RESEARCH PAPER

Spiritual Beliefs and Clinical Decision-Making Styles of ICU Nurses in Selected Hospitals in Cavite, Philippines

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Received: 24th April, 2026; Revised: 20th May 2026; Accepted: 30th June, 2026; Available Online: 10th July, 2026

ABSTRACT
The study aimed to examine the relationship between spiritual beliefs and clinical decision-making styles among Intensive Care Unit (ICU) nurses in selected hospitals in Cavite, Philippines. An expert-validated survey questionnaire measuring spiritual beliefs and clinical decision-making styles based on Dela Cruz's framework of skimming, surveying, and sleuthing was used to gather data from purposively selected ICU nurses using a descriptive-correlational approach. Data analysis utilized both descriptive and inferential statistics, such as Spearman's rho and Pearson's R correlation. Findings revealed that ICU nurses generally possessed moderate spiritual beliefs and demonstrated high levels of clinical decision-making, particularly in skimming and surveying styles. Significant differences in spiritual beliefs were observed according to gender and religious affiliation. Results also showed a significant positive relationship was found between spiritual beliefs and clinical decision-making styles, suggesting that spirituality contributes to professional judgment and holistic nursing practice. The findings of the study make it clear that it is important to integrate spiritual awareness into nursing education and critical care practice to promote patient-centered care.

Keywords: *Spiritual Beliefs, Spirituality, Clinical Decision-making, Decision-making, ICU Nurses*

How to cite this article: Javier ANQ, Spiritual Beliefs and Clinical Decision-Making Styles of ICU Nurses in Selected Hospitals in Cavite, Philippines. Int J Drug Deliv Technol. 2026;16(7): 66-72. DOI: 10.25258/ijddt.16.7.8
Source of support: Nil.
Conflict of interest: None

1. INTRODUCTION

For many nurses, spirituality is a meaningful aspect of patient care, particularly in critical care settings where nurses frequently encounter ethical dilemmas, life-threatening conditions, and end-of-life situations. Spiritual beliefs encompass an individual's faith, values, and connection to a higher being, which often serve as sources of meaning, guidance, and resilience during challenging circumstances (Chua, 2008).[1] As healthcare professionals who provide holistic care, nurses must also consider patients' spiritual concerns aside from their physical and psychological needs.

Clinical decision-making is a fundamental nursing responsibility that involves critical thinking, sound judgment, and the application of professional knowledge to ensure optimal patient outcomes. According to Dela Cruz (1994), nurses utilize different clinical decision-making styles, namely skimming, surveying, and sleuthing, subjects on the complexity of patient situations and the information available.[2] These decision-making approaches influence how nurses assess patients, prioritize interventions, and deliver care.

In the Intensive Care Unit (ICU), nurses frequently face complex and emotionally challenging situations that require difficult clinical decisions. In these moments, their personal beliefs and values may influence how they interpret situations, make judgments, and interact with patients and their families. According to Prakash (2008), decision-making is guided not only by information but also by personal values and beliefs. As a result, understanding how spirituality relates to clinical decision-making can provide valuable insight into nursing practice.[3] This understanding can help support holistic, culturally sensitive, and patient-centered care, ultimately improving the quality of care provided to critically ill patients and their families.

The researchers were motivated to conduct this study based on their experiences in critical care settings, where nurses frequently care for patients and families with diverse spiritual beliefs. Observing how faith can influence healthcare decisions raised questions about whether nurses' own spiritual beliefs affect their clinical judgment and decision-making. Despite the recognized importance of spirituality in holistic nursing care, limited local research has explored its relationship with clinical decision-making among ICU nurses. This study aims to address this gap and provide insights that may support nursing practice, education, and policy development in critical care settings.

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2. RELATED LITERATURE

2.1 Spiritual Beliefs among Nurses

Spirituality is an important aspect of nursing that involves a person's beliefs, values, sense of purpose, and connection with oneself, others, and a higher power. O'Brien (2007) noted that spirituality goes beyond religious practices and includes personal beliefs about meaning and purpose in life.[4] Studies have shown that spirituality contributes positively to nurses' personal and professional growth. Salehpour et al. (2025) found that spiritual self-care supports nurses' overall well-being and enhances the quality of patient care.[5] Likewise, Beni et al. (2019) reported that spiritual intelligence helps strengthen nurses' personal values and professional development.[6] It has also been associated with greater resilience, better stress management, and improved critical thinking in clinical practice (Haryono et al., 2018).[7] In the Philippines, Labrague (2015) found that nurses' spirituality is closely related to their ability to provide spiritual care, highlighting the value of self-awareness and reflection in nursing practice.[8]

2.2 Clinical Decision-Making in Nursing Practice

Clinical decision-making is a vital nursing skill that involves assessing patient conditions, analyzing information, and using critical thinking and professional judgment to determine the best course of care (Standing, 2005).[9] To make effective decisions, nurses must combine clinical knowledge, evidence-based practice, and individual patient needs while maintaining safety and quality care. According to Benner (2006), clinical judgment develops through experience, allowing nurses to respond more effectively to complex situations.[10]

Dela Cruz (1994) described three decision-making styles commonly used by nurses: skimming, surveying, and sleuthing. Skimming focuses mainly on following physicians' orders and established protocols. Surveying involves gathering patient information and applying professional standards, while sleuthing requires deeper analysis, intuition, and experience to address more complex or uncertain situations. These approaches reflect the different ways nurses process information and make clinical decisions.[2] In intensive care settings, where patients often face critical and life-threatening conditions, nurses must exercise sound judgment while respecting patient preferences and providing holistic care (American Association of Critical-Care Nurses, 2015).[11]

2.3 Influence of Spiritual Beliefs on Clinical Decision-Making

Several studies suggest that spirituality can influence how nurses make clinical decisions. Puchalski (2001) noted that spiritual and religious beliefs often affect healthcare decisions and treatment preferences.[12] Similarly, Karimi-Moonaghi et al. (2015) found that spiritual intelligence supports ethical decision-making by helping nurses consider cognitive, moral, and interpersonal factors when faced with clinical challenges. It enables nurses to draw on their values and broader perspectives on life when making important decisions.[13]

In addition, Sharifnia et al. (2022) reported that spiritual intelligence promotes compassion, self-awareness, flexibility, and caring behaviors in nursing practice.[14] In intensive care settings, nurses frequently encounter end-of-life situations where patients' and families' spiritual beliefs can influence healthcare choices (Browning, 2009).[15] O'Brien (2007) further emphasized that nurses who have a deeper understanding of their own spirituality are better prepared to provide spiritual support and engage in sensitive conversations about illness, death, and grief.[4] Together, these findings suggest that spirituality may play an important role in shaping nurses' clinical decision-making, particularly in the complex and emotionally challenging environment of the ICU.

3. MATERIALS AND METHODS

This study employed a descriptive-correlational research design to explore the relationship between the spiritual beliefs and clinical decision-making styles of ICU nurses in selected hospitals in Cavite, Philippines. This approach was appropriate because it allowed the researchers to describe the characteristics of the participants and examine whether a relationship existed between the two variables without attempting to determine cause and effect. Descriptive-correlational designs are widely used in nursing research to identify patterns and relationships among variables, providing valuable insights that can guide future studies.

The participants were Intensive Care Unit (ICU) nurses selected through purposive sampling. Inclusion criteria required participants to have at least one year of ICU experience, possess updated ICU-related training or certification, and be willing to participate in the study. This sampling approach ensured that the respondents had sufficient clinical exposure and expertise to provide meaningful insights regarding their spiritual beliefs and decision-making practices. A total of fifty (50) ICU nurses were surveyed for the study.

Data were gathered using a validated survey questionnaire that included sections on demographic characteristics, spiritual beliefs, and clinical decision-making styles. The questionnaire was reviewed by experts and pilot tested to ensure its validity and reliability. Clinical decision-making styles were assessed using Dela Cruz's framework, which identifies three approaches: skimming, surveying, and sleuthing. Responses were measured using a four-point Likert scale to determine the participants' level of agreement with each statement.

Ethical principles were carefully observed throughout the study. Approval was obtained from the participating hospitals, and the anonymity and confidentiality of all respondents were ensured. Data were collected online through Google Forms over a three-week period.

The collected data were analyzed using both descriptive and inferential statistics. Frequency and percentage

distributions were used to summarize the respondents' demographic characteristics, while weighted means were calculated to determine the levels of spiritual beliefs and clinical decision-making styles. Pearson's correlation and Spearman's rho were then used to examine the relationships among the study variables and identify any statistically significant associations.

4. DISCUSSION

The findings of the study revealed important insights regarding the spiritual beliefs and clinical decision-making styles of ICU nurses in selected hospitals in Cavite. Most respondents were female; this was supported by the study of Gardner (2005) which stated that male nurses represent just a small fraction of the nursing workforce in the United States.[16] Results also revealed that majority of them are Roman Catholic which agrees to the bulletin of the Philippine National Statistics Office (2000) that 90% of the Philippines' population. are Christians; 80% belong to the Roman Catholic Church while 10% of them belong to other Christian denominations.[17] Majority of respondents also have five years of ICU experience, indicating that the sample was composed primarily of experienced nurses working within a religiously influenced cultural context.

Table 1.

Spiritual Beliefs of the ICU Nurses

Item	Mean	Interpretation	Rank
1. There is a higher being	4.0	High Degree	1
2. Spiritual Health is linked to physical health	2.9	Moderate Degree	6.5
3. One must follow conscience in making decisions	3.5	High Degree	3
4. One can attain spiritual growth without being religious	1.9	Low Degree	9
5. Connection to Higher Being increases spiritual growth	3.2	Moderate Degree	4
6. Religion does contribute to spiritual growth	2.9	Moderate Degree	6.5
7. Spiritual practices contribute to healing	2.7	Moderate Degree	8
8. All people have inner kindness	3.7	High Degree	2
9. Having spiritual connection to patients	1.7	No Degree	10
10. There is a life after death	3.1	Moderate Degree	5
Average Mean	**2.96**	**Moderate Degree**	

Option	Range	Verbal Interpretation
4	3.26 – 4.0	High Degree (8 – 10 times out of 10 occasions)
3	2.26 – 3.25	Moderate Degree (5 – 7 out of 10 occasions)
2	1.76 – 2.25	Low Degree (2 – 3 out of 10 occasions)
1	1.0 – 1.75	No Degree (0 – 1 out of 10 occasions)

Results showed that ICU nurses generally possessed a moderate degree of spiritual beliefs, with the strongest belief centered on the existence of a higher being. This finding reflects the importance of spirituality in the personal and professional lives of Filipino nurses. However, lower ratings on spiritual connection with patients suggest that while nurses maintain personal spiritual beliefs, they may not always integrate spirituality directly into nurse-patient interactions.

Table 2.

Extent of Clinical Decision-making Styles Of Selected ICU Nurses

Skimming	WM	Interpretation	Rank
1. Keeping the patient just away from risk is my main goal.	3.44	High Degree	2.5
2. I can predict possible symptoms that may arise after knowing the case of my patient.	3.32	High Degree	4
3. I already have immediate nursing interventions on patients after knowing their case.	3.3	High Degree	5
4. I implement the nursing interventions as soon as they are needed	3.64	High Degree	1
5. I am focused on the doctor's order for immediate intervention	3.44	High Degree	2.5
Average Weighted Mean (Skimming)	**3.43**	**High Degree**	
Surveying	**WM**	**Interpretation**	**Rank**
I solely based my nursing interventions in objective data or overt data from the patient.	3.12	Moderate Degree	5
I give more focus on data gathering procedure.	3.26	High Degree	3
I assess the patient based on the hospital's assessment tool.	3.16	Moderate Degree	4
After diagnosing the patient's problem, I plan my interventions based on standardized nursing interventions.	3.42	High Degree	1
I use routine and recurrent standard nursing intervention based on the patient's diagnosed problem.	3.36	High Degree	2
Average Weighted Mean	**3.46**	High Degree	
Sleuthing	**WM**	**Interpretation**	**Rank**
I am using my own knowledge and understanding to assess patient's condition.	3.28	High Degree	2.5
I usually based my interventions on practical experience.	3.16	Moderate Degree	4
Sometimes, I based my assessment on intuition.	2.78	Moderate Degree	5
I connect the subjective cues of the patient to the assessed objective cues.	3.3	High Degree	1
I investigate on some symptoms that might not be given by the patient.	3.28	High Degree	2.5
Average Weighted Mean	**3.16**	**Moderate Degree**	

Option	Range	Verbal Interpretation
4	3.26 – 4.00	High Degree (HD)
3	2.26 – 3.25	Moderate Degree (MD)
2	1.76 – 2.25	Low Degree (LD)
1	1.00 – 1.75	No Degree (ND)

In terms of clinical decision-making styles, respondents demonstrated a high degree of skimming and surveying and a moderate degree of sleuthing. These findings indicate that ICU nurses primarily rely on established protocols, physician orders, objective patient assessments, and standardized nursing interventions when making clinical decisions. The lower utilization of sleuthing suggests that investigative and intuitive approaches are used less frequently, possibly due to the highly structured and protocol-driven nature of intensive care settings.

Table 3.
Significant Difference Between the Spiritual Beliefs of the ICU Nurses When They are Grouped According to Demographic Profiles

	Item	Mean	Std. Dev.	$t_{comp.}$	$t_{critical}$	Decision
GENDER	Male	9.1	3.63471	-5.4765	2.1009	Significant
	vs. Female	21.5	6.16892			
RELIGION	Catholic	19.4	6.09554	3.23	2.1009	Significant
	vs. Non-Catholic	11.6	4.59952			
YRS. EXP.	1 – 4 years	16.1	5.50656	0.7377	2.1009	Not Significant
	vs. More than 5 years	14.5	4.08928			

Ho: There is no significant difference on the spiritual beliefs of the ICU nurses when they are grouped according to demographic profiles.
H1: There is a significant difference on the spiritual beliefs of the ICU nurses when they are grouped according to demographic profiles.

The study further revealed significant differences in spiritual beliefs when nurses were grouped according to gender and religious affiliation, but not according to length of service. This suggests that personal and cultural factors may have a stronger influence on spiritual beliefs than professional experience.

Table 4.
Relationship Between the Extent of Clinical Decision-making Styles Of ICU Nurses When they are Grouped According to Demographic Profiles

	Item	r-value	Correlation	$t_{comp.}$	$t_{critical}$	Decision
GENDER	Male	-0.76	High Negative Correlation	-8.102	2.0106	Significant
	vs. Female					
RELIGION	Catholic	0.88	High Positive Correlation	12.836	2.0106	Significant
	vs. Non-Catholic					
YRS. EXP.	1 – 4 years	0.96	Very High Positive Correlation	23.754	2.0106	Significant
	vs. More than 5 years					

Ho: There is no significant relationship on the extent of clinical decision-making styles of ICU nurses when they are grouped according to demographic profiles.
H1: There is a significant relationship on the extent of clinical decision-making styles of ICU nurses when they are grouped according to demographic profiles.

Moreover, clinical decision-making styles were found to be significantly associated with demographic characteristics, indicating that individual differences may influence how nurses process information and make patient care decisions.

Table 5.
Significant Relationship Between the Spiritual Beliefs To Extent of Clinical Decision-making Styles of ICU Nurses

Item	r-value	Correlation	$t_{comp.}$	$t_{critical}$	Decision
Spiritual Belief vs. Clinical Decision	0.87	High Positive Correlation	17.467	1.9845	Significant

Ho: There is no significant relationship on spiritual beliefs to extent of clinical decision-making styles of ICU nurses.
H1: There is a significant relationship on spiritual beliefs to extent of clinical decision-making styles of ICU nurses.

Most importantly, the findings demonstrated a significant positive relationship between spiritual beliefs and clinical decision-making styles. Nurses with stronger spiritual beliefs tended to exhibit a higher extent of clinical decision-making competence. This supports the notion that spirituality may influence professional judgment, ethical reasoning, and the delivery of holistic nursing care.

5. CONCLUSION

The findings of the study indicate that ICU nurses in selected hospitals in Cavite generally possess moderate spiritual beliefs and demonstrate high levels of clinical decision-making, particularly in the areas of skimming and surveying. This suggests that while nurses maintain personal spiritual values, they primarily rely on established protocols, objective assessments, and professional standards when making clinical decisions in critical care settings.

The significant differences in spiritual beliefs according to gender and religious affiliation highlight the influence of personal and cultural factors on spirituality. In contrast, length of service did not significantly affect spiritual beliefs, suggesting that spirituality may be more closely related to individual values than professional experience. Furthermore, the significant relationship between demographic characteristics and clinical decision-making styles indicates that nurses' backgrounds may influence how they approach patient care situations.

Most importantly, the study established a significant positive relationship between spiritual beliefs and clinical decision-making styles. This finding implies that spirituality may contribute to nurses' judgment, ethical reasoning, and holistic approach to care. Consequently, integrating spiritual sensitivity into nursing practice can enhance patient-centered care, particularly in ICU settings where patients and families often face complex emotional and spiritual concerns. The proposed action plan emphasizes the importance of fostering trusting relationships, respecting individual spiritual needs, and providing spiritual support as essential components of holistic nursing care.

ETHICAL STATEMENT

This study was based on the ethical guidelines for scholarly research. The researchers guarantee the factual interpretation, synthesis, and proper citation of all of the works used to complete this study. Academic integrity was maintained throughout the research process by adhering to ethical standards in citation, authorship, and scholarly reporting. As the study did not involve human participants, patient information, or confidential clinical data, no direct ethical risks were posed. This research was done with the main objective of contributing to the development of nursing knowledge and practice.

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