JTH: Journal of Technology and Health *ISSN 3025-1168*
Vol. 4, No. 2, 2026, pp. 1028 ~ 1041
Open Acces: *https://doi.org/10.61677/jth.v4i2.958*

SPIRITUALITY IN PATIENTS WITH ACUTE CORONARY SYNDROME (ACS): A LITERATURE REVIEW

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Received July 30, 2026; Revised August 20, 2026; Accepted August 31, 2026; Published August 31, 2026

ABSTRACT

Beyond its physical impact, Acute Coronary Syndrome (ACS) significantly disrupts a patient's psychological equilibrium. Incorporating spirituality into patient care offers a potential avenue for coping and facilitating holistic rehabilitation. This study synthesized current evidence regarding how spiritual factors and targeted spiritual care influence psychological and clinical outcomes in ACS cohorts. Following PRISMA 2020 protocols, a systematic search of PubMed, Scopus, and Google Scholar yielded 11 eligible original studies. Synthesis revealed that spiritual well-being strongly correlates with diminished levels of anxiety, existential dread, hopelessness, and PTSD symptoms, while concurrently fostering resilience, self-efficacy, and overall quality of life. Furthermore, structured spiritual care, family-integrated support, and dhikr-based therapies demonstrated clear psychological benefits. Consequently, integrating spiritual assessments into standard cardiovascular nursing practices is essential for comprehensive patient management.

Keywords: *Acute coronary syndrome, spiritual well-being, spirituality, spiritual care, psychological well-being.*

INTRODUCTION

Acute coronary syndrome (ACS), a major clinical manifestation of ischemic heart disease (IHD), continues to represent a significant global health challenge due to its substantial contribution to cardiovascular morbidity and mortality. In 2021, IHD affected approximately 254.28 million individuals worldwide and was responsible for nearly 8.99 million deaths, underscoring its considerable global health burden (Martin et al., 2025). This substantial global burden highlights the importance of ACS as a major cardiovascular condition requiring timely management and comprehensive care.

In the Asian region, data from the Malaysian National Cardiovascular Disease Database–Acute Coronary Syndrome (NCVD-ACS) Registry included more than 30,000 patients with ACS, with ST-segment elevation myocardial infarction (STEMI) identified as the most common ACS subtype (Lee et al., 2021). These findings indicate that ACS represents a major cause of cardiovascular hospitalization in Southeast Asia and requires comprehensive management to reduce morbidity and mortality.

In Indonesia, data from the Badan Kebijakan Pembangunan Kesehatan (2023), indicated that 0.85% of the population had heart disease diagnosed by healthcare professionals, with prevalence showing an upward trend with increasing age. In addition, the Indonesian One ACS Registry, involving 14 referral hospitals, recorded 7,634 patients

with ACS between July 2018 and June 2019 (Juzar et al., 2022). The substantial number of cases indicates that ACS remains a major health problem in Indonesia.

In addition to physical problems, patients with ACS are also vulnerable to various psychological problems, including anxiety, depression, fear of disease recurrence, and uncertainty regarding their future health condition. These psychological problems may influence patients' recovery, adherence to treatment, and overall quality of life (Mejía et al., 2023). In coping with these changes and uncertainties, addressing spiritual needs is an important aspect of care, as spirituality may help patients find meaning, maintain hope, and achieve inner peace during the recovery process.

In Indonesia, Utama et al. (2021) found that most patients following ACS had low levels of spiritual well-being. This finding indicates that patients' spiritual needs may not be adequately addressed during the recovery process. The study also highlighted the importance of spiritual support, particularly from family members, in helping patients achieve inner peace, maintain hope, accept their illness, and reduce anxiety and depression. These findings suggest that addressing spiritual needs is an important component of recovery among patients following ACS. Therefore, insufficient attention to spiritual aspects may represent a gap in post-ACS care and potentially hinder the provision of comprehensive support for patients' psychological and spiritual well-being.

These findings indicate that the impact of ACS extends beyond physical and psychological aspects to include social and spiritual dimensions. During treatment and recovery, patients are required to adapt to changes in their health status, undergo long-term treatment, and make lifestyle modifications to prevent disease recurrence (Rao et al., 2025). In facing these changes, spirituality may serve as a coping resource that helps patients manage their illness, maintain hope, enhance their adaptive capacity, and achieve spiritual well-being (Von Flach et al., 2023). As the concept of holistic healthcare continues to develop, attention to the spiritual dimension of patients with ACS has become increasingly important. Therefore, addressing spiritual needs should be integrated into nursing practice as part of the management of patients with ACS.

The incorporation of spiritual care into nursing practice may begin with the assessment of spiritual needs to identify patients' beliefs, religious practices, spiritual concerns, and individual needs. Based on this assessment, nurses can provide spiritual support that is consistent with patients' needs and beliefs, such as facilitating prayer or dhikr, supporting religious practices, involving family members as a source of spiritual support, and providing empathetic communication. Spiritual care can be provided alongside medical treatment and other nursing interventions to support patients' psychological well-being, coping abilities, and adaptation during the recovery process (Sulistiyowati, 2024).

Nevertheless, findings on the contribution of spirituality and spiritual interventions to patient recovery remain heterogeneous in terms of approaches and outcomes. Previous studies have linked spirituality to spiritual well-being (Ryff, 2021), quality of life (Von Flach et al., 2023), self-management abilities (Fikriana et al., 2025), medication adherence (Elhag et al., 2022), and patients' psychological conditions (Sharif Nia et al.,

2021). Previous studies have investigated spiritual well-being in patients with ACS (Amni & Akbar, 2024), while a systematic review has evaluated the effectiveness of spiritual care in alleviating anxiety and depression in this population (Mousavizadeh & Jandaghian-Bidgoli, 2024). However, previous studies and reviews have primarily focused on specific aspects of spirituality or individual health outcomes, leaving a comprehensive synthesis of the relationship between spirituality and diverse outcomes—such as psychological well-being, quality of life, self-efficacy, resilience, and adaptive capacity—as well as the effectiveness of spiritual interventions in patients with ACS, largely unexplored. This review addresses this gap by synthesizing the available evidence on spirituality and spiritual interventions in ACS care, with particular emphasis on their potential contribution to holistic nursing practice. Accordingly, this review aims to provide an integrated overview of the role of spirituality and spiritual interventions in supporting health outcomes among patients with ACS.

RESEARCH METHOD

A descriptive literature review was undertaken to examine the available evidence on spirituality among individuals with acute coronary syndrome (ACS). Given the methodological diversity across the available studies, a narrative synthesis was considered suitable for this review. The studies varied with respect to their methodological designs, participant profiles, instruments used to assess variables, and reported health outcomes. Accordingly, the findings were synthesized narratively by identifying, comparing, and interpreting the evidence reported across the selected studies. The review process, including the identification and screening of relevant publications, was guided by the PRISMA 2020 framework.

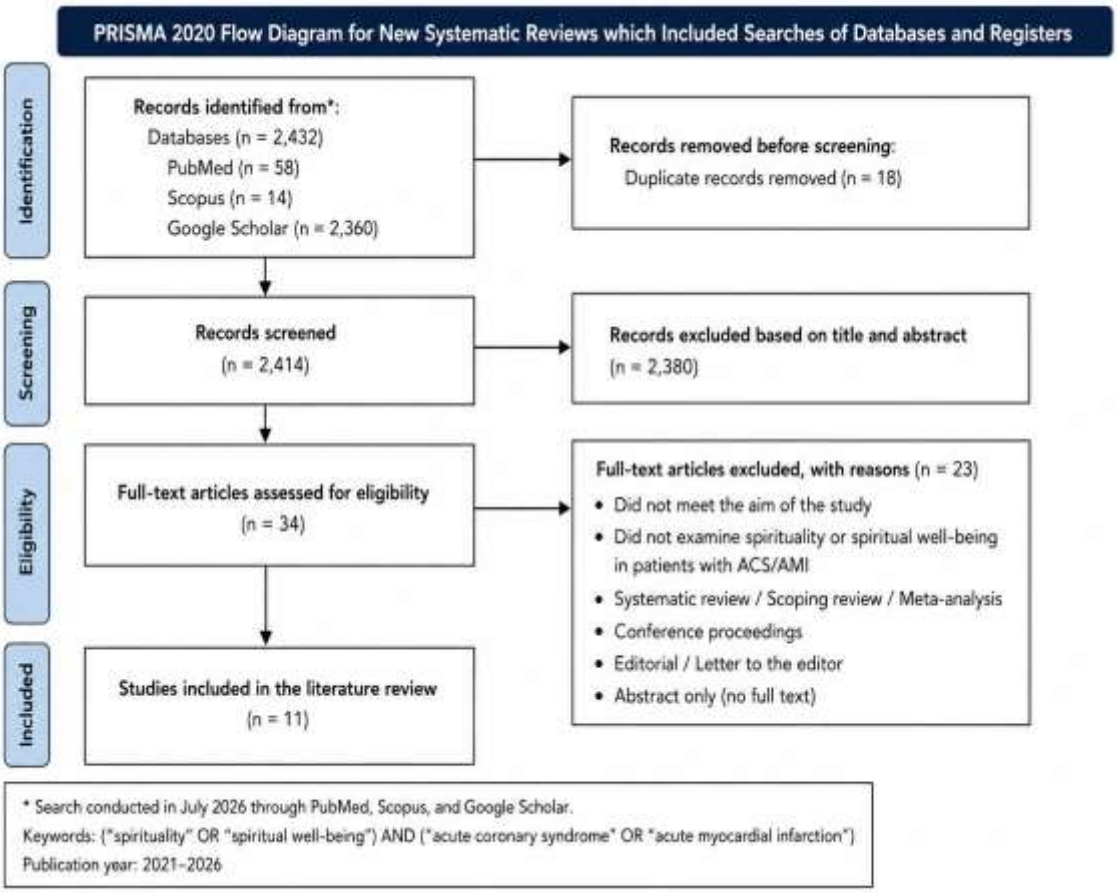
Relevant studies were identified through electronic database searches performed in July 2026. The search covered PubMed, Scopus, and Google Scholar and was based on a predefined combination of keywords and the Boolean operators AND and OR: (“spirituality” OR “spiritual well-being”) AND (“acute coronary syndrome” OR “acute myocardial infarction”). A similar search strategy was applied to Google Scholar, with adjustments made according to the characteristics of the search engine. The literature search included articles published from 2021 to 2026.

A total of 2,432 articles were identified, including 58 articles from PubMed, 14 from Scopus, and 2,360 from Google Scholar. The inclusion criteria were: (1) original research studies; (2) articles published in English or Indonesian; (3) studies published between 2021 and 2026; (4) studies investigating spirituality or spiritual well-being among patients with ACS or acute myocardial infarction (AMI); and (5) studies with full-text availability. Studies were excluded if they consisted of systematic reviews, scoping reviews, or meta-analyses, conference proceedings, editorials, letters to the editor, abstracts without full-text articles, duplicate records, or studies that did not address the objective of this review.

Following the PRISMA 2020 framework, the retrieved literature underwent a sequential selection process involving identification, screening, eligibility evaluation, and

final inclusion. The search generated 2,432 records in total, of which 18 were identified as duplicates and subsequently excluded. Thus, 2,414 records proceeded to the screening stage. Based on the title and abstract screening, 34 articles were considered relevant and proceeded to full-text assessment. After the screening stage, this assessment resulted in the exclusion of 23 articles, while 11 studies fulfilled the required criteria and were ultimately incorporated into the review. The complete pathway from literature identification to study inclusion is presented in the PRISMA 2020 flow diagram (Figure 1).

Figure 1. PRISMA 2020 Flow Diagram of the Study Selection Process



Relevant data from the eligible studies were systematically extracted and synthesized according to the author(s) and publication year, study title, research design, key findings, and conclusions. The extracted data were organized to provide a descriptive summary and comparison of the findings across the included studies, as presented in Table 1.

The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, with the specific checklist selected according to the design of each study. The JBI critical appraisal checklist corresponding to each study design was applied to evaluate methodological quality. The assessment results informed the interpretation and synthesis of the findings and are presented in Table

2. The screening, data extraction, quality assessment, and narrative synthesis processes were conducted by the author.

RESULTS AND DISCUSSION

Table 1 summarizes the characteristics and key findings of the 11 studies included in this review, covering the authors and publication year, study title, research design, main findings, and conclusions.

Table 1. Characteristics of articles regarding spirituality in ACS patients.

No	Author(s) (Year)	Study Design	Findings	Conclusion
1	(Mulyana et al., 2024)	Quasi-experimental, pre-test–post-test with non-equivalent control group	The provision of family-centered integrated spiritual support significantly reduced anxiety levels in ACS patients compared to the control group (effect size = 0.807), but showed no significant difference regarding chest pain intensity.	Integrated, family-based spiritual support is effective in improving psychological aspects—particularly in reducing anxiety—among patients with Acute Coronary Syndrome.
2	(Marznaki et al., 2024)	Cross-sectional	Spiritual well-being (religious and existential well-being) is not significantly associated with life satisfaction but is associated with better quality of life in elderly patients following acute myocardial infarction (AMI).	Spiritual well-being contributes to an improved quality of life for elderly patients following myocardial infarction, although it does not show a significant association with life satisfaction.
3	(Mollaei et al., 2025)	Cross-sectional	Spiritual health is positively associated with self-efficacy in elderly patients following a myocardial infarction. Resilience acts as a mediator that strengthens the relationship between spiritual health and self-efficacy; consequently, patients with higher levels of spirituality tend to exhibit greater resilience and self-confidence in coping with the illness.	Spiritual health contributes to increased self-efficacy in elderly patients following myocardial infarction, both directly and through enhanced resilience. These findings indicate that strengthening the spiritual aspect can support patients' adaptive capacity during the recovery process.
4	(Oh et al., 2022)	Observational cohort	A study of 2,348 AMI patients undergoing percutaneous coronary intervention (PCI) showed that religious and non-religious groups differed in clinical characteristics—such as age, gender, smoking habits, and type of myocardial infarction. However, the two groups showed no significant differences in clinical outcomes throughout the 12-month follow-up period following PCI.	Religious affiliation is not significantly associated with one-year clinical outcomes in AMI patients undergoing PCI, despite differences in baseline characteristics between religious and non-religious patients.
5	(Demir Çam	Qualitative	Post-myocardial infarction	Spiritual coping plays a

	et al., 2026)	Phenomenology	patients experience various psychosocial issues, including fear of death, psychological distress, social challenges, and physical limitations. Spiritual coping strategies, such as prayer, religious practices, family support, and finding meaning in life, play an important role in facilitating patients' adaptation and strengthening emotional resilience.	vital role in helping post-myocardial infarction patients adapt to the psychological and social impacts of the disease. Integrating spiritual support into holistic nursing care is essential to support the patient's recovery process.
6	(Kılıç et al., 2026)	Comparative cross-sectional study	Among patients with coronary artery disease and their primary caregivers, life satisfaction was found to be significantly related to both spiritual well-being and levels of death anxiety. Patients with higher levels of spiritual well-being tend to experience lower death anxiety and higher life satisfaction. A similar relationship was also found among primary caregivers.	Higher levels of spiritual well-being were linked to decreased death anxiety and greater life satisfaction in coronary artery disease patients and their primary caregivers. The findings suggest that addressing patients' and families' spiritual needs should be incorporated into comprehensive, patient- and family-centered care.
7	(Seher & Çiftçi, 2025)	Exploratory descriptive (cross-sectional)	A study involving 151 patients recovering from myocardial infarction found a strong inverse relationship between spiritual well-being and hopelessness. Greater spiritual well-being, particularly in the transcendence dimension, was associated with reduced levels of hopelessness.. Body mass index, family structure, marital status, and religious practices during healthy periods were associated with spiritual well-being and hopelessness.	Higher spiritual well-being is associated with lower levels of hopelessness among post-myocardial infarction patients. Strengthening spiritual aspects—particularly the dimension of transcendence—can be incorporated into nursing interventions to enhance patients' psychological well-being.
8	(Arli & Özer, 2026)	Descriptive cross-sectional	A study of 120 post-myocardial infarction patients revealed a significant positive correlation spiritual well-being was positively associated with quality of life ($r = 0.338$; $p < 0.01$), whereas post-traumatic growth showed a negative association ($r = –0.270$; $p < 0.01$). Patients reported moderate spiritual well-being, low post-traumatic growth, and poor cardiac-related quality of life.	Spiritual well-being is associated with improved quality of life among patients recovering from myocardial infarction. Enhancing spiritual well-being can be part of nursing interventions to support quality of life during the recovery process.
9	(Sulistiyowati, 2024)	Quasi-experimental pre-test–post-	The dhikr intervention significantly reduced anxiety levels in ACS patients (p =	Dhikr is effective as a spiritual intervention for reducing anxiety among

		test with control and intervention groups	0.006). Logistic regression analysis indicated that dhikr was the most dominant factor in reducing anxiety (OR = 10.674), after controlling for age and history of heart disease.	individuals with Acute Coronary Syndrome (ACS) and can be integrated as part of spiritual nursing interventions in clinical practice.
10	(Ababaie et al., 2025)	Randomized controlled trial	The provision of spiritual care over three days to female patients with AMI significantly reduced Post-Traumatic Stress Disorder (PTSD) scores compared to the control group (42.4 ± 6.6 vs. 50.4 ± 7.1; p < 0.001). The incidence of PTSD one month after AMI was also lower in the intervention group (17.5%) compared to the control group (65%).	Nurse-led spiritual care in the CCU may reduce the occurrence and severity of PTSD among women with acute myocardial infarction (AMI), highlighting its value as part of holistic nursing care for acute cardiac patients.
11	(Utama et al., 2021)	Quantitative descriptive	A study of 43 patients following acute coronary syndrome (ACS), utilizing the Spirituality Index of Well-Being (SIWB), revealed that the majority of respondents possessed low levels of spiritual well-being. This low level of spiritual well-being is associated with physical and psychological changes following ACS that have the potential to affect the patients' quality of life.	Post-acute coronary syndrome patients still have a low level of spiritual well-being, so more optimal spiritual support is needed, especially from family and health workers, as part of holistic nursing care.

Table 2 summarizes the methodological quality of the 11 included studies based on the JBI Critical Appraisal Tools.

Table 2. Critical Evaluation of the Included Studies

No	Penulis	Desain	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Skor	Kategori
1	Mulyana et al. (2024)	Quasi-experimental	Y	Y	Y	Y	Y	Y	Y	Y	Y	–	–	–	–	9/9	High
2	Marznaki et al. (2024)	Cross-sectional	Y	Y	Y	Y	N	Y	Y	Y	–	–	–	–	–	7/8	High
3	Mollaei et al. (2025)	Cross-sectional	Y	Y	Y	Y	N	Y	Y	Y	–	–	–	–	–	7/8	High
4	Oh et al. (2022)	Cohort	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	–	–	10/11	High
5	Demir Çam et al. (2026)	Qualitative	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	–	–	–	10/10	High
6	Kılıç et al. (2026)	Cross-sectional	Y	Y	Y	Y	Y	Y	Y	Y	–	–	–	–	–	8/8	High
7	Seher & Çiftçi (2025)	Cross-sectional	Y	Y	Y	Y	Y	Y	Y	Y	–	–	–	–	–	8/8	High
8	Arli & Özer (2026)	Cross-sectional	Y	Y	Y	Y	Y	N	Y	Y	–	–	–	–	–	7/8	High
9	Sulistiyowati et al. (2024)	Quasi-experimental	Y	Y	Y	Y	Y	Y	Y	Y	Y	–	–	–	–	9/9	High
10	Ababaie et al. (2025)	RCT	Y	Y	Y	N	N	U	Y	Y	Y	Y	Y	Y	Y	10/13	High
11	Utama et al. (2021)	Descriptive quantitative	Y	Y	N	Y	Y	Y	Y	Y	Y	–	–	–	–	8/9	High

Synthesized findings across the reviewed studies consistently demonstrate that spiritual well-being acts as a psychological buffer for cardiac patients. The abrupt onset of ACS frequently triggers severe post-event distress, including heightened mortality anxiety and hopelessness driven by sudden lifestyle modifications and disease uncertainty. Within this context, spiritual practices function as internal coping mechanisms that mitigate emotional trauma. Specifically, data from multiple included trials demonstrate an inverse relationship between spiritual engagement and negative affective states. Patients displaying higher levels of existential transcendence consistently reported lower anxiety scores and superior adaptation to post-infarction limitations by Seher & Çiftçi (2025) a strong inverse relationship was identified between spiritual well-being and hopelessness, with higher spiritual well-being, particularly transcendence, linked to lower hopelessness. Spirituality may therefore support hope and adaptation during recovery.

Kılıç et al. (2026), reported similar results, showing that greater spiritual well-being was linked to reduced death anxiety and improved life satisfaction in patients with ACS and their primary caregivers. This highlights the role of spirituality in supporting both patients and caregivers in coping with illness and caregiving challenges.

In addition, Marznaki et al. (2024) the study found a significant association between spiritual well-being and improved quality of life among older adults recovering from acute myocardial infarction (AMI), whereas no significant association was observed with life satisfaction. These findings indicate that quality of life and life satisfaction represent distinct dimensions that may be shaped by different factors. Quality of life is related to patients' ability to live their lives after illness, whereas life satisfaction may be influenced by personal conditions, social relationships, family support, and overall health status. Therefore, spirituality may be one of the aspects supporting quality of life among patients following AMI; however, comprehensive patient care should also consider psychological, social, and health-related aspects.

However, some studies found no significant association between religious aspects and patients' health conditions. Oh et al. (2022), a cohort study of 2,348 among patients with acute myocardial infarction (AMI) who underwent percutaneous coronary intervention (PCI), no significant differences in health outcomes were observed over the one-year follow-up period between those with and without religious affiliations. This finding indicates that the relationship between religious aspects and patients' health outcomes has not shown consistent results. Therefore, spirituality may be considered as part of comprehensive care to support patients, but it should be provided alongside appropriate medical treatment and care.

Nevertheless, the spiritual needs of patients with ACS still require greater attention. In Indonesia, Utama et al. (2021) found that most patients recovering from ACS had low levels of spiritual well-being. This finding emphasizes the need to incorporate patients' spiritual needs into the rehabilitation process. Spiritual support, particularly from family members, may help patients achieve inner peace, maintain hope, accept their illness, and reduce anxiety and depression commonly experienced by patients with ACS. Therefore,

holistic nursing care should incorporate spiritual needs through spiritual assessment, belief-based support, and family involvement throughout the recovery process.

In addition to contributing to psychological well-being, spirituality may also function as a coping mechanism that helps patients adapt to physical, psychological, and social changes. An ACS diagnosis can lead to sudden changes in patients' lives, including limitations in physical activity, dependence on medication, concerns about disease recurrence, and changes in family roles. These conditions require adequate adaptive capacity to enable patients to navigate the recovery process effectively. Spirituality may support this adaptation by providing meaning, hope, and inner strength when facing illness. These findings are consistent with those reported by Mollaei et al. (2025), who reported a positive relationship between spiritual health and self-efficacy among older patients recovering from AMI. The study further revealed that resilience mediated the association between spiritual health and self-efficacy. These findings suggest that patients with better spiritual health tend to have greater resilience and stronger confidence in their ability to cope with the recovery process after AMI.

Similarly, a phenomenological study by Demir Çam et al. (2026) reported that patients recovering from AMI encountered a range of psychosocial challenges, including fear of death, psychological distress, social difficulties, and physical limitations. To cope with these challenges, patients employed various spiritual strategies, such as prayer, religious practices, support from family members, and deriving meaning from their illness experiences. These strategies helped patients adapt to their health conditions and strengthen their emotional resilience. These findings indicate that spirituality is a coping resource rooted in individual beliefs and reinforced by family support, emphasizing the need to incorporate spirituality into holistic nursing care.

The role of spirituality in enhancing patients' adaptive capacity is also supported by Arli & Özer (2026), who reported a positive association between spiritual well-being and quality of life in patients recovering from AMI. Higher spiritual well-being was linked to better quality of life despite disease-related limitations. These findings suggest that spirituality may help patients accept the changes that occur after AMI, enabling them to adapt more effectively to their new health conditions. Although the study found that post-traumatic growth remained at a low level, spiritual well-being still contributed positively to the patients' adaptation process.

In addition to findings regarding the relationship between spirituality and adaptive capacity, several studies have also demonstrated that spiritual interventions may provide direct benefits to the psychological well-being of patients with ACS. Mulyana et al. (2024) found that family-based integrated spiritual support using an affective stimulation approach significantly reduced anxiety levels among patients with ACS compared with patients who received routine care alone. The intervention integrated spiritual support with family involvement in the patient's care process. Although it did not result in a significant difference in chest pain intensity, the intervention was effective in improving patients' psychological conditions during the acute phase. These findings suggest that family involvement in providing spiritual support may enhance patients' comfort and help

them cope with their illness.

Similar findings were reported by Sulistiyowati (2024), who investigated the effect of dhikr therapy on anxiety among patients with ACS. The study showed that regular dhikr therapy significantly reduced patients' anxiety levels. The author explained that dhikr, as a practice of remembering Allah, can be performed independently and incorporated into nursing interventions. This finding suggests that simple spiritual practices that are consistent with patients' beliefs may serve as effective supportive interventions for reducing anxiety among patients with ACS.

In addition to reducing anxiety, spiritual interventions have also demonstrated benefits in reducing long-term psychological distress following AMI. Ababaie et al. (2025) reported that three days of spiritual care among women with AMI significantly reduced post-traumatic stress disorder (PTSD) scores and the incidence of PTSD one month after AMI compared with the control group. These findings suggest that spiritual interventions initiated during the acute phase may provide benefits for patients' psychological well-being throughout the recovery process. The findings further support incorporating spiritual care into nursing practice to help reduce the psychological consequences experienced by patients following AMI.

These three intervention studies indicate that various forms of spiritual support, including family involvement in Mulyana et al. (2024), dhikr therapy in Sulistiyowati (2024), and structured spiritual care in Ababaie et al. (2025), may provide benefits for the psychological well-being of patients with ACS. Mulyana et al. (2024) and Sulistiyowati (2024) used quasi-experimental designs and demonstrated reductions in anxiety levels among patients with ACS, whereas Ababaie et al. (2025) used a randomized controlled trial and demonstrated reductions in PTSD symptoms and incidence among women with AMI. Although all three interventions showed positive benefits, the randomized controlled trial provides stronger evidence regarding intervention effectiveness than quasi-experimental studies. However, because the interventions, participant characteristics, and measured outcomes differed, it cannot yet be determined which spiritual intervention is the most effective for patients with ACS.

Collectively, these findings underscore the novelty of the present literature review, which is reflected in its synthesis of the relationship between spirituality and various patient outcomes, as well as evidence regarding different forms of spiritual interventions among patients with ACS. Previous studies have tended to focus on specific aspects or outcomes, such as anxiety, quality of life, spiritual well-being, or the effectiveness of spiritual interventions. In contrast, this review demonstrates that spirituality is associated with a broader range of outcomes, including psychological conditions, quality of life, self-efficacy, resilience, life satisfaction, and adaptive capacity. In addition, this review integrates evidence from various forms of spiritual interventions, including family-based spiritual support, dhikr therapy, and structured spiritual care. Therefore, this review provides a more comprehensive overview of spirituality as part of a biopsychosocial-spiritual approach to supporting recovery among patients with ACS. This synthesis is consistent with (Mousavizadeh & Jandaghian-Bidgoli, 2024), who highlighted the

importance of spiritual care as an integral part of holistic care for patients with cardiovascular disease, despite considerable variation in the interventions implemented and outcomes evaluated.

These findings provide valuable insights that may inform and strengthen nursing practice. Spirituality is not only associated with patients' psychological conditions but may also serve as a non-pharmacological approach that complements medical and nursing care throughout the recovery process. Spirituality may help patients develop hope, enhance resilience in facing illness, strengthen self-efficacy, and find meaning in their illness experiences. These capacities may support patients in adapting to physical and psychological changes during the recovery process. Therefore, nurses need to improve their competence in identifying patients' spiritual needs and providing spiritual care that is appropriate to their needs, conditions, and beliefs. Recent evidence indicates that nurses' competencies in spirituality and spiritual care remain moderate, highlighting the need to strengthen education and training related to spiritual care (Kaiyue et al., 2025). Further studies in Indonesia should focus on developing and evaluating culturally appropriate spiritual interventions that reflect the beliefs, values, and needs of patients with ACS. Experimental studies involving larger sample sizes are also warranted to provide more robust evidence on the effectiveness of spiritual interventions in promoting recovery among patients with ACS.

CONCLUSION

This literature review demonstrates that an important contribution of spirituality can be observed in supporting the recovery process of patients with acute ACS. Based on the analysis of 11 articles, spirituality was associated with various positive outcomes, including reduced anxiety, hopelessness, death anxiety, and reduced post-traumatic stress disorder (PTSD) symptoms and enhanced quality of life, self-efficacy, resilience, life satisfaction, and patients' adaptive capacity. Various spiritual interventions, including spiritual care, family-centered spiritual support, and dhikr therapy, also contributed to improving patients' psychological well-being and supporting holistic nursing care. The evidence indicates that evaluating patients' spiritual needs should be considered an integral component of nursing care. Appropriate spiritual interventions, tailored to patients' individual values, beliefs, and needs, should also be incorporated into ACS care using a biopsychosocial-spiritual approach. Further research is recommended to develop culturally appropriate spiritual interventions that are aligned with the cultural characteristics and religious values of the Indonesian population, thereby strengthening the evidence regarding their effectiveness in improving health outcomes among patients with ACS.

ACKNOWLEDGMENTS

The author gratefully acknowledges Universitas 'Aisyiyah Surakarta for its support in the preparation of this article. The author also extends appreciation to all researchers whose scientific works contributed to this literature review.

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