



Influence of Spiritual Guidance on Pre-Procedural Anxiety in Patients Undergoing Endoscopy

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ARTICLE INFORMATION

Article history

Received: 2025-09-15

Revised : 2025-10-23

Accepted: 2025-10-25

Keywords

spiritual guidance; anxiety;
endoscopy; holistic nursing;
non-pharmacological
intervention

ABSTRACT

Introduction: Pre-procedural anxiety is a common psychological response among patients undergoing endoscopic examinations. This emotional state may negatively affect patient cooperation and procedural outcomes. Spiritual guidance is a non-pharmacological intervention that offers emotional and psychological comfort rooted in patients' beliefs and values. **Objectives:** This study aimed to examine the effect of spiritual guidance on anxiety levels in patients prior to endoscopy. **Methods:** A quasi-experimental design with a time series approach was employed involving 20 adult patients. Participants received a spiritual guidance intervention consisting of structured sessions tailored to individual beliefs. Anxiety levels were measured before and after the intervention using a standardized scale. Data were analyzed using a paired t-test to determine statistical significance. **Results:** Prior to the intervention, 70% of patients had no family history of endoscopy and 75% had never received information about the procedure. The majority experienced moderate (45%) to severe (25%) anxiety. After spiritual guidance, anxiety levels decreased significantly, with 45% reporting no anxiety and another 45% reporting only mild anxiety. The mean anxiety score dropped from 2.90 to 1.65 ($p = 0.000$). **Conclusions:** Spiritual guidance was effective in reducing anxiety before endoscopic procedures. This finding supports the integration of spiritual care into holistic nursing practice, especially in culturally religious communities. Further research is needed to explore the long-term and broader clinical applications of this intervention.

Genius Journal of Medical Surgical Nursing (GJMSN) is a peer-reviewed journal published by Genius Publishing, under CV. Gerbang Ilmu Nusantara, Probolinggo, Indonesia.
Website: <https://geniusjournal.net/>
E-mail: geniusjournalmsn@gmail.com

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A. Introduction

Anxiety is one of the most common psychological responses experienced by patients undergoing medical procedures, especially those involving invasive techniques such as endoscopy. It is characterized by an anticipatory emotional state that may manifest physically and mentally, often unrelated to a specific threat (Spielberger, 2010). Endoscopic procedures, although minimally invasive, often provoke significant anxiety due to concerns about pain, complications, or loss of control during the process (Van Zuuren et al., 2006). Patients may express these anxieties through physiological responses such as increased heart rate, restlessness, or avoidance behavior (Chlan et al., 2003). The emotional state of the patient before the procedure can influence the overall outcome and procedural cooperation.

Pre-procedural anxiety is influenced by several factors, including the patient's knowledge of the procedure, previous experiences, perceived invasiveness, and the environment in which the procedure is conducted (Moerman et al., 1996). Lack of information and communication from health professionals often heightens anxiety and reduces patient confidence (Kain et al., 2000). Interpersonal interactions with nurses and other care providers are therefore critical in shaping emotional preparedness. Therapeutic interventions, including psychological and spiritual support, have been employed to manage this pre-procedural stress (Koenig, 2009). A holistic approach that integrates both physical and emotional dimensions is increasingly advocated in nursing care.

Spirituality has gained attention as an essential component of holistic healthcare, particularly in managing psychological distress in clinical settings. Spiritual care is defined as the aspect of care that addresses the spiritual or existential needs of individuals as they cope with health challenges (Puchalski et al., 2009). It includes practices that help patients find meaning, connection, or comfort during vulnerable times. Several studies have shown that spiritual interventions can reduce anxiety levels and improve emotional resilience among patients undergoing stressful treatments (Tiew et al., 2013; Delgado, 2005). The integration of spiritual care into clinical practice is supported by both theoretical and empirical evidence.

Healthcare professionals, particularly nurses, play a central role in implementing spiritual care as part of the therapeutic process. Nurses are often the primary point of contact for patients and are well-positioned to assess spiritual needs through structured or informal interactions (Narayanasamy, 2004). Providing spiritual support does not necessarily require religious instruction, but rather a compassionate presence and sensitivity to the patient's beliefs and values (Puchalski & Ferrell, 2010). Training in spiritual assessment and intervention has been shown to improve patient satisfaction and reduce psychological distress (Murray et al., 2004). Despite its importance, spiritual care remains underutilized in many clinical settings.

Non-pharmacological strategies to reduce anxiety are gaining popularity due to their safety, accessibility, and patient-centered nature. Among these strategies, spiritual guidance, mindfulness, and relaxation techniques have demonstrated effectiveness in alleviating patient anxiety before medical procedures (Ramesh et al., 2015). Spiritual guidance involves verbal or non-verbal interventions that promote inner peace, hope, and acceptance, tailored to the individual's spiritual background. This approach is often well-received because it aligns with cultural and personal values, especially in societies where spirituality plays a strong role (Tiew et al., 2013). Moreover, it complements conventional medical interventions without introducing adverse effects.

Evidence suggests that spiritual interventions may trigger physiological responses that promote relaxation and reduce anxiety-related symptoms. Practices such as guided prayer, meditation, or spiritual reflection can activate parasympathetic nervous responses, leading to lowered heart rate and blood pressure (Koenig, 2007). These biological effects support the use of spiritual approaches as a legitimate component of holistic care. Furthermore, patients who engage in spiritual practices during hospitalization often report better coping and satisfaction with care (Delgado, 2005; Tiew & Creedy, 2012). Such outcomes are particularly relevant in short-term, high-stress settings like diagnostic procedures.

Patient-centered care emphasizes not only clinical outcomes but also psychological comfort and emotional security. Addressing patient anxiety through spiritual means contributes to better procedural compliance and overall experience (McSherry & Ross, 2002). By fostering trust and understanding, healthcare providers can minimize fear-based resistance to treatment. In particular, spiritual support can be a bridge for communication between

healthcare workers and patients from diverse backgrounds (Puchalski et al., 2009). It enhances the therapeutic relationship and creates a more compassionate care environment.

In clinical practice, anxiety management protocols have begun to include spiritual assessments and interventions as part of nursing care plans. This trend reflects a shift toward integrating biopsychosocial-spiritual models in modern healthcare (Sulmasy, 2002). Training nurses to recognize and respond to spiritual distress allows for more comprehensive patient care. Institutional support for spiritual care, including policy frameworks and interdisciplinary collaboration, further reinforces its value in healthcare systems (Pearce et al., 2012). As research on this topic grows, the evidence base continues to validate the benefits of spiritual interventions.

While pharmacological treatments for anxiety are widely used, they are not without limitations such as side effects and temporary relief. Spiritual interventions, by contrast, offer sustainable, individualized support that empowers patients to navigate health challenges with resilience (Koenig et al., 2012). Moreover, spiritual guidance can foster a sense of control and inner strength, reducing the need for sedation or medication before procedures (Tiew & Creedy, 2012). These benefits align with the goals of patient safety and quality improvement. Thus, incorporating spiritual guidance in anxiety management is both clinically relevant and ethically sound.

Based on these perspectives, this study aims to examine the role of spiritual guidance in reducing anxiety in patients undergoing endoscopic procedures. Understanding the effectiveness of this approach may contribute to the development of nursing interventions that are both evidence-based and spiritually sensitive. With the growing recognition of spirituality in health care, research in this area is essential for advancing holistic nursing practices. Integrating such insights into clinical protocols can enhance the well-being and dignity of patients. This study seeks to fill the gap by providing empirical data on the impact of spiritual support on pre-procedural anxiety.

B. Methods

This study applied a quasi-experimental design using a time series approach to assess the effect of spiritual guidance on anxiety levels in patients scheduled for endoscopy. The design involved repeated measurements taken before and after the intervention to evaluate changes over time.

The population in this study included adult patients with clinical indications for endoscopic examination. A total of 20 participants were selected using purposive sampling based on criteria such as age, willingness to undergo endoscopy, conscious mental state, absence of complications, and agreement to participate. Patients experiencing severe physical distress during the procedure were excluded to maintain consistency in responses and safety in participation.

The independent variable in this study was spiritual guidance, which included structured sessions focused on moral support, religious motivation, and reflective conversation based on the patient's personal beliefs. The dependent variable was patient anxiety, assessed using a standardized scale with 14 items evaluating psychological and physical symptoms. Anxiety levels were categorized based on total scores ranging from no anxiety to very severe anxiety. Data collection was carried out through interviews, direct observation, and structured questionnaires administered before and after the intervention.

The collected data were processed through editing, coding, and tabulation to ensure accuracy. Statistical analysis was performed using a paired t-test to compare pre- and post-intervention anxiety scores. The significance of the results was determined based on a p-value threshold. Ethical considerations were addressed by obtaining informed consent, ensuring participant anonymity, and maintaining the confidentiality of all data gathered during the research.

C. Results and Discussion

This section outlines the findings related to the effect of spiritual guidance on anxiety levels among patients prior to undergoing endoscopy. The analysis includes demographic characteristics of the respondents, their anxiety levels before and after the intervention, and statistical results demonstrating the significance of the changes observed. Data are presented in tables and supported by narrative interpretations to highlight patterns and key outcomes. These results provide insight into the effectiveness of spiritual interventions in reducing pre-procedural anxiety.

Table 1. Respondent Characteristics (N = 20)

Variable	Category	(n)	(%)
Age	20–30 years	3	15.0
	31–40 years	3	15.0
	41–50 years	10	50.0
	51–60 years	4	20.0
Gender	Male	9	45.0
	Female	11	55.0
Educational Level	No formal education	4	20.0
	Elementary school (SD)	3	15.0
	Junior high school (SMP)	3	15.0
	Senior high school (SMA)	5	25.0
	Bachelor's degree or higher	5	25.0
Occupation	Unemployed	5	25.0
	Laborer/Farmer	6	30.0
	Entrepreneur	4	20.0
	Government/Private employee	5	25.0
Family History of Endoscopy	No family history	14	70.0
	Has family history	6	30.0
Information About Endoscopy Received	Never received	15	75.0
	Has received	5	25.0

Table 1 describes the demographic characteristics of the 20 respondents involved in the study. In terms of age, the majority were between 41–50 years old (50%), followed by those aged 51–60 years (20%). Regarding gender, more than half of the respondents were female (55%), while the remaining 45% were male.

In terms of educational background, the largest groups were those with senior high school and bachelor's degrees, each comprising 25% of the sample. A smaller proportion had completed only elementary (15%) or junior high school (15%), and 20% had no formal education. These figures suggest a moderate level of education among respondents.

Concerning occupation, most respondents were either laborers or farmers (30%), followed by private or government employees (25%) and unemployed individuals (25%). Only 20% identified as entrepreneurs. This occupational profile reflects a socioeconomically diverse sample.

Regarding exposure to endoscopy, 70% of the respondents reported no family history of undergoing the procedure. Furthermore, 75% stated they had never received prior information about endoscopy. These findings imply that most participants lacked both direct and indirect experience with the procedure, which may have contributed to elevated pre-procedural anxiety levels.

Table 2. Patient Anxiety Levels Before and After Spiritual Guidance (N = 20)

Anxiety Level	Before Guidance (%)	After Guidance (%)
No Anxiety	5.0%	45.0%
Mild Anxiety	25.0%	45.0%
Moderate Anxiety	45.0%	10.0%
Severe Anxiety	25.0%	0.0%

Prior to receiving spiritual guidance, most patients experienced moderate (45%) to severe (25%) levels of anxiety before undergoing endoscopy. After receiving spiritual guidance, there was a marked reduction in anxiety: 45% experienced no anxiety, another 45% mild anxiety, and only 10% remained moderately anxious.

Table 3. Descriptive Statistics of Anxiety Scores (Pre and Post-Spiritual Guidance)

Stage	Mean	Median	SD	Min	Max
Before Guidance	2.90	3.00	0.852	1	4
After Guidance	1.65	2.00	0.671	1	3

The mean anxiety score decreased significantly from 2.90 (moderate anxiety) before the intervention to 1.65 (mild anxiety) after spiritual guidance. This demonstrates the intervention's effectiveness in reducing anxiety levels.

Table 4. Paired t-Test for Anxiety Scores Before and After Intervention

Mean Difference	SD	SE	95% CI (Lower - Upper)	t	df	p-value
1.250	0.716	0.160	0.915 - 1.585	7.804	19	0.000

There is a statistically significant reduction in anxiety scores following spiritual guidance ($p < 0.05$). This indicates that the spiritual intervention had a meaningful and measurable impact on patients' anxiety levels.

This study found that spiritual guidance effectively reduced anxiety among patients scheduled for endoscopy. The average anxiety score decreased significantly from 2.90 to 1.65 after the intervention. This indicates that spiritual guidance can provide emotional comfort before medical procedures. The results highlight the value of non-pharmacological interventions in clinical practice.

Anxiety is a common psychological response to stress, especially before invasive procedures such as endoscopy. Suliswati (2005) explained that anxiety can arise from uncertainty, fear,

and unfamiliarity. In this study, 75% of respondents had never received information about endoscopy, increasing their fear. Lack of information can heighten perceived threat and worsen anxiety.

Spiritual guidance helps patients find meaning and peace amid health challenges. According to Hidayat (2011), patients in illness tend to strengthen their relationship with God, seeking comfort and hope. This sense of spiritual connection may reduce emotional distress. The reduction in anxiety after spiritual guidance supports this theoretical view.

Holistic nursing integrates physical, emotional, social, and spiritual care (Dossey et al., 2005). Ignoring one aspect may weaken the patient's ability to recover fully. The inclusion of spiritual support in this study reflects a holistic approach. It addresses not only the symptoms but also the patient's inner well-being.

Anxiety is linked to physiological changes such as elevated cortisol and weakened immune response (McEwen, 2007). These effects can worsen a patient's clinical condition if not managed. By reducing anxiety, spiritual care may indirectly support the body's healing mechanisms. This demonstrates the mind-body connection in nursing care.

Koenig (2004) found that spiritual practices are associated with lower levels of stress and better coping strategies in patients. Prayer, meditation, and religious reflection offer emotional stability. In this study, patients practiced dzikir and prayer, which likely contributed to their emotional calm. This spiritual engagement provided a coping resource during stress.

Nursalam (2003) emphasized that spiritual care reduces stress in hospitalized patients and those with terminal illness. The present findings confirm that it is also effective for patients awaiting medical procedures. The use of familiar religious practices creates a sense of control and reduces helplessness. Emotional comfort fosters better cooperation with treatment.

The effect of spiritual guidance is not only from religious content but also from the interpersonal interaction involved. Talking to someone empathetic may reduce fear and provide emotional relief. Patients in this study could express their concerns during the session. This two-way communication may have enhanced the impact of the intervention.

Therapies like dzikir and prayer are classified as psycho-spiritual interventions. They activate inner resilience by connecting the patient to their source of faith (Nursalam, 2003). This form of therapy can strengthen the patient's ability to accept illness and reduce mental tension. It also builds trust in the care process.

In summary, the study shows that spiritual guidance is a practical and effective way to lower anxiety before endoscopy. It should be integrated into standard nursing protocols, especially in culturally religious communities. Future research could explore its long-term effects and application to other clinical settings. Spiritual care is essential to delivering compassionate and holistic healthcare.

D. Conclusion

This study concludes that spiritual guidance is an effective non-pharmacological intervention to reduce pre-procedural anxiety in patients undergoing endoscopy. The significant decrease in mean anxiety scores after the intervention demonstrates that spiritual support contributes meaningfully to emotional readiness and psychological comfort. As part of holistic nursing

care, integrating spiritual guidance not only addresses patients' spiritual needs but also enhances their overall treatment experience. Future research is recommended to explore its long-term impact and applicability across different clinical populations and settings.

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