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Review Article

Effectiveness of Spiritual Care in Reducing Death Anxiety Among Patients Receiving Palliative Care: An Integrative Literature Review

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Abstract

Background: Death anxiety is a common psychological and existential concern among patients with chronic, terminal, and palliative illnesses, adversely affecting emotional well-being, quality of life, and coping ability. Spiritual care has been increasingly recognized as an essential component of holistic palliative care; however, evidence regarding its effectiveness in reducing death anxiety remains fragmented.
Objective: This integrative literature review aimed to synthesize current evidence on the effectiveness of spiritual care in reducing death anxiety among patients receiving palliative care.
Methods: An integrative literature review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines. Six electronic databases (PubMed, ScienceDirect, SAGE Journals, ProQuest, SpringerLink, and Wiley Online Library) were searched for English-language studies published between 2021 and 2026. Eligible studies included randomized controlled trials, quasi-experimental studies, and analytical cross-sectional studies involving adults with chronic, terminal, or palliative illnesses. Methodological quality was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, and findings were synthesized narratively using thematic analysis.
Results: Eight studies met the eligibility criteria, comprising two randomized controlled trials, one quasi-experimental study, and five analytical cross-sectional studies. Three overarching themes emerged: (1) spirituality as a protective factor against death anxiety, (2) the effectiveness of spirituality-based interventions in reducing death anxiety, and (3) mechanisms through which spiritual care enhances psychological adaptation. Higher levels of spiritual well-being, meaning in life, and fulfillment of spiritual care needs were consistently associated with lower death anxiety. Structured interventions, including spiritual counseling, nurse-led spiritual care, and spirituality-oriented palliative care, significantly reduced death anxiety while improving resilience, psychological well-being, and quality of life.
Conclusion: Spiritual care is an effective non-pharmacological intervention for reducing death anxiety and supporting psychological adaptation among patients receiving palliative care. Integrating evidence-based spiritual care into routine nursing practice may enhance holistic, person-centered care. Further multicenter randomized controlled trials using standardized interventions are needed to strengthen the evidence base.

Keywords: Death anxiety; integrative review; palliative care; psychological adaptation; spiritual care; spiritual well-being

INTRODUCTION

Palliative care is a comprehensive healthcare approach designed to improve the quality of life of patients with life-limiting illnesses and their families by addressing physical, psychological, social, and spiritual needs through coordinated multidisciplinary care (1,2). As patients approach the end of life, spiritual concerns often become increasingly prominent because of disease progression, uncertainty regarding prognosis, and awareness of mortality (3). Consequently, addressing spiritual needs has become an essential component of high-quality palliative care (4,5). One of the most common psychological-spiritual issues is death anxiety, which encompasses fear of the dying process, loss of meaning in life, uncertainty after death, and concerns about leaving family behind. This condition has been shown to be associated with a decreased quality of life, increased psychological distress, and weakened coping abilities in patients during the final stages of life (6,7).

Spiritual care is a crucial component of palliative care because it helps patients find meaning in life, increase hope, strengthen spiritual well-being, and support acceptance of the end-of-life situation. This concept is understood as a systematic response to patients' spiritual needs through an empathetic, therapeutic, and meaning-based approach (83). In the context of nursing practice, spiritual care includes various interventions such as therapeutic presence, active listening, facilitation of worship, meditation, and empathetic communication that is oriented towards the patient's spiritual needs (9). This approach is an integral part of holistic palliative care which emphasizes the importance of the dimensions of meaning, value, and transcendence in the experience of illness (2).

Recent scientific evidence shows that spiritual care has a positive impact on spiritual well-being, quality of life, and reduced psychological distress in palliative care patients. Studi Hu shows that spiritual well-being is significantly related to a decrease in the level of death anxiety in patients with end-stage chronic diseases (6). In addition, a systematic review by Prieto-Crespo found that spiritual interventions contributed to increased inner peace, acceptance of the disease condition, and improved quality of life in palliative care patients (9). These findings are supported by Gijsberts, who confirmed that integrated spiritual care into clinical practice is associated with improved psychological outcomes and the quality of end-of-life care (3).

Although previous studies have reported beneficial effects of spiritual care, the available evidence remains fragmented and varies considerably across healthcare settings, patient populations, intervention characteristics, and outcome measurements. Some studies have primarily focused on improving spiritual well-being or quality of life, whereas evidence specifically addressing the effectiveness of spiritual care in reducing death anxiety among patients receiving palliative care remains limited and inconsistent. Consequently, a comprehensive synthesis of the existing literature is required to clarify current evidence and identify implications for evidence-based palliative nursing practice.

Given the fragmented evidence and the lack of comprehensive synthesis, an integrative review is needed to evaluate the effectiveness of spiritual care interventions in reducing death anxiety among patients receiving palliative care. The findings of this review are expected to provide evidence-based recommendations for strengthening spiritual care practices and supporting the development of holistic palliative nursing services (10,8).

METHODS

Study Design

This study employed an integrative literature review to synthesize current evidence regarding the effectiveness of spiritual care interventions in reducing death anxiety among patients receiving palliative care. The review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines to ensure a transparent and systematic study selection process.

Search Strategy

A comprehensive literature search was conducted in six electronic databases: PubMed, ScienceDirect, SAGE Journals, ProQuest, SpringerLink, and Wiley Online Library. The search was limited to studies published between January 2021 and December 2026 and restricted to English-language original research articles.

The search strategy combined Medical Subject Headings (MeSH), database-specific indexing terms, and free-text keywords using Boolean operators (AND and OR) as follows:

("spiritual care" OR "spiritual intervention" OR "spiritual support")
AND
("death anxiety" OR "fear of death" OR "fear of dying")
AND
("palliative care" OR "terminal care" OR "end-of-life care")

Eligible study designs included randomized controlled trials (RCTs), quasi-experimental studies, and analytical cross-sectional studies.

Studies were excluded if they were review articles, systematic reviews, meta-analyses, scoping reviews, editorials, commentaries, conference abstracts, case reports, dissertations, theses, unpublished reports, duplicate publications, non-English articles, studies involving populations outside the review scope, studies that did not evaluate spiritual care or death anxiety, or articles published before 2021.

Study Selection

The study selection process followed the PRISMA 2020 guidelines (Figure 1). The initial database search identified 512 records, comprising PubMed (n = 5), ScienceDirect (n = 35), SAGE Journals (n = 22), ProQuest (n = 342), SpringerLink (n = 79), and Wiley Online Library (n = 29). After removing 437 duplicate records using Mendeley Reference Manager, 75 records remained for title and abstract screening.

During the screening stage, 49 records were excluded because they did not meet the predefined eligibility criteria. Consequently, 26 reports were sought for full-text retrieval. However, 15 reports could not be retrieved, leaving 11 full-text articles for eligibility assessment.

Following full-text assessment, three articles were excluded because the full text was unavailable for complete methodological appraisal. Finally, eight studies met all eligibility criteria and were included in the final integrative review. The characteristics of the included studies are presented in Table 1.

Data Extraction

Data were extracted using a standardized data extraction form developed by the researchers to ensure consistency across the included studies. The extracted information included study characteristics (author, publication year, country, and study design), participant characteristics (sample size and clinical population), intervention characteristics (type and duration of spiritual care intervention), outcome measures, instruments used to assess death anxiety and related outcomes, and the principal findings of each study. The extracted data were reviewed for completeness and accuracy before synthesis.

Quality Assessment

The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, with the checklist selected according to each study design. Two randomized controlled trials were evaluated using the JBI Checklist for Randomized Controlled Trials, one quasi-experimental study was assessed using the JBI Checklist for Quasi-Experimental Studies, and five analytical cross-sectional studies were appraised using the JBI Checklist for Analytical Cross-Sectional Studies.

Each appraisal criterion was rated as Yes, No, Unclear, or Not Applicable, following the JBI recommendations. Only studies with accessible full-text articles underwent methodological appraisal because complete reporting was required to evaluate methodological quality. Studies demonstrating adequate methodological rigor were included in the final synthesis. The results of the quality assessment are summarized in Table 2.

Data Synthesis

A narrative synthesis was performed because the included studies exhibited substantial methodological heterogeneity in study design, participant characteristics, intervention components, and outcome measures, making statistical meta-analysis inappropriate.

The synthesis began by summarizing the characteristics and findings of each study. Similarities, differences, and recurring patterns across studies were subsequently identified and organized into thematic categories. These categories were integrated into broader themes to facilitate interpretation of the evidence and address the review objective.

The synthesized findings are presented narratively and supported by summary tables describing study characteristics, methodological quality, and thematic findings to provide a comprehensive overview of the effectiveness of spiritual care interventions in reducing death anxiety among patients receiving palliative care.

Eligibility Criteria

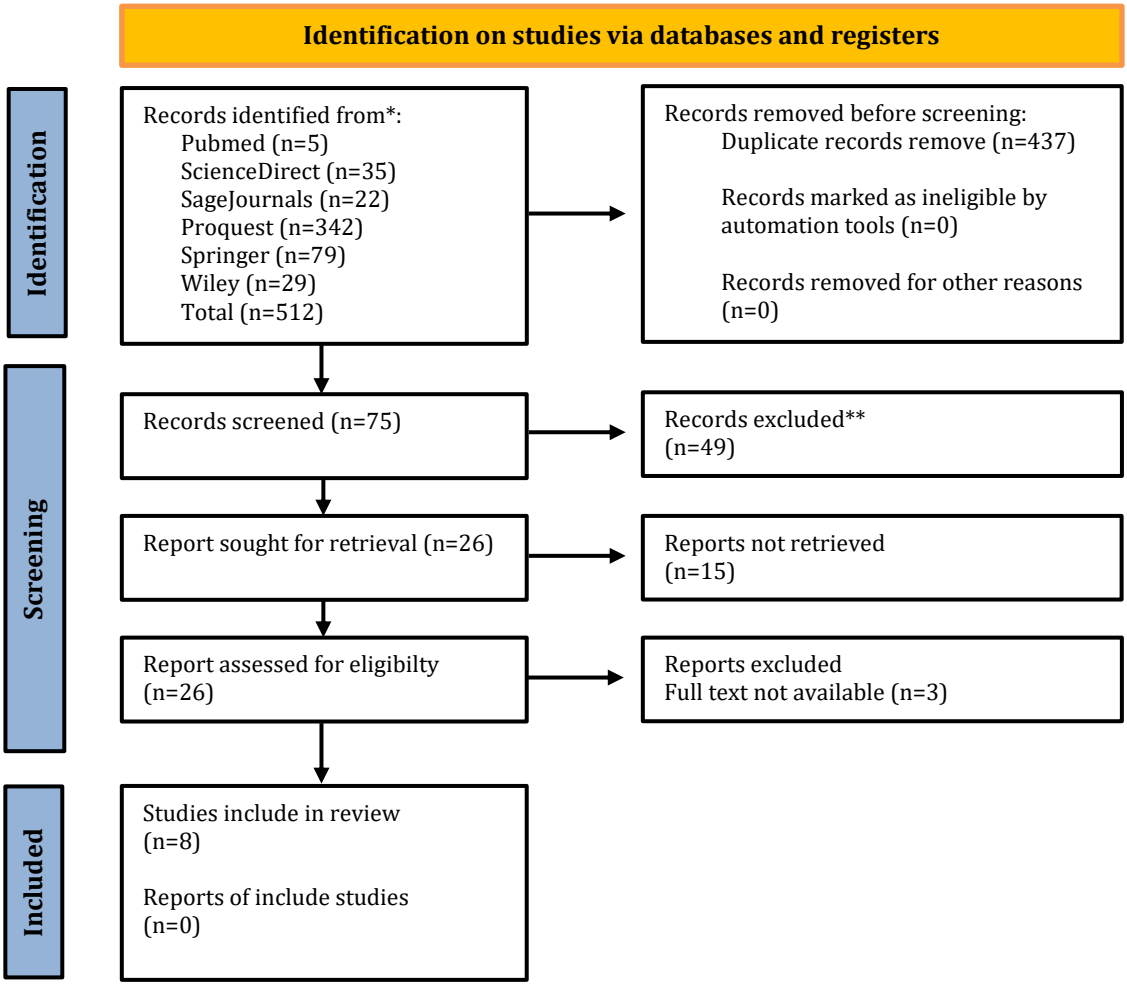
The eligibility criteria were developed according to the PICOS framework.

Component	Eligibility Criteria
Population	Adults (≥18 years) with chronic diseases, terminal illnesses, or conditions requiring palliative care, including cancer, chronic kidney disease undergoing hemodialysis, chronic obstructive pulmonary disease, stroke, multiple sclerosis, and other life-limiting illnesses.
Intervention	Spiritual care interventions provided by healthcare professionals, including spiritual counseling, spirituality-based education, guided mindfulness of death, spiritual support, facilitation of religious practices, therapeutic presence, active listening, and other structured spiritual care interventions.
Comparison	Standard care, usual care, routine nursing care, no structured spiritual care intervention, or different levels of exposure to spiritual care in observational studies.
Outcomes	Primary outcome: death anxiety. Secondary outcomes included spiritual well-being, quality of life, resilience, coping ability, psychological well-being, meaning in life, hope, acceptance of illness, and spiritual care needs.
Study Design	Randomized controlled trials, quasi-experimental studies, and analytical cross-sectional studies published between 2021 and 2026.

RESULTS

Study Selection

Figure 1. PRISMA 2020 Flow Diagram of Study Selection



Characteristics of Included Studies

Table 1. Data Extraction of Included Studies

No.	Author (Year)	Country	Study Design	Population	Intervention / Variables	Outcome Measures	Main Findings
1	Akbari et al. (2021) (11)	Iran	Quasi-experimental	60 patients with multiple sclerosis	Spiritual care intervention	Templer Death Anxiety Scale, Rosenberg Self-esteem Scale	Spiritual care significantly decreased death anxiety and increased self-esteem.
2	Feng et al. (2021) (12)	China	Cross-sectional	586 patients with gynecological cancer	Spiritual well-being and death anxiety	EORTC QLQ-SWB32, Templer Death Anxiety Scale	Spiritual well-being was negatively associated with death anxiety.
3	Emanuel et al. (2023) (13)	United States	Cross-sectional (ancillary study of RCT)	167 patients with advanced cancer receiving palliative care	Death anxiety, religious struggle, dignity-related distress, existential quality of life	Death Anxiety and Distress Scale (DADDS) and related measures	Death anxiety was positively associated with religious struggle and dignity-related distress, and negatively associated with existential quality of life.
4	Torabi et al. (2023) (14)	Iran	Randomized Controlled Trial	70 stroke patients	Spiritual care program	Templer Death Anxiety Scale	Spiritual care significantly reduced death anxiety compared with the control group.
5	Yang et al. (2023) (15)	China	Cross-sectional	108 patients with advanced cancer	Spiritual well-being (meaning, peace, faith)	FACIT-Sp and symptom assessment scales	Higher levels of peace and faith were associated with lower anxiety,

No.	Author (Year)	Country	Study Design	Population	Intervention / Variables	Outcome Measures	Main Findings
							depression, and physical symptoms.
6	Yan et al. (2024) (16)	China	Cross-sectional	286 adult cancer patients	Experiential avoidance, meaning in life, and death anxiety	Acceptance and Action Questionnaire-II, Meaning in Life Questionnaire, Templer Death Anxiety Scale	Meaning in life mediated the relationship between experiential avoidance and death anxiety.
7	Inaloo et al. (2025) (17)	Iran	Randomized Controlled Trial	80 patients with heart failure	Spirituality-based palliative care education	Templer Death Anxiety Scale, Connor-Davidson Resilience Scale, McGill Quality of Life Questionnaire	Spirituality-based palliative care education significantly reduced death anxiety and improved quality of life and resilience.
8	Yıldız et al. (2025) (18)	Türkiye	Cross-sectional	250 patients with COPD	Spiritual care needs and death anxiety	Spiritual Care Needs Scale, Death Anxiety Scale	Higher spiritual care needs were significantly associated with higher death anxiety.

Methodological Quality Assessment

Table 2. Methodological Quality Assessment of Included Studies

No.	Author (Year)	Study Design	JBI Checklist	Summary of Methodological Quality
1	Akbari et al. (2021)	Quasi-experimental	JBI Checklist for Quasi-Experimental Studies (9 items)	Demonstrated adequate methodological quality. Most appraisal criteria were fulfilled, including comparable groups, appropriate intervention procedures, valid outcome measurements, and appropriate statistical analysis.
2	Feng et al. (2021)	Analytical cross-sectional	JBI Checklist for Analytical Cross-Sectional Studies (8 items)	Demonstrated adequate methodological quality. Clear inclusion criteria, valid measurement of exposure and outcomes, and appropriate statistical analysis were reported.
3	Emanuel et al. (2023)	Analytical cross-sectional	JBI Checklist for Analytical Cross-Sectional Studies (8 items)	Demonstrated adequate methodological quality. Outcome measures were assessed using validated instruments, and appropriate statistical analyses were conducted to address the study objectives.
4	Torabi et al. (2023)	Randomized controlled trial	JBI Checklist for Randomized Controlled Trials (13 items)	Demonstrated good methodological quality. Most appraisal criteria were fulfilled, including randomization and appropriate statistical analysis. Blinding was limited due to the nature of the intervention.
5	Yang et al. (2023)	Analytical cross-sectional	JBI Checklist for Analytical Cross-Sectional Studies (8 items)	Demonstrated adequate methodological quality. Valid and reliable instruments were used, and the statistical analyses were appropriate for the study objectives.
6	Yan et al. (2024)	Analytical cross-sectional	JBI Checklist for Analytical Cross-Sectional Studies (8 items)	Demonstrated adequate methodological quality. Most appraisal criteria were fulfilled, including clearly defined inclusion criteria, valid outcome measurements, consideration of confounding factors, and appropriate statistical analysis.
7	Inaloo et al. (2025)	Randomized controlled trial	JBI Checklist for Randomized Controlled Trials (13 items)	Demonstrated good methodological quality. Most appraisal criteria were fulfilled, with appropriate randomization, outcome assessment, and statistical analysis.
8	Yıldız et al. (2025)	Analytical cross-sectional	JBI Checklist for Analytical Cross-Sectional Studies (8 items)	Demonstrated adequate methodological quality. Valid and reliable instruments were used, and the study employed appropriate statistical methods to address the research objectives.

Table 3. Thematic Synthesis of Findings

Theme	Subtheme	Supporting Studies	Synthesis of Findings
Theme 1. Spirituality as a Protective Factor Against Death Anxiety	Spiritual well-being	Yang et al. (2023); Yıldız et al. (2025); Yan et al. (2024)	Higher spiritual well-being was consistently associated with lower levels of death anxiety by promoting emotional stability, acceptance of illness, and adaptive coping.
	Meaning in life	Feng et al. (2021); Yan et al. (2024)	Meaning in life functioned as an existential resource that reduced death anxiety and mediated psychological adaptation to life-threatening illness.
	Spiritual care needs	Emanuel et al. (2023)	Meeting patients' spiritual care needs reduced existential distress and supported acceptance of mortality.
Theme 2. Effectiveness of Spirituality-Based Interventions in Reducing Death Anxiety	Spiritual counseling	Akbari et al. (2021)	Spiritual counseling significantly reduced death anxiety while improving spiritual well-being and adaptive coping.
	Spiritual care intervention	Torabi et al. (2023)	Structured nurse-led spiritual care significantly decreased death anxiety compared with routine care.
	Spirituality-oriented palliative care	Inaloo et al. (2025)	Spirituality-based palliative care produced sustained reductions in death anxiety and improved psychological well-being.
Theme 3. Mechanisms Through Which Spirituality Improves Psychological Adaptation	Quality of life	Yang et al. (2023)	Spirituality enhanced overall quality of life through improvements in emotional, existential, and psychosocial well-being.
	Psychological well-being and resilience	Inaloo et al. (2025); Akbari et al. (2021)	Spiritual interventions strengthened resilience, psychological well-being, and adaptive coping while reducing emotional distress.
	Existential well-being and psychological adjustment	Emanuel et al. (2023); Yan et al. (2024)	Spirituality promoted existential well-being, illness acceptance, and psychological adjustment, thereby facilitating holistic adaptation to serious illness.

A total of eight studies published between 2021 and 2025 met the eligibility criteria and were included in this integrative review. The included studies comprised two randomized controlled trials, one quasi-experimental study, and five analytical cross-sectional studies, conducted in Iran, China, the United States, and Türkiye. Sample sizes ranged from 60 to 586 participants, representing patients with multiple sclerosis, stroke, heart failure, cancer, chronic obstructive pulmonary disease (COPD), and other advanced or life-limiting illnesses. The characteristics of the included studies are summarized in Table 1.

The methodological quality of the included studies was assessed using the appropriate Joanna Briggs Institute (JBI) Critical Appraisal Tools according to each study design. Overall, all eight studies demonstrated adequate to good methodological quality, with clearly defined study populations, valid and reliable outcome measures, and appropriate statistical analyses. Minor methodological limitations were identified in some randomized controlled trials, particularly regarding blinding because of the nature of the interventions; however, these limitations were not considered sufficient to compromise the overall quality of the evidence. The methodological quality assessment is presented in Table 2.

Synthesis of Findings

The findings of the eight included studies were synthesized using a thematic approach. Despite variations in study design, patient populations, intervention characteristics, and outcome measures, three recurring themes emerged: (1) spirituality as a protective factor against death anxiety, (2) the effectiveness of spirituality-based interventions in reducing death anxiety, and (3) mechanisms through which spirituality enhances psychological adaptation. The thematic synthesis is presented in Table 3.

Theme 1. Spirituality as a Protective Factor Against Death Anxiety

Five observational studies consistently demonstrated an inverse relationship between spirituality and death anxiety. Higher levels of spiritual well-being, greater meaning in life, and fulfillment of spiritual care needs were associated with lower levels of death anxiety among patients with chronic and life-threatening illnesses. In addition, meaning in life emerged as an important factor associated with reduced death anxiety and improved psychological adaptation.

Theme 2. Effectiveness of Spirituality-Based Interventions in Reducing Death Anxiety

Three intervention studies consistently reported that spirituality-based interventions effectively reduced death anxiety. Spiritual counseling, structured spiritual care, and spirituality-oriented palliative care all demonstrated beneficial effects compared with routine care or control groups. These interventions supported patients in exploring spiritual beliefs, strengthening hope, addressing existential concerns, and finding meaning throughout the illness trajectory.

Theme 3. Mechanisms Through Which Spirituality Enhances Psychological Adaptation

Beyond reducing death anxiety, spirituality was consistently associated with improvements in quality of life, psychological well-being, resilience, existential well-being, and adaptive coping. Collectively, these findings indicate that spirituality functions as a multidimensional coping resource that supports emotional regulation, facilitates illness acceptance, and promotes holistic psychological adaptation among patients living with chronic and life-threatening illnesses.

DISCUSSION

This integrative review synthesized evidence from eight quantitative studies examining the effectiveness of spiritual care in reducing death anxiety among patients with chronic, terminal, and palliative illnesses. Overall, the findings consistently demonstrated that spirituality functions as a protective factor against death anxiety, while structured spiritual care interventions effectively alleviate existential distress and promote broader psychological adaptation. Across the included studies, higher levels of spiritual well-being, meaning in life, and fulfillment of spiritual care needs were associated with lower levels of death anxiety. Furthermore, intervention studies consistently reported that structured spiritual care reduced death anxiety while improving resilience, quality of life, and psychological well-being.

Spirituality as a Protective Factor Against Death Anxiety

The observational studies included in this review consistently demonstrated an inverse relationship between spirituality and death anxiety. Patients with higher spiritual well-being, stronger meaning in life, and greater fulfillment of spiritual care needs experienced lower levels of fear related to death and dying. These findings suggest that spirituality serves as an important existential resource, enabling patients to cope more effectively with illness progression, uncertainty, and mortality (19). The protective role of spirituality may be explained through meaning-making and existential acceptance. Spirituality enables individuals to reinterpret illness experiences, maintain hope, strengthen connectedness, and develop a greater sense of peace despite progressive disease. Rather than focusing exclusively on religious practices, contemporary palliative care recognizes spirituality as a multidimensional construct encompassing meaning, purpose, relationships, transcendence, and inner peace (20,21). These findings are consistent with recent umbrella and scoping reviews demonstrating that spirituality-based interventions improve emotional well-being, coping ability, and quality of life among patients receiving palliative care (22).

Effectiveness of Spiritual Care Interventions

The intervention studies included in this review consistently demonstrated that structured spiritual care interventions reduced death anxiety among patients with chronic and life-threatening illnesses. Although intervention formats differed—including spiritual counseling, nurse-led spiritual care, and spirituality-oriented palliative care—all interventions shared common therapeutic components, such as exploration of spiritual beliefs, facilitation of meaning-making, strengthening of hope, and support for existential concerns (23). One important mechanism underlying these interventions is the promotion of meaning-making. Patients facing advanced illness frequently experience existential uncertainty, disrupted life goals, and fear of death. Spiritual care provides opportunities to reconstruct meaning, reconnect with personal values, preserve dignity, and strengthen relationships with significant others (24). Consequently, patients become better able to adapt psychologically to illness while experiencing less existential distress. Evidence from recent systematic and umbrella reviews further supports the effectiveness of dignity therapy, meaning-centered interventions, life review, and hope-focused approaches in improving spiritual well-being, psychological health, and quality of life among individuals receiving palliative care (25). These findings also reinforce the important role of nurses in delivering spiritual care. Owing to their continuous therapeutic relationships with patients and families, nurses are well positioned to assess spiritual needs, facilitate discussions regarding meaning and end-of-life concerns, and coordinate individualized spiritual support within interdisciplinary palliative care teams. Integrating structured spiritual care into routine nursing practice therefore represents an evidence-based strategy for reducing death anxiety while supporting holistic, patient-centered care (26,27).

Implications for Nursing Practice

The findings of this review indicate that spiritual care should be integrated as a routine component of palliative nursing practice rather than being limited to the terminal phase of illness(28). Early spiritual assessment enables healthcare professionals to identify spiritual distress, facilitate meaning-making, and provide individualized interventions that support patients' psychological adaptation throughout the illness trajectory (29). Successful implementation of spiritual care also requires organizational commitment and professional competency (30). Healthcare institutions should provide continuing education, competency-based training, and interdisciplinary collaboration to strengthen nurses' confidence and skills in spiritual assessment, therapeutic communication, and culturally sensitive care (31,32). Integrating spiritual care into undergraduate nursing education, clinical practice standards, and institutional policies may enhance the quality of holistic palliative care while improving patients' psychological well-being and quality of life (33).

Strengths and Limitations

This integrative literature review has several strengths. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, ensuring a transparent and reproducible study selection process (34,35). The methodological quality of the included studies was critically appraised using the appropriate Joanna Briggs Institute (JBI) Critical Appraisal Tools, providing

confidence in the quality of the synthesized evidence (36,37). Furthermore, the inclusion of randomized controlled trials, quasi-experimental studies, and analytical cross-sectional studies enabled a comprehensive synthesis of evidence from both interventional and observational perspectives. The use of thematic narrative synthesis also facilitated the integration of heterogeneous findings and the identification of consistent patterns regarding the role of spiritual care in reducing death anxiety and supporting psychological adaptation (38,39).

Several limitations should also be acknowledged. Only English-language full-text studies were included, and three potentially relevant articles could not be retrieved, which may have introduced publication and language bias (34,40). In addition, substantial heterogeneity in patient populations, intervention characteristics, outcome measures, and study designs precluded statistical meta-analysis, requiring a narrative synthesis (41). Most included studies were conducted in Asian and Middle Eastern countries, where spirituality has a prominent cultural role, limiting the transferability of the findings to other healthcare settings (42). Finally, as with all literature reviews, the conclusions remain dependent on the methodological quality and reporting of the primary studies included in the synthesis (36,37).

Future Research

Future research should prioritize adequately powered multicenter randomized controlled trials using standardized spiritual care interventions, validated outcome measures, and longer follow-up periods to strengthen the evidence regarding the effectiveness of spiritual care in reducing death anxiety (20,8). Studies examining implementation strategies, long-term effectiveness, and cost-effectiveness across diverse cultural and healthcare settings are also needed. Such evidence would support the development of robust clinical guidelines and educational frameworks for integrating evidence-based spiritual care into routine palliative nursing practice (20,28–30).

CONCLUSION

This integrative literature review demonstrates that spiritual care is an effective non-pharmacological intervention for reducing death anxiety among patients with chronic, terminal, and palliative illnesses. The synthesized evidence indicates that spirituality functions as a protective resource by enhancing spiritual well-being, fostering meaning in life, strengthening resilience, and facilitating acceptance of illness and mortality. Across the included intervention studies, spiritual counseling, structured spiritual care, and spirituality-oriented palliative care consistently reduced death anxiety while improving psychological well-being and quality of life.

Beyond reducing fear of death, spiritual care supports holistic psychological adaptation by promoting meaning-making, spiritual coping, emotional regulation, and existential acceptance. These findings reinforce the integration of spiritual care as a core component of person-centered palliative nursing, emphasizing the importance of addressing patients' spiritual as well as physical, psychological, and social needs.

Healthcare institutions should support the routine implementation of spiritual assessment and evidence-based spiritual care interventions while strengthening nurses' competencies through education, clinical training, and continuing professional development. Future research should prioritize the development of standardized spiritual care interventions and adequately powered multicenter randomized controlled trials to strengthen the evidence base and facilitate the implementation of evidence-based spiritual care across diverse healthcare settings.

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Author's contribution

Study conception and design: DKD, WW
Data collection: DKD
Data analysis and interpretation: DKD, WW, IR
Drafting of the article: DKD
Critical revision of the article: WW, IR

Conflict of Interest

The authors declare that they have no competing interests and no conflicts of interest related to this study.

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