

## The relationship between spiritual well-being and reflective ability: A descriptive study on intensive care nurses

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### Abstract

**Objective:** To determine the relationship between spiritual wellbeing and reflective ability of intensive care nurses.

**Method:** The cross-sectional, analytical study was conducted from December 2022 to April 2023 after approval from the ethics review committee of Istanbul Health Sciences University, Kanuni Sultan Suleyman Training and Research Hospital, Istanbul, Turkiye, and comprised intensive care nurses. Data was collected online using the participant information form, the Turkish version of Groningen Reflection Ability Scale, and the Spiritual Wellbeing Scale. Data was analysed using SPSS 25.

**Results:** Of the 196 nurses, 115(58.7%) were females, 79(40.3%) were aged 22-27 years, were single, 159(81.1%) possessed a university degree, 86(43.9%) had a professional experience of 1-5 years, and 124(63.3%) had 1-5 years of experience specifically in intensive care. A significant correlation was observed between the professional experience and level of spiritual wellbeing ( $p < 0.05$ ). The reflective ability level among female nurses surpassed that of their male counterparts ( $p = 0.015$ ). The mean spiritual wellbeing score was  $114.23 \pm 11.08$ , and the mean reflection ability score was  $75.27 \pm 8.23$ . A positive correlation existed between nurses' spiritual wellbeing and their reflective abilities ( $p < 0.05$ ).

**Conclusions:** Nurses in intensive care units exhibited an elevated degree of spiritual wellbeing and reflective ability. Nurses with higher professional seniority tended to have lower spiritual wellbeing, and male nurses tended to have lower reflective ability.

**Keywords:** Spiritual wellbeing, Intensive care nurses, Intensive care units, Reflective ability. (JPMA 76: 667; 2026)

**DOI:** <https://doi.org/10.47391/JPMA.22081>

### Introduction

The intensive care unit (ICU) is a specialised department that provides life support and is dedicated to the care of patients who are at a high risk of organ failure and/or death.<sup>1</sup> ICU nurses deal with patients whose general condition is critical, and try to provide the best possible care in a stressful environment.<sup>2</sup> The primary objective of nursing care is to facilitate the preservation and maintenance of all dimensions of an individual's wellbeing. From this perspective, providing care for the spiritual aspect of patients should also be a part of the tasks and responsibilities of nurses.<sup>3,4</sup> The ICU is a setting where acute interventions are frequently conducted, isolation measures are regularly implemented, and mortality rates are elevated. Consequently, meeting the spiritual care needs of individuals in this environment cannot be ignored.<sup>2,3</sup>

Spirituality encompasses a person's connection with oneself and the cosmos, including how one perceives life and assigns personal significance to it.<sup>5</sup> Nurses interact with

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**Submission completed:** 11-12-2024 **1st Revision received:** 11-03-2025

**Acceptance:** 12-11-2025 **Last Revision received:** 11-11-2025

individuals from various age groups and diverse circumstances, often encountering crises that prompt contemplation of the meaning and value of life throughout their professional engagements. The way these experiences and values are perceived is closely associated with the spiritual values of both the patient and the nurse.<sup>6,7</sup>

While providing care for critically ill patients in the ICU, nurses work under high pressure and stress, and these factors may negatively impact their spiritual wellbeing.<sup>2,8</sup> In Turkey, a 2020 study reported that ICU nurses had relatively high levels of spiritual wellbeing, but only moderate perceptions of spiritual care, suggesting potential gaps between inner wellbeing and professional practice.<sup>8</sup> Similarly, a 2022 study found that spiritual wellbeing had a positive effect on compassion among perioperative nurses, indicating its broader influence on emotional and ethical aspects of nursing.<sup>9</sup> Nurses with a heightened level of spiritual wellbeing can make better decisions regarding patient care, choose more appropriate interventions for the patients, and evaluate their effectiveness more accurately.<sup>3,9</sup> Thus, spiritual wellbeing may significantly contribute to their reflective ability.

Reflective ability can be defined as a cyclical and repetitive learning process that involves thinking over past experiences, drawing lessons from them, identifying

learning goals, and applying newly-acquired knowledge when faced with similar situations.<sup>10</sup> This ability is regarded as a cognitive interpretation process (including thoughts, emotions, self-awareness and action) that helps nurses comprehend the experiences encountered in clinical practice.<sup>11,12</sup> Reflective ability is recognised as a fundamental element that positively influences patient care and recovery process in the field of nursing.<sup>13</sup> Reflective ability or reflective thinking refers to ICU nurses' awareness of their own thoughts and actions, and their ability to evaluate the causes and consequences of their practices. It is, therefore, regarded as an essential skill for ICU nurses.<sup>14</sup>

The current study was planned to determine the relationship between spiritual wellbeing and reflective ability of ICU nurses.

### Subjects and Methods

The cross-sectional, analytical study was conducted from December 2022 to April 2023 after approval from the ethics review committee of Istanbul Health Sciences University, Kanuni Sultan Suleyman Training and Research Hospital (No. 2022.06.161), Istanbul, Turkiye.

The sample size was determined through power analysis using the G\*Power 3.1.9.7 software, assuming medium effect size 0.50,<sup>12</sup> statistical power 95%, and significance level 0.05. The sample was raised using non-probability convenience sampling method. Those included were nurses of either gender having at least one year of professional experience in an ICU setting. Those excluded were nurses having a diagnosed psychiatric disorder or chronic organic disease, having participated in any support group or psychotherapy programme, and those providing incomplete or invalid responses.

Data was collected online using Google Forms distributed via social media platforms (Facebook, Instagram, Twitter), WhatsApp groups, personal emails, personal networks and professional nursing networks. The data-collection tool included an informed consent form. The participants were encouraged to share the survey with other ICU nurses, which also reflected the use of snowball sampling technique. Other than the Participant Information Form (PIF), data was collected using the Spiritual Wellbeing Scale (SWBS)<sup>15</sup> and the Turkish version of the Groningen Reflection Ability Scale (GRAS-TR).<sup>16</sup>

The PIF encompassed 6 questions, covering age, gender, marital status, educational background, duration of overall nursing experience, and the duration of nursing experience specifically in the ICU.

The SWBS consists of 29 items rated on a 5-point Likert

scale ranging from 1=not at all suitable for me to 5=completely suitable for me, producing total scores ranging 29-145. Higher scores indicate greater spiritual wellbeing. The scale comprises three sub-dimensions: transcendence (15 items; 15-75), harmony with nature (7 items; 7-35), and anomie (7 items; 7-35), with the anomie subscale being reverse-scored. In the original study, the Cronbach's alpha coefficient was reported as 0.88 for the total scale, with subscale values of 0.95 for transcendence, 0.86 for harmony with nature, and 0.85 for anomie.<sup>15</sup> In the present study, the Cronbach's alpha for the total scale was 0.94, indicating high internal consistency. Permission to use the scale was obtained through electronic communication.

The GRAS-TR assesses reflection ability in medical practice and education.<sup>16</sup> The Turkish adaptation (GRAS-TR) was validated by Şenol et al. in 2019. The scale includes 19 items which are rated on a 5-point Likert scale, ranging from 1=strongly disagree to 5=strongly agree, with total scores ranging 19-95. Higher scores indicate greater reflection ability. GRAS-TR comprises two sub-dimensions: self-reflection (13 items; 13-65) and reflective communication (6 items; 6-30). It has been emphasised that despite the subscales, the score obtained from the scale should be interpreted as a single total score. In the reliability analysis of GRAS-TR, the Cronbach's alpha coefficient was determined 0.78 for the "self-reflection" factor and 0.65 for the "reflective communication" factor, with a reliability coefficient of the entire scale reported to be 0.79.<sup>17</sup> In the current study, the reported Cronbach's alpha reliability coefficient was 0.75. Permission to use the scale was obtained through electronic communication.

Data was analysed using IBM SPSS 25. Descriptive statistics were employed for data analysis. Data normality was checked using the Kolmogorov-Smirnov test, which confirmed that the data had been normally distributed. To compare the variables, independent samples t-test and analysis of variance (ANOVA) were utilised, while intergroup differences were assessed using the Post-Hoc test. Simple linear regression analysis was performed to determine the influence of ICU nurses' spiritual wellbeing on their reflective skills. the level of significance was set at  $p < 0.05$ .

### Results

Of the 205 ICU nurses approached, 9 were excluded for not meeting the inclusion criteria, and, therefore, the final sample comprised 196 subjects. Of them, 115(58.7%) were females, 79(40.3%) were aged 22-27 years, 106 (54.1%) were single, 159(81.1%) possessed a university degree, 86(43.9%) had a professional experience of 1-5 years, and 124(63.3%) had 1-5 years of experience specifically in ICU.

A significant difference was observed between the gender

of nurses and their reflection ability ( $t=2.527, p=0.015$ ). The SWBS scores showed a significant difference with respect to professional tenure ( $F=5.491, p=0.004$ ) (Table 1).

The mean SWBS score was  $114.23 \pm 11.08$ , while mean GRAS-TR score was  $75.27 \pm 8.23$  (Table 2).

Spiritual wellbeing had a positive and significant effect on both reflection ability ( $\beta=0.348, p=0.046$ ) and self-reflection ( $\beta=0.168, p=0.037$ ) (Table 3).

## Discussion

In the present study, it was observed that the level of SWBS among ICU nurses surpassed a moderate threshold with a positive score. Similarly, other studies including ICU nurses have reported that SWBS levels were at a good level.<sup>2,8,14</sup> This result suggests that nurses participating in the research may perceive their lives as having significance, exhibit the ability to cultivate healthy relationships, demonstrate awareness of their professional responsibilities and effectively fulfil their spiritual needs. This finding might be interpreted as indicating that the

**Table-1:** Comparison of mean SWBS and GRAS-TR scores based on sociodemographic attributes of intensive care nurses (n=196).

Factors	n	SWBS		GRAS-TR Scores		
		Mean±SD	*t/F(p-value)	Mean±SD	t/F(p-value)	
Gender	Female	115	114.17±10.86	$t=1.461$	75.49±7.04	$t=2.527$
	Male	81	111.55±11.30	$p=0.128$	72.27±9.62	$p=0.015$
Age (years)	22-27(1)	79	114.55±10.22	$F=1.654$	74.17±7.19	$F=1.013$
	28-33(2)	58	110.74±12.80	$p=0.189$	74.30±9.11	$p=0.971$
	34+(3)	59	113.55±10.20		74.21±8.97	
Education	High school	37	114.37±12.04	$t=0.589$	73.77±6.26	$t=1.352$
	University	159	112.84±10.86	$p=0.486$	74.33±8.71	$p=.717$
Professional seniority	1-5(1)	86	115.11±10.31	$F=5.491$	74.23±7.25	$F=1.092$
	6-10(2)	61	108.08±12.88	$p=0.004$	73.78±10.06	$p=0.896$
	11+ (3)	49	114.02±9.58	**[1-2,3]	74.57±8.44	
ICU Seniority (Years)	1-5	124	113.12±11.50	$t=1.036$	74.28±8.09	$t=2.125$
	6+	72	113.16±10.38	$p=0.962$	74.12±8.68	$p=0.911$
Marital status	Single	106	114.62±11.05	$t=1.911$	74.32±8.45	$t=2.132$
	Married	90	111.38±10.92	$p=0.059$	74.11±8.14	$p=0.854$

\* The "Independent Samples t Test" was employed for comparing two groups, while "ANOVA" was utilized for comparing three or more groups. "Post Hoc" analysis was conducted to ascertain differences between groups; \*\* [1-2, 3]: Significant differences were observed between Group 1 (1-5 years) and Group 2 (6-10 years), and between Group 1 (1-5 years) and Group 3 (11+ years); SWBS: Spiritual Wellbeing Scale, GRAS-TR: Turkish version of Groningen Reflection Ability Scale, ICU: Intensive care unit, SD: Standard deviation.

**Table-2:** Overall mean SWBS and GRAS-TR scores.

	Mean±SD	Nurse Min.-Max.	Scale Min.-Max.
SWBS	114.23±11.08	78.00- 134.00	29.00- 145.00
Transcendence	64.98±8.45	38.00- 67.00	15.00- 75.00
Harmony with Nature	32.51±3.02	24.00- 34.00	7.00- 35.00
Anomie	18.76±4.29	9.00- 25.00	7.00- 35.00
GRAS-TR	75.27±8.23	44.00- 87.00	19.00- 95.00
Self-Reflection	54.28±6.34	30.00- 63.00	13.00- 65.00
Reflective Communication	22.01±2.72	11.00- 28.00	6.00- 30.00

SWBS: Spiritual Wellbeing Scale, GRAS-TR: Turkish version of Groningen Reflection Ability Scale, SD: Standard deviation.

**Table-3:** The effect of spiritual wellbeing on reflection ability and self-reflection among ICU nurses.

	Independent Variables	B	SE	Beta (β)	t-test	p-value	F	R <sup>2</sup>
Reflection Ability	Constant	61.781	6.765	-	9.152	0.000*	3.434	0.074
	Spiritual Well-Being	0.311	0.060	0.348	1.851	0.046*		
Self-Reflection	Constant	42.301	5.252	-	8.071	0.000*	4.412	0.029
	Spiritual Well-Being	0.098	0.048	0.168	2.099	0.037*		

ICU: Intensive care unit, SE: Standard error of coefficient, β: Standardised regression coefficient, R<sup>2</sup>: Proportion of variation in dependent variable explained by regression model, p: Level of statistical significance, \* $p < 0.05$ .

emotionally demanding nature of ICU nursing could enhance nurses' spiritual wellbeing.

Furthermore, the analysis revealed that nurses with 1-5 years of professional experience exhibited higher levels of SWBS compared to those with longer tenures in the profession (Table 1). This finding differs from studies reporting that SWBS tends to increase with seniority.<sup>2,8,9</sup> This difference may be related to the relatively young age of the nurses in the present sample, or to variations in the number and complexity of patients hospitalised in ICUs compared to other clinical settings. Consistent with the current findings, Jahandideh et al.

also reported a negative association between nurses' work experience and their levels of SWBS.<sup>18</sup> Similarly, Cerit et al. observed a diminished sense of personal accomplishment among ICU nurses with 6-10 years of professional experience compared to those with 1-5 years.<sup>19</sup> The SWBS of ICU nurses may be influenced by adverse factors, such as heavy workload, job-related stress, and frequent exposure to unexpected patient mortality.<sup>9,19</sup> It may be interpreted that younger nurses with limited experience might feel more motivated and professionally engaged, which could positively affect their spiritual wellbeing. Establishing a supportive and collaborative work

environment, together with training programmes addressing the psychological needs of nurses with >5 years of experience, might contribute to enhancing their spiritual wellbeing.

The concept of reflective practice is considered an important approach for nursing students and nurses to enhance their knowledge and skills in clinical settings.<sup>11,12</sup> A study in 2017 emphasised that spirituality might support reflective thinking in nursing students and contribute to improving self-efficacy, thereby enabling them to perform their professional roles more effectively.<sup>20</sup> Similarly, a 2016 study stated that spirituality might help nursing students cope with complex situations and adopt professional values more easily, facilitating the transition to the profession by increasing self-confidence.<sup>21</sup> In line with previous studies, the current results revealed a significant correlation between the SWBS of nurses and their GRAS-TR scores. This finding might be interpreted as indicating that higher levels of spiritual wellbeing could enhance nurses' reflective ability by helping them analyse their professional experiences more deeply and fulfil their responsibilities more effectively. Therefore, providing ICU nurses with time and organisational support to strengthen their spiritual wellbeing may contribute to reducing work-related stress and burnout while improving reflective practice and job satisfaction in a safer work environment.<sup>9,22</sup>

In the literature, gender has been recognised as an important factor influencing patient care and professional practices in nursing.<sup>20,23</sup> The attribution of the caregiver role primarily to women and the relatively recent recognition of men in nursing may influence male nurses' professional attitudes.<sup>12,19</sup> Such social prejudice and stigmatisation may hinder the integration of male nurses into educational and clinical settings, and limit their ability to express professional identity.<sup>23</sup> A 2018 study found that female nursing students demonstrated higher levels of professional behaviour in clinical settings compared to their male counterparts.<sup>19</sup> Other studies have also reported that many male nurses may experience challenges in communicating with patients, establishing therapeutic relationships, and providing effective care.<sup>12,23,24</sup> Consistent with these findings, the present study revealed that GRAS-TR levels were higher among female nurses than male nurses. This finding might be interpreted as indicating that social gender norms and role expectations could influence male nurses' reflective abilities. Therefore, targeted educational interventions and mentoring opportunities may help male nurses strengthen their reflective practice skills and professional confidence.

Overall, the findings of this study may be interpreted as showing that spiritual wellbeing plays a crucial role in

enhancing ICU nurses' reflective ability, professional awareness, and emotional resilience. Supporting nurses' spiritual and reflective capacities could, therefore, contribute to higher quality care and professional satisfaction.

The current study has several limitations. First, its cross-sectional, analytical design limits the ability to draw causal inferences regarding the relationship between spiritual wellbeing and reflective ability. Second, the data was collected through self-reported online questionnaires, which might have introduced response or social desirability bias. Third, the study was conducted with a relatively small group of ICU nurses working mainly in public and university hospitals in Turkey; therefore, the results may not be generalisable to nurses in different institutional or cultural contexts. Nevertheless, the findings provide valuable insights that may guide future research on enhancing spiritual wellbeing and reflective practice among ICU nurses. Future studies may employ longitudinal or mixed-method designs to explore the causal relationships between spiritual wellbeing and reflective ability in different clinical contexts. Expanding the research to include larger and more diverse samples across various institutional and cultural settings could enhance the generalisability of findings. In addition, interventional studies or training programmes designed to strengthen nurses' spiritual wellbeing and reflective practice might provide valuable insights into the effectiveness of structured support strategies.

## Conclusion

The ICU nurses exhibited high levels of spiritual wellbeing and reflective ability. The significant positive correlation between these variables suggests that greater spiritual wellbeing supports enhanced reflective capacity. Therefore, meeting the spiritual needs of nurses and enhancing their spiritual wellbeing can be considered an important factor for the development of their reflective skills. Furthermore, the spiritual wellbeing of ICU nurses with <5 years of professional experience was found to be better. Together with this, it appears that male ICU nurses in particular require more support in terms of improving their reflective ability. Team leaders or mentors should arrange in-service training sessions or seminars focusing on reflective practice models.

**Acknowledgments:** We are grateful to all the participating nurses.

**Disclaimer:** None.

**Conflict of Interest:** None.

**Source of Funding:** None.

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### Author Contribution:

**EA:** Concept, design, data acquisition, analysis, interpretation, drafting, revision, final approval and agreement to be accountable for all aspects of the work.

**MU:** Concept, design, data acquisition, analysis, interpretation, final approval and agreement to be accountable for all aspects of the work.