

Nurses Experience in Fulfilling Spiritual Care in Patients with Terminal Illness

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Abstract

Patients with terminal illnesses often experience spiritual distress, so they need to be given spiritual care to increase hope and quality of life and die peacefully. Spiritual care involves the need for meaning in life, self-esteem, self-expression, and support to strengthen faith through prayer. Spiritual care provided by nurses specifically discusses not only religion but also how an individual can relate to other people, the environment or nature, and God. This study contributes to providing insights into nurses' experiences in fulfilling spiritual care for patients with terminal illnesses. The research method used is qualitative with a phenomenological approach. Data collection was conducted using in-depth interviews with seven participants. The data was processed using thematic analysis methods. The results of this study found three main themes: 1) the fulfillment of spiritual care is given in various ways; 2) spiritual care is part of caring; and 3) spiritual care is an integral part of nursing main findings. This study highlights that spiritual care is an essential component of nursing practice for patients with terminal illnesses. By addressing spiritual needs in various ways, nurses can help patients enhance hope, improve quality of life, and achieve a peaceful end of life. Therefore, nurses need to implement spiritual care for patients and families with terminal illnesses, especially those who experience spiritual distress.

Keywords: Nurses experience; Spiritual care; Terminal illness

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1. Introduction

Care for patients must be done with a caring attitude, including by holistically applying and meeting patient needs (Caldeira, 2017; Smith et al., 2020). Holistic care is a nursing service including biological, psychological, socio-cultural, and spiritual dimensions provided to patients, families, and communities (Alhazmi & Kaufmann, 2022; Mantini et al., 2022). One aspect that greatly affects the patient's health status is spiritual needs (Moradi et al., 2025). Spiritual assistance can be given when patients feel lonely, patients who are afraid and anxious, both from their illness and their environment, which can make the patient's feelings chaotic, patients who will face surgery because they are worried about feelings of life and death, and patients who have to change lifestyles, which can have an impact on the complexity of beliefs (Smith et al., 2020). In a worse or better direction, the patient still needs spiritual support. Considering how important the spiritual dimension is to health, spiritual care is necessary to be given to patients

with terminal illnesses (Balen & Merluzzi, 2021; Haghdoost et al., 2021). Contemporary clinical literature defines terminal illness as an irreversible, incurable medical condition characterized by progressive deterioration and a limited life expectancy—typically measured in months rather than years. This conceptualization is supported by a recent systematic review that clarifies these key parameters, even though exact timelines may vary. The lack of consensus on precise life expectancy frames (ranging from weeks to several months) underscores the importance of transparent communication with patients as they approach the end of life (Hui et al., 2013).

The need for spirituality can be given by nurses to patients to keep high spirits in the treatment process; while for families, this spiritual need is given to prepare themselves for losing their loved ones (de Diego-cordero et al., 2022). Many things can make terminally ill people experience wavering in their faith; even patients seem not to

believe in the gift of salvation that God has given them (Mantini et al., 2022).

Seeing the enormous impact of spiritual care from the presence of nurses in fulfilling spiritual needs for patients with terminal illnesses to prevent spiritual distress results in a decline in belief systems that provide strength, hope, meaning, and the quality of life of patients. Therefore, this study contributes to providing insights into nurses' experiences in fulfilling spiritual care for patients with terminal illnesses.

2. Method

This qualitative research uses a descriptive phenomenological approach in accordance with Cresswell's theory, namely, a research design that comes from philosophy and psychology, where researchers describe individual experiences of a phenomenon based on stories from participants and look for the essence of the experiences told by participants (Williams, 2021). In this study, the researcher provided an opportunity for participants to gain nursing experience in fulfilling spiritual care in patients with terminal illnesses through in-depth interviews. It aims to find the basic essence of the conscious meaning of participants' experiences, as well as describe, analyze, and interpret data in-depth, complete, and structured (Alhazmi & Kaufmann, 2022). The data generated are the essence of the experience of participants in fulfilling spiritual care in patients with terminal illnesses in the form of stories of narratives so as to form a meaning.

The study was conducted from February to March 2022 at Stella Maris Hospital, Makassar. Seven participants in the study were determined using purposive sampling. In qualitative research with a phenomenological approach, data saturation is achieved when additional interviews with participants no longer provide new information, themes, or meaningful variations. In this study, seven participants were selected using purposive sampling, and data were considered saturated because the experiences, roles, and barriers of nurses in fulfilling spiritual care for terminally ill patients were consistently repeated. No new insights emerged from subsequent participants, indicating that the number of participants was sufficient to answer the research objectives and capture the essence of the phenomenon under study. The inclusion criteria for participants are (1) nurses who have at least one year of work experience; (2) nurses who have experience in meeting the spiritual needs of patients with terminal illnesses; (3) participants who are physically and mentally healthy; (4) participants are willing and have time to provide information and have signed

informed consent; and (5) participants are able to communicate using Indonesian.

Data were collected through in-depth interviews with nurses caring for patients with terminal illnesses, which were conducted face-to-face at Stella Maris Hospital, Makassar, in order to facilitate direct interaction and obtain a more comprehensive exploration of participants' lived experiences. Before conducting in-depth interviews, the researcher made a contract and provided an explanation of the research procedure. Each interview was conducted for 40-60 minutes per session and recorded using a recording device. The researcher conducted in-depth interviews based on the semi-structured interview guidelines that had been made by providing open-ended questions to each participant. There are three questions asked by the researcher, but these questions develop during the interview process, which depends on the answers and responses of the participants. The questions are 1) a question about the participant's experiences of in fulfilling spiritual care in patients with terminal illnesses, 2) a question about the participant's role in fulfilling spiritual care in patients with terminal illnesses, and 3) a question about participant barriers in fulfilling spiritual care in patients with terminal illnesses. All interview recordings were made into verbatim transcripts, and participants were given a copy of the verbatim transcripts, including the themes that were raised, and given the opportunity to provide suggestions or clarifications.

This research has received ethical approval from the research ethics commission of Hasanuddin University, Makassar, with number 5416/UN4.14.1/TP.01.02/2022. At the time of data collection, each participant signed informed consent to participate in the study and was informed about the research procedure. Research data is also kept confidential.

Data analysis is carried out using thematic analysis methods. Six stages of the thematic analysis, according to Clarke and Braun (2017), are as follows:

1) Familiarize yourself with the data

Researchers repeatedly reread the transcripts of participant recordings until they finally got used to the data. This is to find the meaning of participants' experiences in accordance with the research phenomenon.

2) Creating the Initial Code

To answer the research question, researchers coded the participants' key statements according to the nurses' experience of spiritual care fulfillment in patients with terminal illnesses.

3) Search for themes

Researchers began to categorize the codes generated through participants' key statements that could form themes that are uniform and depend on themes.

4) Theme Review

The researchers reconsidered the preconceived codes to complement the original themes that had already been formed to ensure that the themes formed proved the data quality from the participants.

5) Define and Name the Theme

Researchers set meaningful theme definitions according to data from participants' key statements and name themes concisely.

6) Create Reports

Researchers make reports for the whole stage by compiling written reports related to

research results. There are characteristics of participants, presentation in accordance with the findings of the theme, and discussions of findings adapted to theory and previous research articles.

3. Results and Discussion

Participant Characteristics

The participants involved in this study were 7 nurses. The participants are 25-47 years old, and all participants work as nurses with varying levels of education, namely Bachelor of Nursing and Ners Profession. Each head of room supports researchers in this study to recruit research participants according to inclusive and exclusive criteria.

Table 1. Participant Characteristics (n=7)

Participant	Age (years)	Educational Background	Length of Work (years)	Work Unit (Room)
P1	26	Ners	2	Interna Room
P2	42	Bachelor of Nursing	24	Interna Room
P3	33	Ners	7	Interna and Surgery Room
P4	25	Ners	2	Critical Care Room
P5	35	Bachelor of Nursing	14	Critical Care Room
P6	30	Bachelor of Nursing	10	Pediatric Room
P7	47	Ners	26	Critical Care Room

Analysis of the Findings

Based on the results of data processing, three themes were obtained in this study. The first theme is spiritual care fulfillment, which can be given in various ways; the second theme is spiritual care as part of caring, and the third theme is spiritual care as an integral part of nursing. A complete picture of the themes can be seen in the following figure:

1) The fulfillment of spiritual care can be given in many ways

Some participants stated that they facilitated tools and materials and educated patients and families about the fulfillment of spiritual care. Here are the participant statements.

"We must try to be rich in facilitation, such as wearing hazmat. Suppose there is a Ustad or from another religion willing to pray (P1)"

"By being told to strengthen our father by the nurse to educate his son (P3)"

All participants stated that the way to fulfill spiritual care is for nurses to collaborate with pastoral care to provide prayer services. Here are the statements of two participants in this study.

"There were five thousand and four patients given holy oil by the priest, we call the priest to come to give holy oil (P1)"

"Such as in my hospital, there is a pastoral care department. We call the Religious, if someone needs pray, especially if the condition is deteriorated (P6)"

Some participants stated that in addition to pastoral care, there are also other ways, such as presenting religious figures according to the patient's religion or beliefs. Here are the statements of two participants in this study.

"This is in his spiritual matter anyway. Here, especially in this ICU, there is the spiritual service for critical patients. Well, for Christians we usually help patients call the priest to give the sacrament the pastor to pray. For Muslims, we usually help the patient to call Ustad or we ask the patient's family to call Ustad. (P5)"

"We call the priest if the patient needs pray, especially if his condition has worsened, but... this also applies to all religions. For Muslims, we call Ustad, and so do other religions. (P6)"

Spiritual Care is Part of Caring

Some participants stated that from the spiritual care provided, there were influences on patients such as moving rooms, improving conditions, returning home, and dying peacefully. Here are statements from the statements of some participants.

“But after we take care for days, the parents were also strong in praying anyway. We recommended that the mother and the father do not be discouraged. Don't give up, it will be okay. One day, we treated a patient for two weeks, it was better than (P5)”

*“But afterwards, after pray, it started to be good on the next day. The patient started talking and being conscious. Initially, you tend to sleep and talk well. But if you want to say awareness, consciousness is good *compos mentis* (P1)”*

All participants work as nurses; they provide spiritual care by applying caring principles to patients, such as respecting patients as holistic beings. Moreover, nurses realize that they must be ready to provide services and motivate patients. Here are the statements of some participants.

“Because we, as nurses, we have to take care for patients anyway. So, if the condition of the patients was like this, we just could not bear to leave him/her alone. (P3)”

“Because the patient is a human being, so we respect everything, his psychological, biological, social, and spiritual dimensions. Indeed, he should get before him, for example, well, we do not ask the patient to die. (P2)”

Spiritual care is an integral part of nursing

In general, all participants stated that spiritual care should indeed be provided for patients with terminal illnesses, and it is the right of every human being to receive spiritual care. Here are the statements of some participants.

“The provision of spiritual care for terminal patients is very good. Well, it does not mean very good, how indeed it should be obtained. (P2)”

“But it is a right every human being must receive. (P1)”

“This spiritual treatment is important to give the patient the strength to accept his illness condition (P6)”

Participants also stated that patients with terminal illnesses are generally resigned to their illnesses so that patients have no strength, do not accept the condition when sick, and the hope of recovery is very small. Participants stated that terminal patients are also human beings and need to be given spiritual care in addition to medicine. Here are statements of some participants.

“The provision of spiritual care for terminal patients is very good. Well, it does not mean very good, how indeed it should be obtained. Because the patient is a human being, so we respect everything, biological, psychological, social, and spiritual dimensions. Thus, indeed, he must get before him, for example, well, we do not ask the patient to die (P2)”

“In the terminal phases, there are already many medicines that have entered. Thus, the patient's hope during the terminal phase is already very small. With spiritual care like this, it can bring new hope (P6)”

The fulfillment of spiritual care is given in various ways

Nurses, as nursing care providers, must focus the care provided in accordance with the patient's health needs holistically and comprehensively, covering biological, psychological, sociocultural, and spiritual dimensions. In this case, as health workers, nurses who are 24 hours with patients have the responsibility to accommodate patients so that the patient's basic needs can be met specifically for spiritual needs (Moosavi et al., 2021). Most nurses in this study stated that in fulfilling the spiritual care of patients with terminal illnesses, nurses can act as facilitators and educators. From the participants' perspective, the role of a facilitator means not only providing access to spiritual resources such as religious leaders, scriptures, or a quiet space for worship, but also creating an atmosphere of empathy and openness where patients feel safe to express their spiritual concerns. This role is deeply significant because it allows patients to maintain dignity, find meaning, and foster a sense of peace during the end-of-life process. Meanwhile, as educators, nurses perceive their responsibility as guiding patients and families in understanding the importance of spirituality in coping with illness, providing information about spiritual practices that may support psychological and emotional well-being, and helping them integrate faith or belief systems into daily care. This dual role highlights the holistic nature of nursing care, where participants emphasized that addressing spiritual needs is as essential as

managing physical symptoms, since both dimensions are interconnected in improving the quality of life of patients with terminal illnesses.

As facilitators, nurses provide various necessities such as prayer books, prayer candles, and other spiritual objects that can be used to support the spiritual care process in patients with terminal illnesses. Apart from being facilitators and educators, nurses are also collaborators with the hospital's pastoral care department in presenting

religious figures to provide spiritual support or spiritual guidance in the form of joint prayer and the administration of the sacrament of holy oil to patients with terminal illnesses to overcome the anxiety experienced even to receive their illness. This is supported by research conducted by [Willemse et al., \(2020\)](#), stating that with the availability of spiritual care, elderly patients in the ICU room are able to feel the benefits of spiritual care.

Table 2. Summary of the themes and category

Themes	Category	Coding
The fulfillment of spiritual care can be given in many ways	Nurses act as facilitators and educators	Prepares the equipment needed in the implementation of spiritual care Facilitate families to get involved in spiritual care Educating families about spiritual care Helping patients to bring spiritual care Accompanying patients through prayer
	Nurses collaborate with pastoral care to provide prayer services	Provide spiritual care services in accordance with the patient's religion
	Nurses present religious figures	Communicate with the family regarding the patient's beliefs Carry out spiritual care services according to the request of the patient's family Always ask the patient's family for approval of the action There is a flow of spiritual care services
	There are standard operational procedures in fulfilling spiritual care	
Spiritual care is part of caring	The influence of spiritual fulfillment care: cheerfulness and a peaceful death	Spiritual care services can affect the patient's condition Spiritual care services can increase the patient's spirit to heal Patients who received spiritual care services can die peacefully
	Caring attitude is the basic principle of nurses in fulfilling spiritual care	Have a sense of care and empathy for patients Respect for patients as human beings Conduct therapeutic communication to patients during spiritual care
	Obstacles in carrying out spiritual care	Noisy room situation by another patient Fear of disturbing other patients of other faiths Many patients and families still believe in shaman
Spiritual care is an integral part of nursing	Spiritual care is a must and necessary for terminal patients	Spiritual care is very beneficial for patients Spiritual care is one of the basic needs for patients
	Spiritual care is provided holistically	Spiritual care also includes bio-psycho-social Spiritual care view the human being as a whole

Spiritual Care Is Part of Caring

In fulfilling the spiritual care given to the patient, the nurse must provide motivation and touch so that the patient feels comfortable and appreciated ([Asadzandi, 2020](#)). This statement is supported by [Lusk and Fater \(2023\)](#), stating that nurses spirituality play an important role in healing through caring relationships and recognition of hope. This relationship of care and hope can help patients deal with the fear and uncertainty of their illness ([Brown et al., 2020](#)). According to most participants in this study, the fulfillment of spiritual care has a very important role in the healing of

patients through various spiritual supports such as prayer, motivation, touch, and so on. It is consistent with [Haghdoost, Mobayen and Omid \(2021\)](#), stating that spirituality plays an important role in healing through the relationship of caring and recognition of hope. Furthermore, the care and hope can help patients deal with fear, uncertainty, and anxiety ([Balen & Merluzzi, 2021](#)). Spiritual care applied based on caring attitudes for patients can build trusting relationships between patients, families, and caregivers that can facilitate therapeutic communication so that patients do not lose the meaning of life, are comfortable and calm,

feel valued, and humanize humans until the end of life or die peacefully (Moosavi et al., 2019).

Spiritual care is an integral part of nursing

All participants stated that in the fulfillment of spiritual care should indeed be provided for patients with terminal illnesses, and it is the right of every human being to receive this spiritual care. Moreover, some participants stated that spiritual care needs to be given in addition to physical care through medicine. This statement resonates with research conducted by Hall, Hughes and Handzo, (2019), stating that spirituality is often used as a coping strategy through prayer, meditation, and mindfulness among the many spiritual sources that patients use to help overcome the intensity of pain that patients experience. Thus, spiritual care is indispensable for patients with terminal illnesses to improve the quality of life of patients, increase expectations, reduce the pain experienced by patients, accept, form trusting relationships between patients, families, and caregivers, and die peacefully (Braz et al., 2016). This spiritual care should be given because in applying nursing care, humans are seen as holistic beings that include biological, psychological, socio-cultural, and spiritual dimensions (de Diego-cordero et al., 2022; Nascimento et al., 2016; Sağlam et al., 2021). Therefore, the spiritual dimension can also affect the health of patients with terminal illnesses.

This finding is consistent with previous research showing that spiritual care is a fundamental aspect of nursing practice, especially in the palliative context. In Indonesia, qualitative research among Christian nurses revealed that spiritual support, such as prayer and religious discussion, was perceived as essential for achieving a peaceful death, reflecting the strong influence of cultural and religious values (Sitanggang & Fangidae, 2024). Similarly, a cross-sectional survey demonstrated that Indonesian nurses hold positive perceptions of spirituality and spiritual care but tend to provide it inconsistently, highlighting the need for improved training and integration into daily practice (Baguna et al., 2024). Moreover, quantitative research on Indonesian breast cancer patients indicated that spirituality-focused palliative care significantly enhanced comfort and emotional well-being, reinforcing the therapeutic role of spiritual interventions in local contexts (Widyarti et al., 2025; Wahid et al., 2022). Together, these studies suggest that spiritual care in Indonesia is not only aligned with international recommendations but also deeply rooted in cultural and religious traditions, although gaps in education and practice remain.

4. Conclusions and Suggestions

The findings of this study illustrate that the fulfillment of spiritual care in patients with terminal illnesses is very necessary because it is an integral part of nursing and has an impact not only on patients but also families left behind. Moreover, spiritual care appeared to benefit patients when the patients experienced spiritual distress. The nurse can support the patient by providing spiritual intervention, such as listening to the patient's and/or family's complaints. If the patient or family asks, the nurse can pray with them and provide support and motivation to undergo all the treatment given. Spiritual care is an integral part of nursing. This is supported by the statement by all participants that spiritual care is necessary and even important to be given to patients with terminal illnesses. In addition to medication, prayers and other spiritual supports need to be given to reduce the patient's anxiety and accept the illness they suffered. Future research is suggested to examine how cultural and religious factors influence the provision of spiritual care for terminally ill patients, as well as to evaluate structured interventions that can improve patients' quality of life and reduce spiritual distress. Studies focusing on nurses' competencies and readiness in delivering spiritual care are also needed, along with research on family-centered approaches that address the needs of both patients and their families.

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