



Original Article

Spiritual Well-Being of Acute Coronary Syndrome Patients in The Cardiac Intensive Care Unit

Rahmalia Amni^{1*}, Yudi Akbar²

¹Emergency Nursing Department, Faculty of Nursing, Universitas Syiah Kuala, Jl. Teungku Tanoh Abee, Kopelma Darussalam, Banda Aceh 24415, Indonesia

² Nursing Department, Sekolah Tinggi Kesehatan Muhammadiyah Lhokseumawe, Jl. Darussalam Lhokseumawe 24351, Indonesia

Article Information

Received: 11 Oktober 2023
Revised: 20 Oktober 2023
Accepted: 01 December 2023
Available online: 31 January 2024

Keywords

Acute Coronary Syndrome,
Cardiac Intensive Care Unit,
Patient, Spiritual Well-Being

Correspondence*

Phone: (+62)852-8852-7552
E-mail: rahmalia.amni@usk.ac.id

Website

<https://journal.umtas.ac.id/index.php/healthcare/index>

Doi

10.35568/healthcare.v6i1.4448

©The Author(s) 2024

This is an Open Access article distributed under the terms of the Creative Commons Attribution-Non Commercial 4.0 International License

ABSTRACT

Patients with Acute Coronary Syndrome (ACS) are at risk of experiencing problems in various aspects of life. Changes in spiritual conditions are one of the problems that often occur, especially spiritual well-being. Existential well-being (EWB) and religious well-being (RWB) are specific parts of spiritual well-being that will be analyzed in this study. The research design used is descriptive with a cross-sectional approach. The study population was patients who experienced Acute Coronary Syndrome and were treated in the cardiac intensive unit with a total of 84 patients who were taken using a non-probability sampling technique with a purposive sampling method. The instrument used is the Indonesian version of the Spiritual Well-Being Scale (SWBS) questionnaire and has received permission from the original owners Ellison and Paloutzian by paying for the copyright. The results showed that the level of religious well-being (RWB) and existential (EWB) was in the high category with 86.9% and 71.4% respectively. There were no respondents who had a low level of religious or existential spiritual well-being. Health service providers are expected to be able to assess the spiritual well-being of ACS patients so that spiritual problems can be detected and efforts to treat them as early as possible.

INTRODUCTION

Acute coronary syndrome (ACS) is a condition that occurs acutely and is life-

threatening, it is also known as an acute condition of coronary artery disease (AHA, 2022). Globally, this disease has been the

main cause of death for the past 15 years (WHO, 2018). The same thing also happened in Indonesia. Coronary artery disease is the second highest cause of death after stroke, which is 12.9% (Kemenkes RI, 2017).

Acute Coronary Syndrome patients require fast and appropriate treatment, to prevent death of the heart muscles, and require treatment in the cardiac intensive unit to receive further therapy (PERKI, 2018; Ibanez et al., 2018). Acute conditions and treatment in intensive units are stressors for patients with Acute Coronary Syndrome which can affect various aspects of life, including the patient's spiritual aspects (Fauzan, 2014; Kurniawan, Ibrahim, & Prawesti, 2015; Nuraeni, Ibrahim, & Agustina, 2013).

Spiritual well-being is a combination of perception, personality, and belief, which is a state in which a person feels connected to himself, others, superior powers, and the surrounding environment so that he has meaning and purpose for his life (Nuraeni, Mirwanti, Anna, & Nurhidayah, 2019). Patients who have good spiritual well-being will always feel joy, can forgive themselves and others, accept suffering or death, report an increase in quality of life, and have a positive understanding of physical and emotional well-being (Jahani et al., 2014; Potter & Perry, 2010).

Spiritual well-being consists of two dimensions, namely the vertical and horizontal dimensions. The vertical dimension or the religious dimension is the individual's relationship with God or a higher power. The horizontal dimension or existential dimension, namely the individual's relationship with himself, other people, and the surrounding environment is related to the meaning and purpose of life. The horizontal dimension also reflects the positive relationship between the patient and his life (Ellison, 1983; Potter and Perry, 2010; Paloutzian, Bufford, and Wildman, 2012; Tammeh et al., 2016).

ACS patients in acute conditions experience changes in their spiritual condition. Patients can experience worsening or increased

spirituality. Loss of hope or rejection of the conditions experienced are manifestations that occur in ACS patients who experience worsening spiritual conditions, while an increase in gratitude is a manifestation experienced by ACS patients during acute conditions (Nuraeni, Ibrahim and Agustina, 2013; Kurniawan, Ibrahim and Prawesti, 2015). The patient's spiritual condition can be a stressor or a source of strength that will affect the client's ability to adapt to his illness (Andersson, Borglin, & Willman, 2013; Jahani, Rejeh, Heravi, Vaismoradi, & Jasper, 2014). This study aims to determine the spiritual well-being of acute coronary syndrome patients while undergoing treatment at the Cardiac Intensive Unit.

METHODS

This study was a quantitative study using a descriptive design with a cross-sectional approach. The population of this study were patients who experienced Acute Coronary Syndrome and were treated in the cardiac intensive unit at Hasan Sadikin General Hospital, Bandung with a total of 84 patients who were respondents who were taken using a non-probability sampling technique with a purposive sampling method.

The instrument used in this study was the Indonesian version of the Spiritual Well-Being Scale (SWBS) questionnaire. This questionnaire consists of 2 main elements, namely Religious Well-Being (RWB) and Existential Well-Being (EWB). The use of this instrument has received permission from the original owner Ellison and Paloutzian by paying for the copyrights of 84 instruments through the website <https://www.lifeadvance.com>.

Assessment of the spiritual well-being of acute coronary syndrome (ACS) patients undergoing treatment in the cardiac intensive unit is carried out when the patient's hemodynamic condition is stable or on the last day of the patient undergoing treatment in the cardiac intensive unit, as well as on the first day of the patient undergoing treatment in the next unit. This

research has passed ethics from the Research Ethics Committee of Dr. Hasan Sadikin Hospital, Bandung. The results of the study were analyzed using univariate analysis, namely providing a descriptive statistical picture in the form of the distribution of frequencies and percentages of the variables studied.

RESULTS

The characteristics of the respondents in this study can be visible in Table 1 below:

Table 1. Characteristics of Respondents in ICCU (n=84)

Characteristics of Respondents	f	%
Religion		
Islam	75	89,3
Kristen	8	9,5
Hindu	1	1,2
Age		
≤60 years	54	64,3
>60 years	30	35,7
Profession		
PNS/BUMN	6	7,1
Non-PNS/BUMN	50	59,5
Doesn't work	28	33,3
Revascularization Action		
Done	58	69,1
Planned	12	14,3
Not Done	14	16,7

Resource: primary research

Table 1 shows that all respondents in this study have a religion, namely Islam, Christianity, and Hinduism. Respondents in this study were also the majority aged less than 60 years, working as non-Civil Servants (PNS) or non-Employees of State-Owned Enterprises (BUMN), and the majority had revascularization measures, either in the form of Percutaneous Coronary Intervention or Fibrinolysis in treatment At the moment.

Table 2. Distribution Frequency of Religious & Existential Well-Being (n=84)

Sub Variabel	f	%
Religious Well Being (RWB)		
Low (10-26)	0	0
Moderat (27-42)	11	13,1
High (43-60)	73	86,9
Existential Well Being (EWB)		
Low (10-26)	0	0
Moderat (27-42)	24	28,6
High (43-60)	60	71,4

Resource: primary research

Table 2 shows the level of religious (RWB) and existential (EWB) well-being. The level of religious and existential well-being is in the high category with 86.9% and 71.4% respectively, and the rest are in the moderat category of 13.1% and 12.6%.

DISCUSSION

The spiritual well-being of acute coronary syndrome patients undergoing treatment in the heart intensive unit shows a high level of spiritual well-being (SWB), while some others show a moderate level of spiritual well-being and none of the respondents have a low level of spiritual well-being. Although the majority of patients in this study show high and moderate levels of spiritual well-being, healthcare providers must still be careful in treating patients with ACS, because based on previous studies it has been shown that the spiritual well-being of patients with cardiovascular disease, especially those who are treated in cardiac care units, is threatened. because of the disease crisis, they are experiencing (Moeini et al., 2012). Of course, this problem is very important especially in the intensive care unit or cardiac care unit because the disease crisis experienced by patients leads to hopelessness, increased vulnerability, isolation, and alienation. Patients who are treated in intensive care units can also experience decreased relationships with themselves, and others and a sense of loss and fear during treatment at the Cardiac Care Unit (Timmins and Kelly, 2008). This was also proven by previous research at the Cardiac Intensive Unit at Hasan Sadikin Hospital in Bandung, that the incidence of depression in ACS patients during the acute period was still quite high (Amni, Akbar, Nuraeni, & Akbar, 2022).

Spiritual well-being helps overcome stressfull life events (Bekelman et al., 2010). Spiritual well-being (SWB) in ACS patients is divided into two types, namely religious well-being (RWB) and existential well-being (EWB), which can also be analyzed differently.

Religious well-being is a feeling of satisfaction felt by the patient as a result of his relationship with a power greater than himself or a superior power (Smeltzer and Bare, 2010). All respondents in this study have a religion, so the superior power meant in this study is the patient's relationship with God or the Creator, while existential well-being can be interpreted as the positive relationship that patients have with other people or their lives so that existentially prosperous patients will be able to understand the meaning and purpose of his life (Tammeh et al., 2016).

Respondents in this study had high spiritual well-being, more dominant in the category of religious well-being than existential well-being. As many as 86.9% of respondents were in the high category of religious well-being and 13.1% had moderate religious well-being, while only 71.4% of respondents had high existential well-being and 28.6% were in the moderate existential well-being category. The same thing was also found in research conducted by Jahani et al., (2014), that religious well-being is higher than existential well-being.

Existential well-being is lower than religious well-being, which can be caused by a low score on some of the following existential well-being statements, namely "I feel my future is uncertain", "I feel that life is full of conflict and unhappiness", "I feel quite comfortable with the direction of my future." future", "I don't enjoy life", and "I feel fulfilled and satisfied with my life. Based on the five statements above, it can be concluded that the patient has concerns about his future as a result of the disease he is experiencing. In addition, from this statement, it was also known that the patient was not satisfied or did not enjoy his life so far. If analyzed further, it can be seen that the low score on the statements "I feel my future is uncertain" and "I feel quite comfortable with my future direction" can be caused because the patient has not received revascularization, both in patients who are planned for CABG and in patients who are

planned to undergo elective PCI or follow-up PCI in the future.

The disease experienced will affect the lifestyle and future of the patient. The respondent's job can be a predisposing factor for the low existential score on the statements "I feel that life is full of conflict and unhappiness", "I don't enjoy life" and "I feel fulfilled and satisfied with my life". This can happen because the majority of respondents work with a daily income and some even do not work. Occupation will affect the patient's socio-economic condition, especially in a state of suffering from acute coronary syndrome. Patients will experience a decrease in their ability to do work, and this will of course be closely related to existential well-being. High religious well-being can be caused by high scores on the following statements, namely "I believe that God loves and cares for me", "I believe that God cares about my problems", "I have a meaningful relationship with God", "My closeness to God affects the comfort of my life", and "My closeness to God helps me not to feel lonely".

Ellison (1983) has stated that spiritual well-being consists of two distinct things, namely religious and existential, which form a spiritual unit. So it becomes natural when there are contradictory respondents' answers between religion and existential in some of the statements above, especially in the statements "I feel that my future is uncertain" (existential) and "I believe that God loves and cares for me" (religion). This is a natural thing because religion is a relationship with God or a superior power, or in Islam, it is called *pabulum min Allah*, while existential is a relationship with fellow human beings/life, in Islam it is called *pabulum minannas*. Thus, these two things will not always run the same high or the same low, but both will go hand in hand as a unit to describe one's overall spirituality.

This has also been expressed in the word of Allah in the Qur'an, especially in surah Al-Balad verse 4

which states that Allah created humans with the instinctive nature of complaining (was-was). The same thing has also been expressed in QS Al-Fussilat verse 49. In fact, in QS-Hud verses 6 and 56 Allah states that the sustenance of creatures living on this earth has been guaranteed by Him and in this surah, it is also stated that humans have put their trust (surrender) self) to God. So, it can be concluded that even though humans believe and submit to God for the provision of their lives, in the human heart there is still a sense of anxiety or worry about the condition of their future. This is what was experienced by respondents in this study. Moreover, the respondents in this study experienced an acute life-threatening illness. Of course, the anxiety experienced by patients will increase, because that is human nature. However, different things can happen if the patient has a very high level of faith.

In addition, the same thing was also seen in qualitative research related to the experiences of acute myocardial infarction patients while being treated in the Cardiac Intensive Care Unit RSHS Bandung which was conducted by Emaliyawati, Ibrahim, & Yudianto (2011) where patients expressed concern about future uncertainty, but patients also stated the difficulty to carry out worship or prayer. Worship or prayer is an attempt by the patient to get closer to God. So, from this, it can be concluded that in acute conditions of myocardial infarction patients need religious fulfillment or experience an increase in closeness to God (Religion), but also experience anxiety about their future, therefore, it is natural that in this study something bad also happened. thereby. In addition, Achir Yani (2000) in Emaliyawati, et al., (2011) also stated that if a patient is faced with death, his spiritual belief or desire to worship (religion) will also be higher. This is in line with the current study, where the patient's religious level is higher than their existential level.

Based on the religious statement above, it can also be concluded that high religious

well-being is closely related to religious beliefs, where all patients in this study adhere to a certain religion, both Islam, Christianity, and Hinduism. Someone who adheres to religion will have faith in the existence of God (the Almighty Essence) or a supernatural power that has power over his life which is called a transcendence relationship (Vachon et al. 2009). Therefore, if it is observed from the high score on the five statements above, it can be concluded that the patient surrenders to God for the situation he is currently experiencing, especially the ACS incident he is suffering from and the treatment he must undergo. In addition, if is related to the age of the respondents, 35.7% of the respondents are elderly, namely > 60 years. Someone who is elderly will have a close relationship with God or the Creator, so naturally someone at that age will have a higher level of religion than younger patients (Potter and Perry, 2010). Religion is necessary for spiritual improvement (Memaryan, et al., 2016), so the religious factor, apart from affecting the high level of religious well-being in particular, also contributes to the high level of spiritual well-being in general for the respondents in this study. This is also supported by the research of Yaghoobzadeh et al., (2018) which states that religious belief is a multivariate predictor of spiritual well-being. In addition, Livneh et al. (2004) in Jahani et al., (2014) stated that in the United States religious beliefs also has an important role in overcoming stressful situations caused by illness.

This is reinforced by a study conducted by Jaber et al., (2017) that the relationship between transcendence and religious belief can increase a person's spiritual awareness, which will then improve spiritual health. This increase in spiritual health can be measured through spiritual well-being. Ellison (1983) also revealed that the existence of transcendence is an expression of a feeling of well-being experienced by someone in finding meaning and purpose in life. So, it is true that the high level of the spiritual well-being of the patients in this study was caused

by all the patients adhering to a particular religion.

One's spiritual well-being is also very dependent on one's acceptance of the conditions one is experiencing at the moment. Acceptance of patients may vary. Some patients show denial of the condition they are experiencing, however, others can interpret pain (ACS) as a trial that can erase their sins, so that patients will feel an increase in gratitude in acute ACS conditions (Nuraeni, Ibrahim and Agustina, 2013; Kurniawan, Ibrahim and Prawesti, 2015). These things can be a predisposing factor to the high level of spiritual well-being in ACS patients in the current intensive care unit.

Acceptance of the disease conditions experienced, it is believed, is related to the religion that the respondent adheres to. The majority of respondents in this study were Muslim, namely 89.3%. The teachings of Islam teach that life will be full of trials, and this is believed to be something that will increase the faith of its adherents (Aljauziyah, 2012 & Annajjar, 2011). In this study, most of the respondents stated that the ACS they experienced was believed to be a trial or a warning to themselves, both for their habits so far and as an eraser for their sins. This statement is often expressed by patients of older age.

Muslim communities will also usually apply Islamic values in everyday life, so that even when they are sick, these values will still be used. In this study, it is believed that the respondents applied these values in undergoing acute ACS in the cardiac intensive care unit, therefore, this could be a factor causing the majority of patients' spiritual well-being in this study to remain high (83.3%). In addition, the majority of respondents in this study are Sundanese and live in West Java, where it is known that the people of West Java have a high level of religion and close social ties. This is of course reinforced by research in other Muslim countries such as Iran conducted by Yaghoobzadeh, et al., (2018), where the level of spiritual well-being of patients with

cardiovascular disease who are undergoing treatment in these countries is in the high category.

CONCLUSION AND RECOMENDATION

The majority of the existential spiritual and religious well-being of ACS patients in the cardiac intensive care unit is in the high category, so this needs to be maintained. The results of the analysis on the statement of religious well-being above, it can be concluded that efforts to maintain religious well-being can be done by providing spiritual guidance to patients while undergoing treatment in the cardiac intensive unit. Then, it can also be done through active listening or discussing the patient's religious beliefs, the patient's meaning or feelings about the situation he is currently experiencing, reminding and facilitating the patient to carry out obligations, such as praying, praying, praying, and reading or listening to Al-Quran (holy book according to the religion adopted).

In addition to maintaining religious well-being, efforts to improve spiritual well-being also need to be done by increasing existential well-being by explaining the concept of illness as a trial for patients, so that patients can understand and be aware of the meaning and purpose of their lives in dealing with current acute coronary syndrome. Another important thing to do is to assess or study the patient's spiritual state so that a decrease in spirituality can be done as early as possible.

REFERENCES

- AHA. (2022). Acute Coronary Syndrome (ACS). Retrieved from American Heart Association website: <https://www.heart.org/en/health-topics/heart-attack/about-heart-attacks/acute-coronary-syndrome>
- Amni, R., Akbar, Y., Nuraeni, A., & Akbar, M. R. (2022). Tingkat depresi pada pasien sindrom koroner akut di Unit Perawatan Intensif Jantung: analisis

- menggunakan skala depresi jantung. *Jurnal Keperawatan*, 20(3), 31–41. <https://doi.org/https://doi.org/10.35874/jkp.v20i3.1063>
- Andersson, E. K., Borglin, G. and Willman, A. (2013) 'The experience of younger adults following myocardial infarction', *Qualitative Health Research*, 23(6), pp. 762–772. doi: 10.1177/1049732313482049.
- Bekelman, D. B. et al. (2010) 'A Comparison of Two Spirituality Instruments and Their Relationship With Depression and Quality of Life in Chronic Heart Failure', *Journal of Pain and Symptom Management*. Elsevier Inc, 39(3), pp. 515–526. doi: 10.1016/j.jpainsymman.2009.08.005.
- Ellison, C. W. (1983) 'SPIRITUAL WELL-BEING: CONCEPTUALIZATION AND MEASUREMENT', *Journal of Psychology and Theology*, 11(4), pp. 330–338.
- Hamm, C. W. et al. (2011) 'ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: The Task Force for the management of acute coronary syndromes (ACS) in patients presenting without persistent ST-segment elevatio', *European Heart Journal*, 32(23), pp. 2999–3054. doi: 10.1093/eurheartj/ehr236.
- Ibanez, B. et al. (2018) '2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation', *European Heart Journal*, 39(2), pp. 119–177. doi: 10.1093/eurheartj/ehx393.
- Jaberi, A. et al. (2017) 'Spiritual Health: A Concept Analysis', *Journal of Religion and Health*. Springer US, 58(5), pp. 1537–1560. doi: 10.1007/s10943-017-0379-z.
- Jahani, A. et al. (2014) 'Spiritual wellbeing of Iranian patients with acute coronary syndromes: A cross-sectional descriptive study', *Journal of Research in Nursing*, 19(6), pp. 518–527. doi: 10.1177/1744987114547606.
- Kemenkes RI (2017) 'Penyakit Jantung Penyebab Kematian Tertinggi, Kemenkes Ingatkan CERDIK' <http://www.depkes.go.id/article/view/17073100005/penyakit-jantung-penyebab-kematian-tertinggi-kemenkes-ingatkan-cerdik.html>'.
- Kumar, A. and Cannon, C. (2009) 'Acute coronary syndromes: diagnosis and management, part I', *Mayo Clinic Proceedings*, 84(October), pp. 917–938. Available at: <http://www.sciencedirect.com/science/article/pii/S0025619611605090>.
- Kurniawan, D., Ibrahim, K. and Prawesti, A. (2015) 'Pengalaman Pasien Mengalami Serangan Jantung Pertama Kali yang dirawat di Ruang CICU', *Jurnal Keperawatan Padjadjaran*, v3(n2), pp. 67–76. doi: 10.24198/jkp.v3n2.2.
- Memaryan, N., Rassouli, M. and Mehrabi, M. (2016) 'Spirituality Concept by Health Professionals in Iran: A Qualitative Study', *Evidence-based Complementary and Alternative Medicine*, 2016. doi: 10.1155/2016/8913870.
- Moeini, M. et al. (2012) 'The effect of spiritual care on spiritual health of patients with cardiac ischemia.', *Iranian journal of nursing and midwifery research*, 17(3), pp. 195–199.
- Nuraeni, A., Ibrahim, K. and Agustina, H. R. (2013) 'Makna Spiritualitas pada Klien dengan Sindrom Koroner Akut', *Jurnal Keperawatan Padjadjaran*, 1, pp. 79–87.
- Paloutzian, R. F., Bufford, R. K. and Wildman, A. J. (2012) 'Spiritual Well-Being Scale: mental and physical health relationships', *Oxford Textbook of Spirituality in Healthcare*, pp. 353–358. doi: 10.1093/med/9780199571390.003.0048.
- PERKI (2018) 'Pedoman Tatalaksana Sindrom

- Koroner Akut', p. Perhimpunan Dokter Spesialis Kardiovaskular Indone. doi: 10.3945/ajcn.114.100065.
- Potter and Perry (2010) *Fundamental Of Nursing* edisi 7. Jakarta: Salemba Medika.
- Tammeh, M. A. et al. (2016) 'The concept of spiritual well-being from the viewpoint of nurses caring for heart disease patients', *International Journal of Humanities Cultural Studies*, 3(1), pp. 2109–2116.
- Timmins, F. and Kelly, J. (2008) 'Spiritual assessment in intensive and cardiac care nursing.', *Nursing in critical care*, 13(3), pp. 124–131. doi: 10.1111/j.1478-5153.2008.00276.x.
- Whitehead, D. L. et al. (2005) 'Frequency of distress and fear of dying during acute coronary syndromes and consequences for adaptation', *American Journal of Cardiology*, 96(11), pp. 1512–1516. doi: 10.1016/j.amjcard.2005.07.070.
- World Health Organization (2018) 'The top 10 causes of death [Http://www.who.int/mediacentre/factsheets/fs310/en/index2.html](http://www.who.int/mediacentre/factsheets/fs310/en/index2.html)'.
- Yaghoobzadeh, A. et al. (2018) 'Relationship Between Spiritual Well-Being and Hope in Patients with Cardiovascular Disease', *Journal of Religion and Health*. Springer US, 57(3), pp. 938–950. doi: 10.1007/s10943-017-0467-0.