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OVERVIEW OF RELIGIOSITY OF INTENSIVE CARE UNIT NURSES: A NARRATIVE REVIEW

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ABSTRACT
The high demands on intensive care unit (ICU) nurses can be a source of stressors and cause distress for nurses. When nurses lack effective coping skills to deal with problems in the workplace, this can add to the stress levels of ICU nurses. Nurses' religiosity can affect nurses' beliefs in carrying out their duties as ICU nurses. The purpose of this narrative review was to understand and describe the religiosity of nurses in the intensive care unit. The method used was a narrative review with researchers searching for articles from quantitative and qualitative studies collected from electronic databases such as Pubmed, EBSCO, Cinahl, Science Direct, and Google Scholar, with keywords: religiosity, nurse, intensive care unit. We found ten articles and identified four themes related to the topic, namely: 1) the impact of nurses' religiosity, 2) dimensions of nurses' religiosity, 3) factors affecting nurses' religiosity, and 4) instruments to measure religiosity, namely: CRS, DSES, SSCRS, DUREL, PFS, PEMS, DRIS-F, MQS-T, and NSCTS.

Keywords: intensive care unit; nurse; religiosity

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INTRODUCTION

Intensive care unit (ICU) is a room with special equipment to provide strict treatment for patients with critical conditions, as well as patients who have undergone surgery and require intensive care to help recovery. Critical conditions experienced by ICU patients require intensive observation, monitoring and treatment of patients with critical conditions requiring continuous support of vital organ fundi (Christensen & Liang, 2023). Intensisive Care Society (2023), Explaining patient care in the Intensive Care Unit (ICU) involves professions from various disciplines, namely doctors, nurses, and other health workers. Intensive care unit (ICU) nurses carry out strict monitoring for 24 hours. Intensive care unit (ICU) nurses are responsible for maintaining the patient's condition to prevent further deterioration and complications through close observation and monitoring (Ummu, 2020). Thus Intensive care unit (ICU) nurses are expected to have the knowledge, skills, and preparedness in handling critical patients when experiencing physiological changes or changes in organ function (Ramadhanti, 2017).

The demands that must be met by ICU nurses can lead to a sense of pressure and become a source of stressors for nurses. When nurses lack effective coping skills in the workplace, this can result in stress for ICU nurses (Mulyani & Ulfah, 2017). According to Pratama et al (2020), ICU nurses' stress arises due to tenure caused by boredom or saturation, workload due to work demands that must be completed, organisation due to role conflict, career development in the organisation, the state of the organisation's employees, frequent changes in the organisation, the atmosphere of the place of work, loyalty divided between the will of the organisation and one's own will, responsibility for the needs of patients during the healing

period and moral responsibility to care for patients (Pratama et al., 2020). The emotional burden of ICU nurses can result from misunderstandings between nurses and families and patients, moral distress, as well as withdrawal strategies in patients, and nurses' decision-making in patient care and end of life care (Almansour Issa & M., 2021). According to McAndrew et al (2016), that moral distress experienced by nurses can also result from advances in medical technology, stressful work environments, and frequent exposure to end of life situations (McAndrew et al., 2016).

Nurses may often experience inner tension while providing care in the ICU. Self-approach with spirituality and religiosity can overcome nurses' stressors, and the religiosity approach can also influence patient care (Taylor et al., 2019). Religiosity in general, has been associated with positive outcomes in one's life such as higher self-esteem, better quality of life, and psychological well-being. In an Iranian study, which examined religious coping and nurses' quality of work life, it was found that positive religious coping was associated with a high level of quality of work life (Bagheri-Nesami et al., 2017). The level of religiosity of nurses has a positive influence on nurses' attitudes and perceptions in clinical practice, and it is important to increase competence awareness in addressing the dimensions of religiosity in patients (Cordero et al., 2018).

Taylor et al. (2019), stated that nurse religiosity is a drive, thoughts, behaviour, and beliefs, so that it will have an impact in providing empathic care and maximum spiritual support. Intrinsic religiosity, beliefs, frequency of participating in religious activities, routine worship, and frequency of prayer have a positive impact on nursing care. Fradelos et al. (2020), explained in his research in a Greek hospital that nurse religiosity has a positive impact, such as increasing nurses‘ higher self-esteem, better quality of life, and psychological well-being, and nurse religiosity reduces nurses’ depression and anxiety levels. Religiosity will have an impact on health services specifically in the intensive care unit (ICU). Therefore, it is important to conduct research on the level of religiosity of nurses, but there are not many studies related to the level of religiosity of nurses, especially in the intensive care unit (ICU) so it is necessary to conduct a narrative review as a first step. The purpose of this narrative review is to gain a deeper understanding of the level and role of religiosity of nurses working in the Intensive Care Unit (ICU).

METHOD

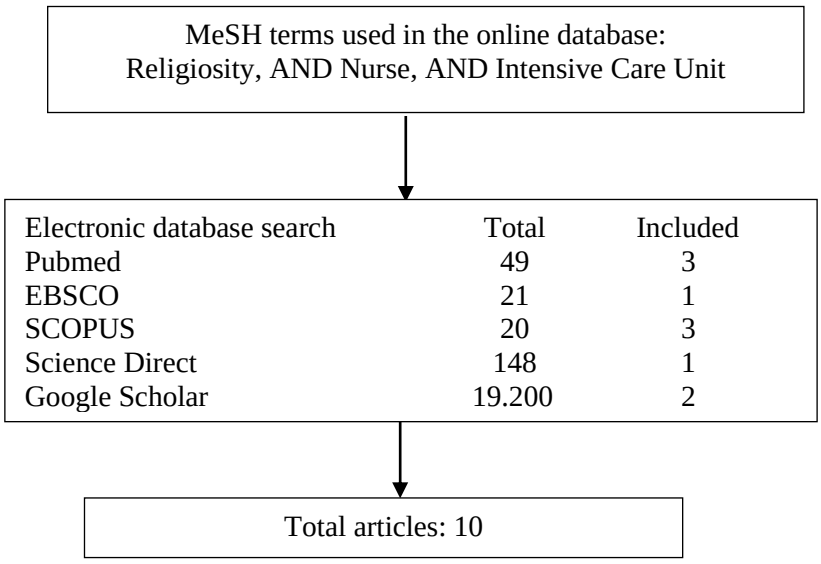

Figure 1: Article search method

The method used in the narrative review is to search for articles from quantitative and qualitative studies, collected from electronic databases such as Pubmed, EBSCO, Scopus, Science Direct, and Google Scholar, using the keywords MeSH Terms: religiosity AND nurse AND intensive care unit. The articles obtained will be entered into reference management, namely EndNote. Narrative reviews used in English, published from 2010 to the present, are research articles and have full text. The population in the reviewed article is the religiosity of intensive care unit (ICU) nurses. The article search method can be seen in Figure 1.

RESULT

We obtained ten articles through Pubmed 3 articles, EBSCO 1 article, Scopus 3 articles, Science Direct 1 article and Google Scholar 2 articles. From the ten articles, we found four themes as follows:

Impact of Religiosity on Nurses

According to research conducted by Fradelos et al. (2020), two public hospitals in Greece on 378 nurses consisting of 84 men and 294 women, it was found that there was a relationship between religiosity and nurses' psychological well-being. Religiosity has a positive impact on nurses' lives, such as higher nurse self-esteem, better nurse quality of life, and psychological well-being, and the level of religiosity of nurses can reduce the level of depression and anxiety of nurses. Interviewing 19 families of patients in the ICU of a public hospital in Athens Greece, the theme was that religiosity was related to the presence of a place of worship, belief in God's power, prayer and religious practice. In addition, it was also found that nurses‘ religiosity had a positive impact in alleviating negative emotions, giving strength, and even increasing nurses’ belief that patients with critical conditions may still have hope of recovery (Plakas et al., 2011).

In contrast to research conducted by Juranic et al. (2023), in the ICUs of four of the largest hospitals in eastern Croatia, dialysis units and oncology wards, interviews with 279 nurses found that the impact of religiosity on them, namely experience, trust relationships, level of confidence that can support decision-making in appropriate treatment. In line with research conducted by Christopher (2010), It was found that there is a relationship between intrinsic religiosity and healthcare organisations should encourage their employees to be religious (n=231). Nurses' religiosity makes them more prepared when patients receive treatment that is in line with the patient's religious beliefs (Christopher, 2010).

Research conducted by Taylor et al. (2019), through an online survey of 358 participants in Latin American countries, found that higher intrinsic religiosity leads to better spiritual care. Similarly, those who regularly attended religious activities provided more spiritual care services than those who rarely attended religious activities. Intrinsic religiosity, faith, frequency of attending religious activities, regularity of worship, and frequency of prayer have a positive impact on nursing care. While the research conducted by Farzanegan et al. (2021), in the country of Iran from 2007 to 2015 with 4200 ICU patients that religiosity impacts feelings, thoughts, experiences, and emergent behaviours. In addition, the level of religiosity of patients and families impacts physiological changes and further treatment process decisions. According to Taylor et al. (2014) conducted interviews with 14 participants in an American hospital, the themes were belief in divine providence, a religious approach to spiritual care, prayer, and respect for the patient's spirituality or religiosity. Religiosity has a positive impact on nurses' ability to cope with stress when caring for critical patients in the ICU.

Dimensions of Religiosity

Dimensions of nurse religiosity according to Fradelos et al. (2020), including the dimension of religious knowledge (intellectual dimension) that the experience of nurses who have knowledge and ability to explain religious views, the dimension of belief (ideology) that the experience of nurses who have a level of belief can provide a sense of belief in God's power over the patient's condition, the dimension of public practice (public practiice) that the experience of nurses who have a religious community in public participation in religious activities that aim to be more religious, the dimension of private practice (private practice) that nurses' experience of personal faith values can support the level of belief, and the dimension of religious experience (religious experience) that the experience of nurses who experience several kinds of direct contact with the reality of the most emotionally large. In contrast to Plakas et al. (2011), that religiosity includes three themes, including religious affiliation, participating in aspects of religious activities (e.g. prayer, participation in religious activities), belief in religion (e.g. relationship with God's power, belief in scripture), and the importance of religion. Religiosity can positively affect patients with critical conditions, as God's power can make it possible to recover from their illness.

Factors Influencing Nurses' Religiosity

According to Fradelos et al. (2020), revealed that there are several factors that influence nurses' religiosity, including female gender ($p = 0.00001$), religious beliefs and experiences ($p = 0.00001$), marital status ($p = 0.004$). This shows that gender, beliefs, religious experiences, and marital status show a significant influence on nurses' religiosity. However, of the three factors, the female gender has higher religiosity in religious practices. Research conducted by Plakas et al. (2011), found that nurses' religious problems are caused by negative emotions (e.g. depression, uncertainty, fear, anxiety), the environment, and participation in religious practices and beliefs, and found that women are more religious than men. This religiosity is expressed through regularly attending worship activities, belief in God's power, praying, and performing religious rituals, which aim to relieve negative emotions and increase feelings of hope and strength. Religiosity was identified as a very important source of coping and a source of strength, hope, and courage for relatives of ICU patients in Greece, as an effective and encouraged source of coping in the ICU setting**.**

Whereas according to Juranic et al. (2023), that spiritual experience, decision-making, and workload when providing EOLC which showed a significant influence with the level of religiosity ($p = <0.01$). This study shows that nurses who provide EOLC, and especially those with high levels of religiosity and spiritual experience, mostly disagree with dysthanasia decision-making. According to Christopher (2010), revealed that there is a high relationship between a nurse's intrinsic religiosity and a patient's belief in religion ($p = <0.05$), and there is a relationship between empathy and nurse religiosity ($p = 0.002$). So nurses with higher levels of intrinsic religiosity and empathy will be willing to provide care to EOL patients. Nursing practice based on the religious beliefs of a nurse in improving clinical experience and supporting nurses to understand the patient's condition, and the patient's belief in religion can accept the treatment process.

Religiosity Instrument

Research instruments used by Fradelos et al. (2020), is the Centrality of Religiosity Scale (CRS) instrument from Huber in 2003 to assess the importance of religion for personality. Religiosity includes five aspects, namely intellectual dimension, belief (ideology), public practice, private practice, religious experience. The scale consists of two subscales: religious practices and beliefs and religious experiences. All items are answered with a 5-point Likert

scale, i.e. never, rarely, sometimes, often, and very often, ranging from 1 to 5. The CRS scale has been translated into Greek and its validity test results were 0.417-0.856 and its reliability obtained values of 0.839-0.970, Cronbach alpha 0.92-0.96 in the Greek population (Fradelos et al., 2020).

While the research instruments used by Juranic et al. (2023), using the Daily Spiritual Experience Scale (DSES) instrument designed by Underwood and Teresi, measuring how respondents self-assessed the frequency of daily spiritual experiences when providing EoLC. The reliability of the DSES scale was tested using a Cronbach alpha coefficient of 0.95 comprising 16 items, with a 6-point Likert scale, the first 15 items where 1 is never or almost never and 6 is many times a day, while the last item is to assess their level of closeness to God on a 4-point Likert scale, where 1 is not close and 4 is as close as possible. The total score range is 16-94 points, with higher scores indicating more frequent spiritual experiences and feeling closer to God (Juranic et al., 2023).

Instruments used by Christopher (2010), to look at intrinsic religiosity modified from Maltby and Lewis (1996), using 19 questions with points strongly agree, agree, neutral, disagree, and strongly disagree. Religiosity was used to create intrinsic and extrinsic variables. The Cronbach alpha scale for intrinsic was 0.820 and the Cronbach alpha scale for extrinsic was 0.555. The intrinsic religiosity variable included statements such as: Yes it is important for me to spend time in personal thought and prayer'. While the variable measuring extrinsic religious beliefs 'I go to places of worship to help me make friends' (Christopher, 2010). Research conducted by Santos et al. (2021), using the Spirituality and Spiritual Care Rating Scale (SSCRS) instrument from McSherry et al. (2002), which was translated into Portuguese. The SSCRS has a validity result with a Cronbach alpha of 0.733 and consists of 5 points, namely strongly agree, strongly agree, agree, disagree, strongly disagree, and strongly disagree.

Whereas in the research conducted Taylor et al. (2019), using several instruments, namely:

1) Koenig & Bussing's (2010) Duke Religion Index (DUREL) instrument, which measures three variables, namely organised religiosity, personal religiosity, and intrinsic religiosity (i.e., how deeply one's religion is experienced and lived). Using a 6-point Likert scale of more than once a week to never, test-retest reliability was observed to be 0.91 (intraclass coefficient) and internal reliability (Cronbach alpha) between 0.78 and 0.91 in previous studies. Factor analysis has supported the existence of its subscales, and correlations between DUREL and other measures of religiosity range from 0.71 to 0.86. In this study, the Cronbach alpha was 0.88 (Taylor et al., 2019).
2) Krause & Chatters' (2005) Prayer Frequency Scale (PFS) instrument, this scale consists of nine items that measure the frequency of specific prayer experiences or content on a 4-point scale from never to very often. The items begin by asking, 'When you are alone, how often do you?' and ask about prayers for materials, health, guidance, others, and God's will; it also asks about experiences of meditative prayer. Factor analysis of this study's data supported the dimensionality of the scale (with all items loading between 0.49 and 0.81, and explaining 53.8% of the variance), as well as internal reliability (Cronbach's alpha 0.89) (Taylor et al., 2019).
3) Putney & Middleton's (1961) Personal Evangelism Motivation Scale (PEMS) instrument, three items from the Dimensions of Religious Ideology Scale, Fanaticism (DRIS-F) were adapted and tested along with nine items developed by this research team to measure a person's tendency to spread religious beliefs. Items from the DRIS-F measure 'orientation towards others regarding beliefs. When Putney and Middleton tested this scale on 1,126

college students 50 years ago, the fanaticism subscale moderately correlated with authoritarianism, orthodoxy, and conservatism thus confirming its validity. Factor analysis of the 12 PEMS items (with 7-point Likert-type response options ranging from strongly disagree to strongly agree) revealed that the PEMS is a unidimensional scale explaining 55.2% of the variance; all items loaded between 0.50 and 0.85. Cronbach alpha with this sample was 0.92. Example items include 'I look for ways to share my beliefs with others' and 'There are eternal consequences for not sharing my beliefs with others' (Taylor et al., 2019).

4) The Multidimensional Quest Scale, Tentativeness (MQS-T) instrument by Beck and Jessup (2004), that emphasises religious questions over definitive answers and the view that doubt is a positive experience (p.285). The MQS-T consists of 10 items with 7-point Likert-type scale response options of strongly disagree, disagree, agree, rarely agree, strongly agree. Correlations with various other measures of religiosity suggest that doubt is a 'soft' quest involving curiosity, openness, doubt, and struggle that can occur even within the boundaries of religious traditions (Beck & Jessup., 2004). In this study, the Cronbach alpha value for the MQS-T was 0.86 (Taylor et al., 2019).
5) Taylor's (2008) Nurse Spiritual Care Therapeutics Scale (NSCTS) instrument, includes 17 items that measure the frequency of nursing practices that are considered spiritual care. The items reflect nursing and expert opinion, and include practices that are considered appropriate for patients from a spiritual perspective and are unique to spiritual care rather than psychosocial care or simply good care. The 5-point answer options were never, rarely, once a month, once a week, very often. The validity test result was 0.88, factor analysis showed all items loaded between 0.41 and 0.84 on one factor and explained 50% of the variance, and internal reliability alpha was 0.94 (Taylor et al., 2019).

DISCUSSION

Religiosity is a person's belief and attitude towards religious teachings and belief in God's power. Religiosity provides strength, hope, and courage for positive behaviour which includes calmness, serenity, optimism, support, belief in God's miracles, the positive power of prayer, and the belief that prayer leads to better care. Things that can affect a person's negative emotions include sadness, worry, uncertainty, suffering, fear, and hopelessness. Religiosity as a source of effective coping provides strength, hope, and courage for nurses in caring for patients and families in the ICU room. The process and aspects, such as participation in religious activities, faith in God, praying and performing rituals, as well as ICU environmental conditions (Plakas et al., 2011).

Nurse religiosity refers to the behaviours and attitudes that nurses display regarding religion when performing nursing actions. Religiosity examines how a person's religious attitudes affect the way they live and interact with others. Religiosity is measured by assessing whether the belief is intrinsic or extrinsic. Intrinsics seek to live their religion in everything they do, and extrinsics seek to practice their religion in everything they do to achieve other goals, such as security and social status (Christopher, 2010). Nurses' religiosity is a personal resource for nurses when providing care to critically ill patients (Taylor et al., 2014). Religiosity is generally associated with higher ethics, where nurses seek to provide holistic, patient-centred care that respects various aspects of the human person, including the spiritual. Psychological screening and support is considered an effective and beneficial aspect of care for patients (Taylor et al., 2019).

Based on the results of the study revealed the impact of religiosity of ICU nurses can support nurses psychologically with the level of work in the ICU environment that needs caution,

making the right decisions, establishing a trusting relationship between patients and families, and providing spiritual support to critical patients (Fradelos et al., 2020; Juranic et al., 2023; Plakas et al., 2011; Taylor et al., 2019; Taylor et al., 2014). In addition, the religiosity of healthcare organisations should be encouraged to be more religious (Christopher, 2010), and the level of religiosity of patients and families impact physiological changes and decisions in the treatment process while in the ICU (Farzanegan et al., 2021).

Fradelos et al. (2020), revealed in his research in Greece using the Centrality of Religiosity Scale (CRS) developed by Huber and assessing the importance of the meaning of religiosity in personality, including five dimensions or aspects of religiosity including religious knowledge (intellectual dimension), belief (ideology), public practice (public practiice), private practice (private practice), and religious experience (religious experience). The results of his research explain that there is a relationship between religiosity and nurses' psychological well-being. Other findings reveal that regularly participating in religious activities can reduce nurses‘ depression and anxiety, increase nurses’ beliefs and religious experiences, and provide comfort. Whereas in research Plakas et al. (2011), revealed three themes including religious affiliation, participating in aspects of religious activities, and belief in religion. In this case, the level of religiosity is a major source of hope, strength, and courage, and religiosity is an effective treatment for critical condition patients and their families. Based on the results of the study, it was found that factors that influence the religiosity of ICU nurses, including gender, beliefs, decision-making attitudes, religious experiences, religious practices, marital status, emotionality, ICU environment, workload, intrinsic religiosity, and empathy.

In line with research according to Smith (2012), shows that women are more religious than men. Reinforced by research Lopez et al. (2014) where female nurses tend to have a higher level of religiosity than male nurses. However, different research by Sevinc & Ozdemir (2023), found that age and educational status affect religiosity. Reinforced by research White et al. (2018) the level of education and culture of nurses is proven to have an impact on the religiosity of nurses (White et al., 2018). However, education about spirituality and religiosity in the nursing curriculum can support this aspect of patient care (Espinha et al., 2013). Whereas according to Wu et al. (2016), that nurse education and willingness can strengthen the provision of spiritual care.

According to Ntantana et al. (2017), the impact of religious beliefs on ICU staff satisfaction in providing life-sustaining care. Reinforced by research Shoorideh et al. (2016), that ICU nurses' religious beliefs can influence responses to moral distress positively and negatively. This is because nurses' religiosity is influenced by attitudes, knowledge and levels of belief, which impact on clinical practice and decision-making (Beydokhti et al., 2014; Tomasso, Beltrame, & Lucchetti, 2011; White et al., 2018). It is important for nurses to provide holistic nursing care that views spirituality as a part of nursing care that must be fulfilled as the fulfilment of spiritual care has an impact on healing and emotional support for patients during illness or difficult times (Supriyadi et al., 2021), and spirituality can also reduce the anxiety levels of patients (Mustajidah et al., 2023). According to Perera et al. (2018), that there is a relationship between nurse religiosity and emotional and decision-making in nursing. The role of religion and spirituality can control high levels of stress, emotions and workload.

Fabbris et al. (2017), that nurses‘ religiosity, specifically regular participation in religious activities and spiritual well-being, may play a role in reducing nurses’ anxiety. This is supported by research Felicilda-Reynaldo et al. (2019), that religiosity shows a positive

impact on physical, psychological, and work environment health. Different White et al. (2018), found there was a relationship between intrinsic religiosity and ethical decision-making. Other research according to Mensah et al. (2019), that religiosity was found to have a positive impact on job satisfaction amongst nurses. Reinforced by Nascimento et al. (2013), that nurses‘ understanding of spirituality and religiosity influences clinical practice, with the belief and support of nurses’ training. This can support nurses' coping in managing work stress (Perera et al., 2018). According to Kaliampos & Roussi (2017), that religious coping as a predictor of positive affect in patients with critical conditions. Fouka et al. (2012), explained the implementation of religious rituals by families, which provides a sense of connection with God and encourages.

CONCLUSION

Narrative review conducted from 10 articles on the religiosity of intensive care unit (ICU) nurses found a positive impact on nurses, namely as educative, saviour, peace, social supervision, solidarity, transformative, creative, sublimative. Nurses' religiosity found 5 dimensions including intellectual dimension, ideology, public practice, private practice, and religious experience, revealing that religiosity as a source of effective coping provides strength, hope, and courage for nurses in caring for patients and families in the intensive care unit (ICU). While the factors affecting the religiosity of nurses include education, knowledge, attitudes, perceptions, social pressure, experience, intellectual, intensive care unit environment. Instruments to measure religiosity are: CRS, DSES, SSCRS, DUREL, PFS, PEMS, DRIS-F, MQS-T, and NSCTS. Instrument suggestions are recommended from the literature, namely the Centrality of Religiosity Scale (CRS) which reveals 5 dimensions of religiosity.

REFERENCES

Almansour Issa, & M., A. R. N. (2021). Communicating prognostic information and hope to families of dying patients in intensive care units: A descriptive qualitative study. *J Clin Nurs, 30*(5-6), 861-873. doi:10.1111/jocn.15630

Alshehry, A. S., Almazan, J. U., & Alquwez, N. (2020). Influence of Religiosity on the Saudi Nursing Students' Attitudes Toward Older People and Perceptions on Elderly Care. *J Relig Health, 59*(6), 2701-2714. doi:10.1007/s10943-019-00857-z

Bagheri-Nesami, M., Kazemi, A., Goudarzian, A. H., Nasiri, F., Davari, J. J. I. J. o. P., & Sciences, B. (2017). Association between religious coping and quality of working life in nurses. *11*(1).

Beydokhti, T. B., Tolide-ie, H. R., Fathi, A., Hoseini, M., & Bahari, S. G. (2014). Relationship between religious orientation and moral sensitivity in the decision making process among nurses. *Iranian Journal of Medical Ethics History of Medicine, 7*, 48-57.

Christensen, M., & Liang, M. (2023). Critical care: A concept analysis. *Int J Nurs Sci, 10*(3), 403-413. doi:10.1016/j.ijnss.2023.06.020

Christopher, S. A. (2010). The relationship between nurses' religiosity and willingness to let patients control the conversation about end-of-life care. *Patient Educ Couns, 78*(2), 250-255. doi:10.1016/j.pec.2009.05.018

Cordero, R. D., Romero, B. B., de Matos, F. A., Costa, E., Espinha, D. C. M., Tomasso, C. S., . . . Lucchetti, G. (2018). Opinions and attitudes on the relationship between spirituality, religiosity and health: A comparison between nursing students from Brazil and Portugal. *J Clin Nurs, 27*(13-14), 2804-2813. doi:10.1111/jocn.14340

Espinha, D. C. M., de Camargo, S., Silva, S. P. Z., Pavelqueires, S., & Lucchetti, G. J. R. g. d. e. (2013). [Nursing students' opinions about health, spirituality and religiosity]. *34 4*, 98-106.

Fabbris, J. L., Mesquita, A. C., Caldeira, S. M., Carvalho, A. M. P., & Carvalho, E. C. d. (2017). Anxiety and Spiritual Well-Being in Nursing Students: A Cross-Sectional Study. *Journal of Holistic Nursing, 35*, 261 - 270.

Farzanegan, B., Elkhatib, T. H. M., Elgazzar, A. E., Moghaddam, K. G., Torkaman, M., Zarkesh, M., . . . Miller, A. C. (2021). Impact of Religiosity on Delirium Severity Among Critically Ill Shi'a Muslims: A Prospective Multi-Center Observational Study. *J Relig Health, 60*(2), 816-840. doi:10.1007/s10943-019-00895-7

Felicilda-Reynaldo, R. F. D., Cruz, J. P., Papathanasiou, I. V., Helen Shaji, J. C., Kamau, S. M., Adams, K. A., & Valdez, G. F. D. (2019). Quality of Life and the Predictive Roles of Religiosity and Spiritual Coping Among Nursing Students: A Multi-country Study. *J Relig Health, 58*(5), 1573-1591. doi:10.1007/s10943-019-00771-4

Fouka, G., Plakas, S., Taket, A. R., Boudioni, M., & Dandoulakis, M. (2012). Health-related religious rituals of the Greek Orthodox Church: their uptake and meanings. *Journal of nursing management, 20 8*, 1058-1068.

Fradelos, E. C., Alikari, V., Vus, V., Papathanasiou, I. V., Tsaras, K., Tzavella, F., & Lekka, D. (2020). Assessment of the relation between religiosity, anxiety, depression and psychological resilience in nursing staff. *Health Psychol Res, 8*(1), 8234. doi:10.4081/hpr.2020.8234

Juranic, B., Vcev, A., Vuletic, S., Rakosec, Z., Roguljic, D., Miksic, S., . . . Lovric, R. (2023). (Dis)Agreement with Dysthanasia, Religiosity and Spiritual Experience as Factors Related to Nurses' Workload during End-of-Life Care. *Int J Environ Res Public Health, 20*(2). doi:10.3390/ijerph20020955

Kaliampos, A., & Roussi, P. (2017). Religious beliefs, coping, and psychological well-being among Greek cancer patients. *Journal of Health Psychology, 22*, 754 - 764.

Lopez, V., Fischer, I., Leigh, M. C., Larkin, D., & Webster, S. J. J. o. T. N. (2014). Spirituality, Religiosity, and Personal Beliefs of Australian Undergraduate Nursing Students. *25*, 395 - 402.

McAndrew, Natalie Susan Leske, Jane Schroeter, & Kathryn. (2016). Moral distress in critical care nursing: The state of the science. *Nursing Ethics, 25*(5), 552-570. doi:10.1177/0969733016664975

Mensah, H. K., Asiamah, N., & Azinga, S. A. (2019). The association between nurses' religiousness and job satisfaction. *International Journal of Ethics Systems*

Mulyani, Y., & Ulfah, L. (2017). Hubungan mekanisme koping dengan stres kerja perawat IGD dan ICU di RSUD Ulin banjarmasin. *J AL-ULUM: Jurnal Ilmu Sosial Dan Humaniora, 3*(2).

Mustajidah, M., Nurhayati, N., Muhaimin, T., Anwar, S., & Basri, A. A. (2023). Reduction of Anxiety Through Islamic Spiritual Mindfulness Based on Breathing Exercise in Hypertensive Patients. *Indonesian Journal of Global Health Research, 5*(4), 985-992.

Nascimento, L. C., Santos, T. d. F. M., Oliveira, F. C. S. d., Pan, R., Flória-Santos, M., & Rocha, S. M. M. (2013). Spirituality and religiosity in the perspectives of nurses. *J Texto Contexto-Enfermagem, 22*, 52-60.

Ntantana, A., Matamis, D., Savvidou, S., Marmanidou, K., Giannakou, M., Gouva, M., . . . Koulouras, V. (2017). The impact of healthcare professionals' personality and religious beliefs on the decisions to forego life sustaining treatments: an observational, multicentre, cross-sectional study in Greek intensive care units. *J BMJ Open, 7*.

Perera, C. K., Pandey, R., & Srivastava, A. K. J. P. S. (2018). Role of Religion and Spirituality in Stress Management Among Nurses. *63*, 187-199.

Plakas, S., Boudioni, M., Fouka, G., & Taket, A. (2011). The role of religiosity as a coping resource for relatives of critically ill patients in Greece. *Contemp Nurse, 39*(1), 95-105. doi:10.5172/conu.2011.39.1.95

Pratama, Y. D., Fitriani, A. D., & Harahap, J. (2020). Faktor Yang Berhubungan Dengan Kejadian Stres Kerja Pada Perawat Icu Di Rsud Dr. RM Djoelham Binjai Tahun 2020. *Journal Of Healthcare Technology Medicine, 6*(2), 1236-1249.

Ramadhanti, H. F. (2017). *Hubungan Antara Strategi Coping Dengan Psychological Distress Pada Perawat ICU*. Universitas Mercu Buana Yogyakarta,

Santos, dos, P. M., Rodrigues, Sousa, K. d., Pinheiro, Andrade, L., . . . Magro, M. C. d. S. J. R. d. E. d. E. d. U. (2021). Religious and spiritual support in the conception of nurses and families of critical patients: a cross-sectional study. *55*.

Sevinç, S., & Ozdemir, S. (2023). Nurses' spirituality and resilience during the month of Ramadan. *JPMA. The Journal of the Pakistan Medical Association, 73 6*, 1226-1230.

Shoorideh, F. A., Ashktorab, T., Yaghmaei, F., & Majd, H. A. (2016). *Religious responses of ICU nurses to moral distress: A qualitative study*.

Smith, E. (2012). *Book review: why are women more religious than men?*

Society, I. C. (2023). Intensive care. Retrieved from https://ics.ac.uk/about-icu/what-is-intensive-care.html

Supriyadi, S., Budiyati, G. A., Kulsum, U., Yanti, J. T., & Riskiyanti, R. (2021). The Factors Related with Nursing Spiritual Care Competence. *Indonesian Journal of Global Health Research, 3*(4), 481-488.

Taylor, E. J., Gober-Park, C., Schoonover-Shoffner, K., Mamier, I., Somaiya, C. K., & Bahjri, K. (2019). Nurse Religiosity and Spiritual Care: An Online Survey. *Clin Nurs Res, 28*(5), 636-652. doi:10.1177/1054773817725869

Taylor, E. J., Park, C. G., & Pfeiffer, J. B. (2014). Nurse religiosity and spiritual care. *J Adv Nurs, 70*(11), 2612-2621. doi:10.1111/jan.12446

Tomasso, C. d. S., Beltrame, I. L., & Lucchetti, G. (2011). Knowledge and attitudes of nursing professors and students concerning the interface between spirituality, religiosity and health. *J Revista latino-americana de enfermagem, 19 5*, 1205-1213.

Ummu, H. (2020). Faktor-faktor penyebab kematian klien di ruang Intensive care unit RSUD Kota Bekasi 2014. *JURNAL KESEHATAN BHAKTI HUSADA*(Vol 1 No 01 (2015): Jurnal Kesehatan Bhakti Husada), 5.

White, J. H., Peirce, A. G., & Jacobowitz, W. J. N. E. (2018). The relationship amongst ethical position, religiosity and self-identified culture in student nurses. *26*, 2398 - 2412.

Wu, L.-F., Tseng, H., & Liao, Y.-C. J. N. e. t. (2016). Nurse education and willingness to provide spiritual care. *38*, 36-41.