically the front-line hospital units designed for easy access in emergencies, including cases involving accident victims, cardiac diseases, cerebrovascular diseases, and sepsis (Ho et al., 2018).

Sudden death frequently occurs in emergency settings, while predictable deaths, particularly among patients with chronic illnesses nearing the end of life, are also common in the same setting. Critically ill patients often die within hours of arriving at the emergency department, making this brief period profoundly meaningful for both patients and their families. However, managing such situations presents significant challenges for healthcare providers, especially in delivering humane and high-quality care under intense pressure and time constraints. This highlights the need for more effective strategies to improve the quality of care for critically ill and dying patients in emergency settings. The World Health Organization recommends improving and integrating palliative care into curative care, from the initial diagnosis to death and post-mortem care. Nurses working across all areas of healthcare have the responsibility to care for patients in their end-of-life stages (WHO, 2023).

Studies related to the concept of SWB for EoL patients in emergency settings are primarily found in literature reviews. Most research has explored the phenomenon of family presence during resuscitation efforts (Harrad et al., 2019). Two studies evaluated nurses' perceptions in the United States regarding support factors and barriers during end-of-life care. One qualitative study in the UK described the phenomenon of caring for EoL patients, revealing that healthcare professionals often neglect palliative care and limit time spent creating a supportive environment, which acts as a barrier to providing critical care (Musa, 2017).

In Australia, emergency department (ED) nurses have inadequate knowledge and competence in palliative care, while in Thailand, the acute focus of care for critically ill patients is primarily managed in the intensive care unit (ICU) rather than the ED (Puchalski et al., 2009).

The aim of this concept analysis is to describe and explain the concept of Spiritual Well-Being (SWB) in End-of-Life (EoL) patients in emergency settings. To date, the application of the concept of Spiritual Well-Being for End-of-Life patients in emergency settings has not been comprehensively explained, and there is limited research focusing on the care of End-of-Life patients in emergency settings.

METHODS

This study employed a qualitative approach with a concept analysis design based on literature. The data sources consisted of research articles relevant to the topic of Spiritual Wellbeing. The population and sample comprised nursing articles published in international

databases, with the following criteria: 1) written in English, and 2) published between 2020–2024. Articles were collected from bibliographic databases such as Web of Science, MEDLINE, CINAHL, and PubMed, resulting in 70 articles. The articles were then reviewed using EndNote, focusing on the attributes, antecedents, and consequences of the concept while removing duplicates and assessing topic relevance (Spiritual Wellbeing) and abstracts. This process yielded 17 articles as the final sample.

Data analysis was conducted systematically to identify emerging patterns and themes related to Spiritual Wellbeing. The findings were presented in thematic descriptions to support a deeper understanding of this concept. The study ensured data validity through cross-referencing across the literature and critical evaluation of relevant sources. The stages of the study are illustrated in Figure 1 below.

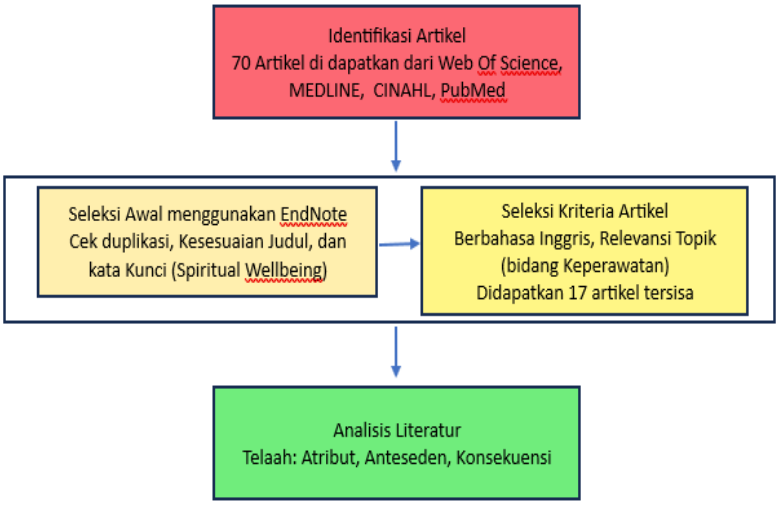

Figure 1. Literature Search Stages

RESULTS

Identifying the Use of Concepts

The initial phase of analysis is identifying the general definition of the term "SWB" (Spiritual Wellbeing). Spiritual Wellbeing refers to a state or quality of life encompassing inner peace, a sense of life's meaning, and a strong connection to spiritual values or beliefs (Musa, 2017).

Although the Oxford Dictionary does not provide an explicit definition of spiritual wellbeing, this concept generally includes the following aspects: 1) Inner peace: a feeling of emotional and mental calmness and stability. 2) Life's meaning: an understanding of one's purpose and meaning in life. 3) Connection to values or beliefs: a relationship with moral or spiritual principles that guide life.

Literature findings outline several definitions based on works from various disciplines, such as medical ethics and healthcare research. The term Spiritual Wellbeing appears in the medical field, where spirituality is defined as referring to philosophical, religious, spiritual, and existential aspects (George et al., 2022).

Spiritual Wellbeing is regarded as a crucial element in assessing the quality of life, particularly in end-of-life conditions. Awareness of the role of religion and spirituality is increasingly growing, especially during end-of-life moments (Ho et al., 2018).

Previous studies in other literature also support the notion that Spiritual Wellbeing or spiritual care has a positive effect on patients' adaptation to illness and limited prognosis (Suhartini, Pasole, and Sobirin, 2023). It serves as a source of strength and courage and holds transformative power for patients, families, and healthcare professionals (Sari and Sidabutar, 2022).

Furthermore, earlier literature introduces a model of Spiritual Wellbeing comprising two dimensions: Religious Wellbeing (RWB) and Existential Wellbeing (EWB) (Ekşi and Kardaş, 2017). There is growing evidence that spiritual care at the end of life is essential for patients who desire professionals to provide such care (Sriwiyanti and Saefudin, 2022). The positive impact of spiritual care on patients' quality of life has been reported across all age groups and patient categories, including cancer patients, organ failure patients, and those with dementia.

Determining Attributes

The next phase in concept analysis is exploring attributes. These attributes, "similar to signs and symptoms," are essential elements that help distinguish a specific concept from related concepts and explain its meaning. Four primary defining attributes have been identified for the concept of Spiritual Wellbeing in End-of-Life patients in an emergency setting, including: 1) Relationship with a higher power; 2) Inner peace and harmony; 3) Meaning and purpose in life; 4) Presence of family and relationships between patients, their families, and healthcare providers (Dang, 2022).

Active Participation of Healthcare Providers, Patients, and Patient Families

A strong attribute defined in this study's analysis is the "Relationship with the Creator/God, peace, meaning of life, life purpose, and the active role of healthcare providers and patient families" (Musa, 2017). In this environment, patient families or family representatives are considered essential participants in the Spiritual Wellbeing of End-of-Life patients in emergency settings, playing a significant role in the process and ultimately being responsible for the patient (Nacak and Erden, 2022).

Previous studies have shown that a lack of spiritual support from the healthcare team is associated with poor quality of life, dissatisfaction with care, less utilization of nursing homes, more aggressive treatment, and increased costs, particularly among minority ethnic groups and those with a high level of religiosity (Harrad et al., 2019).

Collaboration and Partnership

Providing spiritual support by creating a calm atmosphere for prayer, reading sacred texts, meditating, and allowing patients to pray with nurses can provide peace of mind, strength, and reduce anxiety (Musa, 2017).

Effective spiritual interventions involve collaborating with religious experts to provide essential spiritual services such as prayer, ensuring adequate worship facilities for patients, providing spiritual education, and other efforts. These actions are expected to yield positive outcomes (Riahi et al., 2018).

Patients and their loved ones report an improvement in their sense of personal wellbeing after receiving palliative interventions such as spiritual activities like praying and performing religious rituals. Addressing care by engaging in actions such as listening to prayers and providing spiritual counseling represents spiritual efforts that can provide satisfaction to both patients and their families (Riahi et al., 2018).

Achieving Compromise

The third attribute identified from this concept is "Achieving Compromise." This refers to "achieving outcomes through mutual agreement" (Dang, 2022). Nurses believe that the spiritual aspect plays a significant role in supporting patient recovery, even though they may

not always have enough knowledge or a deep understanding of it. They also have to manage heavy workloads, limited time, and a shortage of human resources (Puchalski et al., 2009).

Patients and their families prefer to apply positive strategies over negative ones. The majority of patients have faith in God, and many of them believe that the spiritual care provided by healthcare professionals has helped them cope with stress (Musa, 2017).

Common Goal for Patient Health

The final attribute is the goal "Together for Patient Health." In general, Spiritual Wellbeing can be seen as a process that involves seeking a "common purpose." In most patient studies, the patient's family is involved in this process to achieve specific goals. The use of prayer is a form of spiritual support in caring for patients in emergency care units.

Spiritual wellbeing care enhances the patient's quality of life, makes the patient more satisfied with the medical care provided, and can help prevent or reduce the negative psychological impacts that may arise due to hospitalization (Porter, Cooper, and Sellick, 2014). The concept of Spiritual Wellbeing, as outlined in the literature, describes and explains the idea of Spiritual Wellbeing in end-of-life patients in emergency settings.

Identifying Antecedents and Consequences

"Antecedents are events that must occur before a concept can manifest, while consequences are events that happen as a result. Identifying antecedents and consequences helps explain the social context in which the concept is used and assists in refining the defining attributes: an attribute cannot be both an antecedent and a consequence at the same time" (Dang, 2022).

Antecedent

Identifying "Antecedents" helps describe the attributes or events that occur before the manifestation of a concept (Dang, 2022). Antecedents are the initial causes related to the concept of interest. In this study's analysis, the main antecedent of Spiritual Wellbeing in end-of-life patients in emergency settings is that after a visit from a priest or spiritual leader, the patient feels more prepared to face pain while in the hospital and experiences a sense of inner peace (Muehlhausen et al., 2022).

Patient wellbeing is not only determined by the care provided by nurses and the patient's family but is also influenced by the religious beliefs they hold. The presence of spirituality or religiosity in patients plays a significant role in helping them cope with pain and uncertainty in difficult situations (Ghazalsaflou, 2023).

In such situations, providing spiritual support to patients experienced by family members or close relatives is crucial. Physical presence, physical contact (e.g., touch), and communication received from the family or close relatives are essential. Even when unable to interact with their surroundings, encouraging words are still conveyed to patients in the emergency department. Religious books are provided for patients who hold specific religious beliefs, while family members often engage in joint prayers around the patient's bed to provide spiritual care (Bailey, Murphy, and Porock, 2011).

Consequences

In the concept analysis, "consequences" is defined as a situation that follows the occurrence of a concept. Providing spiritual support by nurses and doctors. Doctors in the emergency care unit aim to offer emotional support to patients without increasing the existing workload (Dang, 2022). They are capable of providing extensive spiritual attention by applying a holistic approach to patients, which comprehensively considers their health history, identity, dignity, beliefs, and wishes. This approach becomes crucial when patients are reluctant to follow medical advice due to their religious beliefs. Instead of continuously forcing patients to adhere to medical guidelines, doctors can attempt to understand the influence of faith in the

patient's life. Listening to concerns about mental health can help strengthen the patient's trust in their doctor (Ho et al., 2018).

Attention to Spiritual Wellbeing is a dynamic and important element where an individual seeks the significance, goals, and transcendental experiences, as well as building close relationships with themselves, their family, other individuals, and society. In prioritizing high-quality nursing care, spiritual care is considered a highly important aspect. Especially in emergency situations, spiritual care is seen as having significant value in supporting healing and the ongoing treatment process. Spiritual care is highly beneficial for patients in critical conditions. It is considered an essential part of emergency care because it helps patients rediscover meaning and purpose in life, enhances their faith and belief, maintains hope, guides love, and provides forgiveness (Michel et al., 2023).

Identifying Related Concepts

The concept of Spiritual Wellbeing in End-of-Life patients in the Emergency setting is a complex concept involving various psychological, emotional, and existential dimensions. The relationship between spirituality and wellbeing in the context of health includes acceptance of terminal conditions (Koenig, 2012). How the patient's understanding of their condition affects their feelings, meaning, and life purpose (Ghazalsaflou, 2023). The psychological aspects of palliative care are relevant to the feelings of loss and vulnerability experienced by patients in terminal care (Michel et al., 2023).

Spiritual support in palliative care, especially in End of Life palliative care, emphasizes the critical role of family and healthcare providers in supporting the spiritual wellbeing of patients (Puchalski et al., 2009). The integration of religious or spiritual beliefs in medical care can enhance the patient's quality of life (Bailey, Murphy, and Porock, 2011). The role of spirituality in alleviating anxiety and existential questions arising as patients approach the End of Life (George et al., 2022).

The conceptual model of spiritual wellbeing obtained can be simplified and is shown in Figure 1 below:

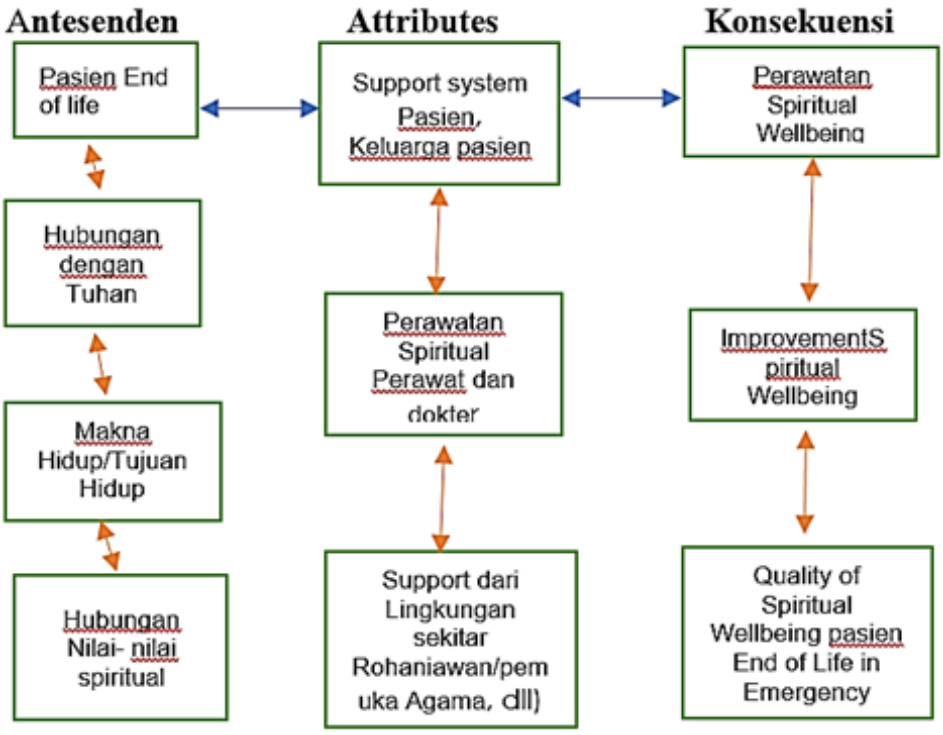

Figure 1. Concept of Spiritual Wellbeing

DISCUSSION

Identifying Related Concepts

The concept of Spiritual Wellbeing in End-of-Life patients in an emergency setting is complex and involves various psychological, emotional, and existential dimensions. Within this context, several concepts are closely related to spiritual wellbeing, such as: the relationship between spirituality and well-being in the context of health, including acceptance in terminal conditions (Koenig, 2012).

Psychological aspects in palliative care are relevant to the feelings of loss and vulnerability faced by patients in terminal care. Spiritual support in palliative care, especially in End-of-Life care, highlights the important roles of family and healthcare professionals in supporting the spiritual wellbeing of patients (Puchalski et al., 2009; Nacak and Erden, 2022). The integration of religious or spiritual beliefs in medical care can improve the quality of life for patients (Harrad et al., 2019). Spirituality plays a role in addressing anxiety and existential questions that arise near the End of Life (Nacak and Erden, 2022).

Identifying the Case Model

To expand the analysis of the concept of Spiritual Wellbeing in End-of-Life patients in an emergency setting, three case study classifications are explained: "The case model shows all the defining attributes of the concept," while borderline cases contain most of the attributes of Spiritual Wellbeing (Musa, 2017; Nacak and Erden, 2022). These two case studies help articulate the meaning of the concept more fully. The final case study is a contradictory case that does not reflect the absence of Spiritual Wellbeing attributes.

Case Model

Mr. A, a 60-year-old man, arrived at the Emergency Room of Hospital X with his wife and child. He was diagnosed with stage 3 lung cancer. The patient presented with complaints of shortness of breath, chest pain, arrhythmia, somnolent consciousness, and vital signs: BP: 80/60, HR: 120 bpm, T: 36°C, SpO2: 85%, RR: 30 breaths/min. The Emergency nurse immediately attached an EKG monitor and a vital sign monitor. The doctor quickly assessed and addressed the patient's oxygen decline and altered consciousness, and managed abnormal vital signs.

The doctor and emergency nurse approached the patient and family. The family, including the patient’s wife and child, explained the patient's condition before arriving at the hospital. The doctor provided an explanation to the family, outlining the risks and benefits of medical treatment for the patient. The family appeared eager to discuss the patient's condition and the best treatment options. They also shared that the patient had been hospitalized frequently for the same condition, but the situation today was worse, as the patient had experienced a decline in consciousness. The family requested the best care for the patient before the end of life.

The doctor and nurse then explained the concept of Spiritual Wellbeing care to the family using a holistic approach. The doctor and nurse listened empathetically to the family, showing attention to their spiritual needs. The nurse contacted the spiritual care department, providing access for the patient and family to communicate with a religious leader according to their

beliefs, offering spiritual support in line with the patient and family's faith. This helped reduce the family's anxiety, supported the patient and family in accepting the patient's condition, facilitated communication between the patient and family, and guided prayer for the patient.

This model case fully demonstrates the four attributes of Shared Decision-Making: active participation of healthcare professionals and patients or collaborative partnerships, achieving compromise, and setting common goals for patient care.

Borderline Case

Mr. A, a 65-year-old male, presented to the emergency department (ED) with severe shortness of breath. After further examination, it was discovered that Mr. A had advanced-stage lung cancer that had metastasized to other organs, with a very poor prognosis. The medical team confirmed that the patient was in the End-of-Life stage, with very limited life expectancy. Mr. A came from a religious family, holding strong religious values and often praying with his family. However, as his physical condition worsened and he was in the ED, Mr. A became anxious and distressed, struggling to accept the reality that he was nearing the end of his life. Mr. A asked the nurse whether his life had meaning and if there was a chance for him to receive forgiveness from God.

The nurse and doctor listened to the patient's spiritual concerns and provided clear information about his prognosis. The presence of a chaplain in the emergency department was essential in offering spiritual comfort and facilitating conversations about life after death, according to the patient's beliefs. Mr. A's family was deeply involved in his care, but given his current condition, they found it challenging. Mr. A requested that his family call a chaplain to help bring him closer to God. The presence of a compassionate nurse and interactions that extended beyond just medical care could improve his spiritual well-being. The nurse and doctor allowed the patient to participate in care decisions, giving him the opportunity to worship according to his beliefs.

Counter Case

Mrs. S, a 65-year-old woman, came to the ED with severe shortness of breath, accompanied by a decreased level of consciousness. After examination, it was found that Mrs. S had advanced ovarian cancer that had spread throughout her body, with a poor prognosis. Mrs. S appeared anxious and frightened, and she was unable to communicate clearly.

Mrs. S felt unable to accept the reality of her situation; she was very angry and frustrated, expressing that God was unfair, and there was no sense of acceptance or spiritual peace. Even when the nurse asked about her religious beliefs and whether she would like to speak with a chaplain, Mrs. S refused. The patient's family was very involved, but they were unsure how to provide emotional and spiritual support. The doctor asked Mrs. S about her life expectancy and the various palliative care options, but Mrs. S remained unfocused and gave incoherent responses. Mrs. S rejected any conversation about her family and future wishes. When the medical team informed Mrs. S that further treatment would focus solely on comfort and pain management, she felt that she had lost all control over her life.

Identification of Empirical References

The final stage of the concept analysis method involves determining empirical references for the defined attributes. Empirical references are measurable ways to demonstrate the emergence of a concept. According to a literature review, patients in the End-of-Life stage

require significant spiritual support to find peace and meaning in life, particularly in the context of palliative care (Dang, 2022). This includes discussing fears about death, feelings of loss, or deeper connections such as with God, or life values. Furthermore, a study on Spiritual Care in Palliative Care highlighted that the role of spiritual care in critical situations is associated with improved quality of life for patients. This support involves spiritual counselors, trained medical professionals, and religious rituals/personal practices such as prayer and meditation. The study also emphasized the importance of training healthcare professionals to recognize and respond to the spiritual needs of patients.

CONCLUSION

This concept analysis identifies four attributes, antecedents, and consequences of Spiritual Wellbeing in End-of-Life patients within the Emergency setting. The role of spiritual care is crucial in addressing the spiritual needs of patients, such as providing teachings, supporting through family prayers, and offering spiritual support from the medical team. This study provides theoretical understanding of Spiritual Wellbeing in the Emergency context and demonstrates that integrated spiritual actions can positively impact the patient's recovery process and enhance their spiritual wellbeing.

To improve the implementation of the Spiritual Wellbeing concept in Emergency settings, it is recommended that nurses actively integrate spiritual actions, such as reading sacred texts or inviting patients to pray together, into daily nursing practices. Healthcare institutions should also provide specialized training for medical staff to understand the importance of spiritual care in the emergency unit. Additionally, further research is needed to develop more effective methods for implementing spiritual care. Healthcare providers are also encouraged to adopt a holistic approach that addresses the physical, psychological, and spiritual needs of patients to improve the quality of care in emergency units.

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