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Research Paper

The Role of Spiritual Resilience in Recovery from Critical Illness: Lived Experiences of Survivors

Michelle Deepthi Dsouza[1]*, Evangeline Supriya[2]

ABSTRACT

Critical Illness is an overwhelming and life-altering event. Survivors often experience profound physical, psychological, spiritual, and existential challenges. Spiritual resilience represents a key dimension of recovery and holistic well-being following critical illness. This study explores the role of spiritual resilience in supporting recovery from critical illness by examining survivors' lived experiences. The objective is to identify how spiritual beliefs and practices facilitate coping, resilience, and meaning, thereby contributing to overall recovery. This qualitative Reflexive Thematic Analysis employs semi-structured interviews with 7 purposively selected adult survivors of critical illness to obtain rich, in-depth narratives. The study identifies four major themes: The first theme is Critical Illness as a Multidimensional Crisis, which reflects critical illness as a physical, psychological, social, and spiritual crisis. The second is Enduring Spiritual Coping and Resilience, which describes how survivors maintain coping and resilience by relying on faith-based beliefs and practices. The third theme is Holistic Recovery Through Spiritual Resilience and Practices, representing overall recovery through spiritual practices such as prayer, meditation, and connection with a higher power. The fourth is Spiritual Transformation and Meaning-Making, in which survivors experience spiritual growth and a renewed sense of purpose through their illness and recovery experiences. These findings indicate that spiritual resilience plays a significant role in holistic recovery, transformation, and meaning-making after critical illness. Their clinical implications emphasize the importance of integrating spiritual resilience into healthcare to support patients' holistic recovery. Future research should explore the long-term impact of spiritual resilience on recovery and overall well-being across multiple cultures.

Keywords: *Spirituality, Resilience, Spiritual Resilience, Recovery, Critical Illness, Qualitative Research, Reflexive Thematic Analysis*

Critical illness, arising from severe infections, cardiac events, traumatic injuries, or major surgeries, places individuals in a state of extreme vulnerability. It often results in profound disruption to physical, emotional, psychological, and spiritual health. Survivors frequently report existential questioning, including “Why me?” and “What is the meaning of my sufferings?” This reflects the emergence of spiritual concerns during

[1]M.Sc. Clinical Psychology Student, Department of Psychology, CDOE, JAIN (Deemed-to-be University), Bengaluru, Karnataka, India
[2]Assistant Professor, Department of Psychology, CDOE, JAIN (Deemed-to-be-University), Bengaluru, Karnataka, India
*Corresponding Author

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recovery. In recent years, health psychology has increasingly recognized that recovery extends beyond physical healing to include psychological adjustment, emotional stability, and spiritual well-being. Many survivors turn inward during and after illness, seeking meaning, purpose, comfort, and a perceived connection with the divine. This inner process can serve as a source of hope, resilience, and adaptation, helping individuals navigate the challenges of recovery.

Survivors often experience long-term consequences even after discharge, making recovery a prolonged and multidimensional process (Lynch et al., 2025). Although advances in medical technology have improved survival rates, recovery continues to involve physical, psychological, and existential adjustment. Resilience is the ability to adapt positively in times of adversity (Walsh, 2021). Spiritual resilience involves drawing strength from spiritual beliefs, practices, and community support to cope with challenges (Pargament et al., 2004). Studies indicate that individuals with heightened religious or spiritual involvement frequently exhibit superior coping mechanisms, enhanced mental health outcomes, and improved adaptation to illness (Koenig, 2012). Spirituality may also support meaning-making, acceptance, and emotional regulation, contributing to overall well-being during recovery (Park, 2010). Crystal Park defines meaning-making as the individual's ability to rebuild beliefs and a sense of purpose in the face of illness, loss, and other challenges that disrupt one's understanding of the self and the world.

Central to this process are lived experiences, which refer to the personal, subjective reality of individuals and the way they perceive, interpret, and derive meaning from their existence. In qualitative research, engaging with these experiences moves beyond mere data collection. It requires researchers to genuinely immerse themselves in participants' narratives to understand how they understand, interpret, and respond to what happens to them. These experiences are most profoundly evident in the context of critical illness survivorship. Survivorship involves more than physical healing. It also encompasses redefining one's identity, accepting lasting effects of illness, and gradually regaining control over life at one’s own pace. In this deeply personal and transformative journey, spiritual resilience plays a significant role by helping survivors find strength, reconstruct meaning, and move forward in their lives after critical illness.

Despite its importance, spiritual resilience remains underexplored in critical care research. Modern rehabilitation programs remain predominantly focused on physical restoration, offering limited attention to the spiritual and existential dimensions of recovery. Therefore, the present study focuses on the lived experiences of adult survivors of serious medical conditions such as major surgeries, cancer-related complications, severe infections, organ failure, and ICU admissions, examining how spiritual resilience supported their recovery.

This study is guided by a primary question regarding how survivors understand and experience spiritual resilience in their recovery, along with subsidiary questions related to meaning-making and implications for healthcare practice. Using in-depth interviews, the study aims to generate rich insights that can inform holistic clinical practice and the integration of spiritual care into medical education and recovery planning. This qualitative approach allows participants to share personal narratives that reflect their emotional, cognitive, and spiritual journeys, contributing to a deeper understanding of how survivors construct meaning and resilience during recovery from critical illness.

CONCEPTUAL FRAMEWORK – THE INTEGRATED SPIRITUAL RESILIENCE MODEL

The present study adopts an integrated conceptual framework to understand spiritual resilience in recovery from critical illness. Recovery is viewed as a multidimensional process where biological, psychological, social, and spiritual dimensions continuously interact to promote holistic well-being (Engel, 1977; Sulmasy, 2002). Using the biopsychosocial-spiritual model, the study examines how these dimensions contribute to recovery, particularly since critical illness disrupts homeostasis and causes emotional distress, physical limitations, social challenges, and existential questioning.

Drawing on Kenneth Pargament's Religious Coping Model, the study explores how individuals engage in spiritual coping—such as faith, prayer, hope, and sacred connections—to navigate this disruption. These positive coping strategies foster resilience by offering meaning, comfort, and strength (Pargament, 1997). Additionally, Glenn Richardson's resilience theory (2002) is integrated to understand the phases of resilience adopted while fighting illness. By combining these theories, the study demonstrates how religious coping and resilience jointly lead to better health outcomes, ultimately helping survivors engage in meaning-making.

To further explore this process, the study incorporates Meaning-Making Theories, including Viktor Frankl's Logotherapy and Crystal Park's Meaning-Making Model. Frankl emphasizes that individuals can find purpose even in suffering, using their attitudes and values to build resilience. Furthermore, Park (2010) explains that meaning-making involves reconciling situational crises with global beliefs—either by adjusting interpretations or modifying core beliefs. These meaning-making processes encourage personal transformation, deepen spiritual insight, and interact with all facets of recovery.

Overall, this framework illustrates how survivors transition from crisis to spiritual resilience through positive coping. This entire structure highlights how spiritual resilience becomes a balanced and meaningful pathway in recovery that supports overall well-being. With the biopsychosocial-spiritual model at its center guiding the integration of physical, psychological, social, and spiritual healing, the entire framework is directed toward a single outcome: holistic recovery.

This conceptual framework is illustrated with a diagram:

Figure 1: ***Conceptual Framework of the Integrated Spiritual Resilience Model***

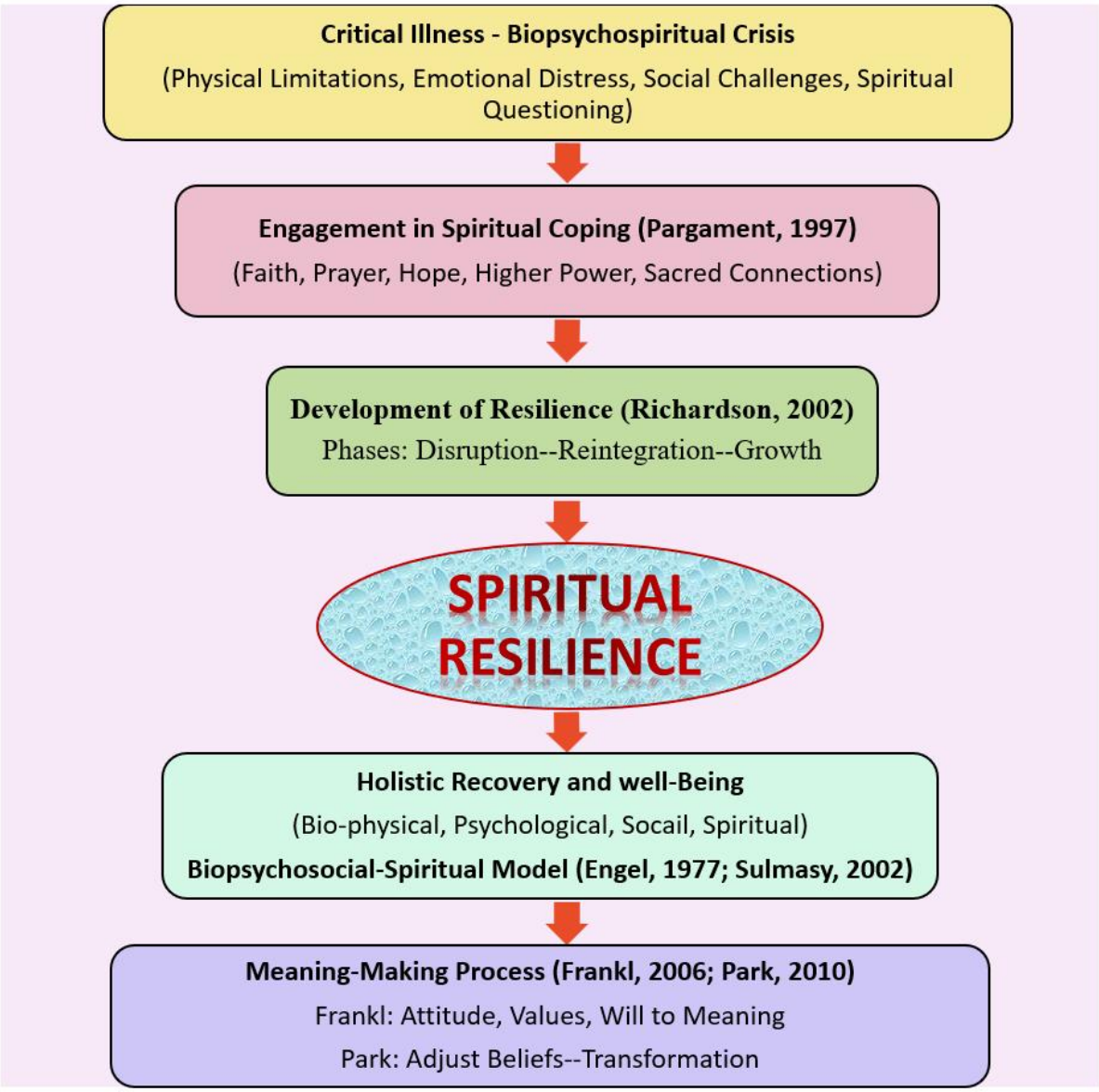

Fig: Conceptual Framework of Integrated Spiritual Resilience Model as per the study

LITERATURE REVIEW

Critical Illness as Biopsychosocial and Spiritual Crisis

Recovery from critical illness is a complex process that goes beyond physical survival and includes psychological, social, and existential dimensions. It can be understood as a biopsychosocial-existential crisis. Physically, survivors frequently endure diminished quality of life and prolonged functional decline (Dowdy et al., 2005). Psychologically, many develop conditions such as PTSD, anxiety, and depression, which affect daily functioning (Teixeira et al., 2021). Socially, critical illness creates financial strain, disrupts employment, and increases dependence on family members (A. F. Howard et al., 2024). These interrelated challenges are frequently referred to as Post-Intensive Care Syndrome (PICS), impacting a significant number of survivors (Maley et al., 2016). In addition, critical illness often results in spiritual and existential distress. Survivors may question their beliefs, experience loss of meaning, and struggle with fear of death and identity changes (Yalom, 1980). Spiritual struggles are closely linked to illness and may both influence and arise from health

challenges (Pargament et al., 2025). In such situations, survivors and their families experience a loss of connection and purpose, highlighting the importance of spiritual care. Therefore, meaning-making becomes an important process through which individuals cope with vulnerability and difficulties.

Spirituality as a Source of Resilience During Critical Illness

Spirituality, which includes practices such as prayer, meditation, rituals, and community worship, is increasingly recognized as an important source of resilience during critical illness, as it provides hope, meaning, emotional stability, and a sense of connection to a higher power. Resilience is the ability to confront difficult situations through emotional and psychological flexibility (*APA Dictionary of Psychology*, 2018), and studies show that spiritual practices support coping, psychological adjustment, and resilience among survivors of serious illness (Moreau et al., 2024). Pargament's theory posits that spirituality aids individuals in coping with stress by offering meaning, purpose, and solace, thereby enhancing resilience and overall well-being (Faigin & Pargament, 2011; Pargament & Cummings, 2010). Empirical evidence supports this link, as qualitative studies indicate that individuals rely on spirituality to cope with adversity and build resilience, especially in later life (Manning et al., 2019).

Spiritual Resilience in Promoting Health and Well-being

Spiritual resilience plays an important role in promoting healing and well-being. It refers to the ability to cope with adversity through spiritual beliefs, meaning, and purpose, and is associated with better emotional, psychological, and physical health outcomes (Lucchetti et al., 2021). In critical illness, recovery involves not only survival but also long-term well-being, with spiritual resilience playing an important role (Needham et al., 2012). Positive religious coping practices such as prayer, faith, and rituals provide meaning, comfort, and control during crisis (Pargament, 1997). Studies also show that prayer and faith improve coping and mental health among critically ill patients (Amini et al., 2020). These empirical findings support the role of spirituality in improving health outcomes. Therefore, focusing on mindful practices, spiritual beliefs, a sense of meaning, and inner peace helps reduce distress and improve quality of life.

Meaning-Making in Illness and Recovery

Surviving critical illness is also an existential experience, where individuals reflect on identity, purpose, and the meaning of suffering (Eytan & Ronel, 2023). Spirituality supports meaning-making, helping individuals reinterpret illness as a turning point or opportunity for growth (Frankl, 1946; Park, 2010). Positive religious coping enhances meaning and reduces distress, while negative coping increases psychological challenges (Pargament, 1997). Studies also show that survivors experience personal transformation and develop deeper connections with themselves, others, and a higher power (Mcgrath, 2004; Young et al., 2015). Therefore, meaning-making and overall personal growth may emerge as outcomes of spiritual and existential struggles associated with illness and subsequent recovery.

Research Gaps

Despite these findings, there are important gaps in the literature. Most studies are quantitative and cross-sectional, which limits the understanding of lived experiences. Moreover, traditional recovery models largely overlook the spiritual dimension, including meaning-making, faith, hope, and transcendent experiences, which are recognized sources of inner strength and resilience. There is also limited understanding of the process of spiritual resilience during and after recovery. Therefore, the present study aims to address these gaps

by examining survivors' lived experiences using a qualitative approach. It focuses on understanding how spiritual resilience and meaning-making develop during recovery and identifying specific practices that support coping and well-being to promote holistic care in healthcare settings.

METHODOLOGY

The present study aims to identify how spiritual beliefs and practices facilitate coping, resilience, and meaning, thereby contributing to overall recovery.

Research Objectives

- To explore survivors' lived experiences and understand the role of spiritual resilience in recovery from critical illness.
- To identify spiritual practices and beliefs that support coping, recovery, and meaning-making.
- To offer recommendations for integrating spiritual resilience into patient care to promote holistic well-being.

Research Questions

- How do survivors of critical illness experience and understand the role of spiritual resilience in their healing and recovery process?
- In what ways do survivors find meaning, purpose, or personal growth after critical illness?
- What implications do survivors' spiritual experiences have for healthcare providers in supporting holistic recover?

Research Design

This qualitative research design is based on Reflexive Thematic Analysis (RTA) developed by Braun and Clarke (2019). It highlights the active role of the researcher in interpreting data. The analysis followed six phases: Familiarization with data, coding, theme development, reviewing themes, defining themes, and writing the final analysis (Braun & Clarke, 2019). This process is flexible and iterative, allowing movement between data and interpretation to ensure depth and accuracy.

Sample Size and Sampling Technique

The study included seven participants, focusing on depth rather than quantity, as recommended in qualitative research (Braun & Clarke, 2019). Purposive sampling was used to select individuals with relevant lived experiences, and criterion sampling ensured they met specific eligibility criteria. Participants were recruited from community groups and spiritual centers, and a brief screening interview was conducted before final selection.

Table 1: Demographic Characteristics of Participants (N=7)

Partici-pant ID	Age	Gender	Type of Critical Illness	Time Since Recovery	Religion	Key Spiritual Practices
P1	67	Male	Coronary Artery Disease - CABG	2 years 3 months	Christian	Prayer, Scripture recitation
P2	60	Female	Falciparum Cerebral Malaria	5 years 9 months	Christian	Intercessory Prayer, Altruism,
P3	59	Male	Colon Cancer	3 years 8 months	Christian	Preaching word of God, worship

Partici-pant ID	Age	Gender	Type of Critical Illness	Time Since Recovery	Religion	Key Spiritual Practices
						services
P4	51	Female	Tumor Excision	4 years	Hindu	Prayer, Karmic positivity
P5	44	Male	Severe brain and Respiratory Infection	7 months	Christian	Community Services, Prayer,
P6	41	Female	Post-surgical Complications	1.5 years	Hindu	Mantra Recitation, Meditation
P7	26	Female	Hodgkin Lymphoma	2.5 years	Christian	Scripture recitation, Spiritual surrender

Inclusion Criteria

- Adults aged 18 years and above.
- Individuals who had experienced and survived a life-threatening illness.
- Individuals who have been discharged from the hospital for a minimum of six months.
- Individuals who identify spirituality or religion as important in their recovery.
- Ability to communicate clearly in the interview language.
- Willingness to provide informed consent and participate in the study.

Exclusion Criteria

- Individuals currently in a serious physical or psychological crisis.
- Those with severe cognitive impairment affecting communication.
- Individuals discharged less than six months ago.
- Individuals who do not consider spirituality important in recovery.
- Those with a dependent relationship with the researcher.
- Individuals unable or unwilling to provide informed consent.

Research Instruments

- Data was collected using semi-structured, in-depth interviews developed by the researcher. The interview guide covered three domains: illness experience, spiritual beliefs and practices, and recovery with meaning-making.
- Open-ended questions allowed participants to share detailed narratives. Interviews lasted 45–60 minutes and were conducted in person and online. Follow-up interviews were conducted where needed to gain deeper insights.
- A reflective journal was maintained throughout the study to record the researcher's thoughts, observations, and interpretations. This supported reflexivity and helped reduce bias during analysis.

Key Constructs of the Study

Certain constructs guide this qualitative study, despite its qualitative nature. Spiritual resilience is the central phenomenon, referring to the ability to draw strength through faith, beliefs, and practices. Recovery from critical illness is the outcome, understood through participants' personal experiences. Meaning-making acts as a mediating process that helps individuals interpret their illness. Lived experiences represent subjective narratives, while cultural context, including religion and family support, shapes how spirituality is experienced.

Trustworthiness and Rigor

To ensure quality, the study followed Lincoln and Guba's (1985) criteria of trustworthiness (Lincoln & Guba, 1985). Credibility was maintained through in-depth interviews, accurate transcription, and member checking. Transferability was supported by providing detailed participant and research descriptions. Dependability was ensured through maintaining an audit trail of the research process. Confirmability was achieved through continuous reflexivity and grounding interpretations in participants' data.

Procedure

The procedure began with obtaining ethical approval from the Institutional Research Committee of the University. Participants were then recruited through community and spiritual groups. Informed consent was obtained before conducting interviews. Interviews were audio-recorded with prior permission and transcribed verbatim. Data were analyzed using Braun and Clarke's (2019) six phases: 1) familiarizing with the data, 2) creating initial codes, 3) generating themes, 4) reviewing and refining themes, 5) defining and naming themes, and 6) producing the final analysis. Themes were developed based on participants' own words, quotes, and experiences. Reflexivity was maintained throughout to ensure unbiased analysis.

Ethical Considerations

Ethical principles were strictly followed throughout the study. Participation was voluntary, and participants had the right to withdraw at any time. Confidentiality and anonymity were maintained by using participant IDs instead of names. Emotional safety was ensured during interviews, especially when discussing sensitive experiences. Data was stored securely, and the researcher avoided dual relationships to prevent bias or coercion.

ANALYSIS AND DISCUSSION

This analysis includes a reflexive interpretation of the thematic findings developed through reflexive thematic analysis. The themes were constructed through the researcher's engagement with the data and are shaped by both participant narratives and existing theoretical frameworks (Braun & Clarke, 2019). The purpose of this discussion is not only to describe the findings but also to interpret their meaning, significance, and relationship to prior literature. Four major themes emerged: 1) Critical Illness as a Multidimensional Crisis, 2) Enduring Spiritual Coping and Resilience, 3) Holistic Recovery Through Spiritual Resilience and Practices, and 4) Spiritual Transformation and Meaning-Making.

Table 2: Summary of Codes, Key Themes, and Description from Thematic Analysis

Codes	Main Themes	Description
Loss of bodily control, severe pain, emotional distress, fear, uncertainty, loneliness, spiritual struggle, *"Why is this happening to me?"*	Critical Illness as a Multidimensional Crisis	Participants perceived critical illness as a crisis that affected their physical, emotional, social, and spiritual well-being. They turned to spiritual support seeking answer, comfort and purpose.
Pre-illness spirituality, faith during illness, spiritual practices, beliefs, spiritual coping, sustained resilience	Enduring Spiritual Coping and Resilience	Participants used pre-existing spiritual practices, while some turned to spirituality during illness to cope with uncertainty and stress. This helped strengthen their resilience, inner strength, and overall recovery.
Prayer, faith, trust in a higher power, gratitude, altruism,	Spiritual Resilience as a Pathway to Holistic	Spiritual Resilience supported participants in their overall recovery

hope, positive karma, inner strength, divine intervention	Recovery	by helping them turn towards a higher power, view recovery as a reward for their good karma, and use hope as a motivation for recovery.
Personal growth, changed values, new priorities, stronger spirituality, healthier living, purpose in life, hope, transformation	Spiritual Transformation and Meaning-Making	Participants perceived sickness as a transforming experience that facilitated personal development, enhanced spirituality, healthier priorities, and restored sense of purpose by assisting others and living in hope.

Theme 1: Critical Illness as a Multidimensional Crisis

The findings indicate that critical illness affects individuals beyond physical symptoms, influencing psychological, social, and spiritual dimensions. Participants experienced loss of bodily control, emotional distress, uncertainty, loneliness, and a sense of emptiness, which led them to seek spiritual support.

> *"I couldn't take even a single sip of water because of throat and mouth ulcers; my throat was burning severely."* (Participant 7)
> *"After my surgery, hearing any news of death and loss made me uneasy and worried."* (Participant 1)
> *"I was repeatedly asking myself why I was suffering even though I had prayed throughout my life."* (Participant 2)

The participants describe critical illness as a complex crisis, and they emphasize the importance of spiritual coping mechanisms in reducing the suffering it causes. These findings align with the biopsychosocial-spiritual model proposed by Engel (1977) and expanded by Sulmasy (2002), which views illness as impacting multiple interconnected domains (Engel, 1977; Sulmasy, 2002). Lazarus and Folkman's (1987) Transactional Model of Stress and Coping also supports these findings, as individuals evaluate both internal and external resources when dealing with stress (Lazarus & Folkman, 1987). Previous studies in palliative care similarly emphasize the presence of physical, emotional, social, and spiritual challenges during critical illness (Siddall & MacLeod, 2024). Some previous studies focused primarily on physical and psychological aspects (Sukantarat et al., 2007). This study highlights spiritual dimensions more strongly than previous research. Cultural context may influence this difference, as participants perceive illness in a more holistic and integrated manner. Thus, all findings suggest that healthcare professionals should adopt a biopsychosocial-spiritual approach to address the full spectrum of patient needs.

Theme 2: Enduring Spiritual Coping and Resilience

Participants described using spiritual practices such as prayer, faith, gratitude, altruism, and surrender to a higher power as coping mechanisms during illness and recovery. Some had pre-existing spiritual practices, while others developed them during illness. These practices strengthened their resilience and supported recovery.

> *"My principle was 'Karma Siddhi.' I did not focus much on spirituality until I experienced a delayed recovery after surgery. I then realized that only God's grace could provide a complete recovery." (*Participant 3)

> *"Steadfast prayer and reading scriptures from a young age have brought me to where I am today. These practices have made me stronger."* (Participant 5)
> *"Reciting 'Raghavendra Swami Japa' is part of my practice. I do it every day, as it helps me get through stressful and difficult times."* (Participant 4)

The participants' narratives suggest that they have relied on spirituality to cope with difficult and uncertain times and continue to do so. This reliance appears to strengthen their resilience and support them in moving ahead with greater faith and inner strength. These findings are consistent with Pargament's (1997) theory of religious coping, which emphasizes positive spiritual coping strategies such as seeking divine support and finding meaning in suffering (Pargament, 1997). Richardson's (2002) resilience theory also explains how individuals grow stronger after adversity (Richardson, 2002). Supporting studies indicate that spiritual coping is associated with improved emotional well-being, hope, and quality of life (Ghazalsaflou, 2023). The findings indicate that spiritual coping was instrumental in helping participants manage stress, adapt to illness, and achieve recovery. This underscores the importance of incorporating spiritual coping strategies into healthcare practices to support comprehensive patient care.

Theme 3: Holistic Recovery Through Spiritual Resilience and Practices

Participants reported that spiritual resilience contributed significantly to their recovery, both physically and emotionally. Practices such as prayer, trust in a higher power, gratitude, altruism, and positive thinking were commonly described as sources of hope and strength. Many participants viewed recovery as influenced by divine intervention, moral actions ('good karma'), and sustained faith.

> *"Prayer has been our family's greatest strength, especially when the doctor said, 'We have done what we should; the rest is in His hands.' It helped me heal and recover when the treatment had no results."* (Participant 2)
> *"I donated the amount received for my treatment to two other patients after covering my treatment cost. I believe this act of generosity has supported my physical and emotional recovery."* (Participant 7)
> *"My hope of a brighter future helped me gain inner strength, which motivated me to live as an example for others, rather than focusing on my illness."* (Participant 6)

These narratives show that spiritual resilience and practices helped participants make positive changes in their thoughts, emotions, and behaviors and find a holistic recovery across multiple domains. Engel's biopsychosocial-spiritual model (1977) and Sulmasy's (2002) extension, which emphasize integrated care, further support these findings. Pargament's theory further explains how positive religious coping improves adjustment and reduces psychological distress (Pargament, 1997). Empirical studies also suggest that spirituality is associated with better health outcomes, improved well-being, and stronger resilience (A. H. Howard et al., 2023; Manning et al., 2019). The findings suggest that spiritual resilience, combined with faith-based practices, can support overall healing and well-being.

Theme 4: Spiritual Transformation and Meaning-Making

Participants described their illness experience as transformative, leading to changes in values, priorities, and life perspectives. Many reported increased engagement in spiritual practices, a stronger sense of purpose, and a desire to help others by sharing their

experiences. Illness was often reframed as an opportunity for personal growth and renewed life direction.

> *"I have grown into a more resilient person, become stronger spiritually, and now feel like a completely new person."* (Participant 5)
> *"I realized that life rarely gives a second chance, so I decided to lead a healthier life by taking care of my body and mind. I also began spending more time on spiritual activities."* (Participant 1)
> *"Since I experienced this illness at a young age and recovered successfully, I want to guide others facing similar challenges, encouraging them never to lose hope, no matter what happens in life."* (Participant 7)

The accounts of these participants indicate that recovery encompasses not only survival but also growth, transformation, and the pursuit of purpose in life. These findings align with Viktor Frankl's Logotherapy (1946), which emphasizes finding meaning in suffering, and Park's (2010) Meaning-Making Model, which explains how individuals reconstruct beliefs to reduce the discrepancy between their understanding and experiences. Participants actively engaged in meaning-making by integrating their illness into a broader life narrative. Previous studies also support the relationship between spiritual coping and meaning in life (Ahmadi et al., 2019). Some research suggests meaning can also arise from non-spiritual coping (Yang et al., 2021). However, the present study specifically highlights spiritual coping as a key pathway to meaning-making. Findings indicate that meaning-making is a gradual process supported by faith, reflection, and spiritual growth.

Throughout the entire recovery process from critical illness, these thematic findings illustrate the significant influence of spiritual resilience. It contributes to coping, resilience, holistic healing, and meaning-making. The study reinforces the importance of integrating spiritual dimensions into healthcare practice and supports a holistic approach to patient care that addresses physical, psychological, social, and spiritual needs.

CONCLUSION

Critical illness disrupts overall well-being, while spiritual resilience plays a significant role in coping, recovery, and transformation. Spiritual practices support emotional balance, meaning-making, and improved adjustment. The study emphasizes the value of integrating spiritual care into healthcare to promote holistic recovery. Theoretically, the findings support and extend the biopsychosocial-spiritual model and contribute to meaning-making frameworks by emphasizing spiritual coping as a key mechanism. In practice, families and caregivers can support recovery by addressing emotional and spiritual needs, while public health initiatives can raise awareness of spirituality in recovery. Clinically, healthcare professionals should assess spiritual needs, provide spiritual support, and integrate appropriate interventions such as counseling, mindfulness, and chaplaincy services. Several limitations were noted, including a small sample size, limited cultural and religious diversity, reliance on self-reported data, and the subjective nature of qualitative analysis. These factors may affect generalizability. Future research should examine the long-term effects of spiritual resilience on recovery outcomes using larger, more diverse samples and comparative studies with standard interventions to understand its impact on better recovery and healing.

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