

The Relationship Of The Implementation Of Spirituality Aspects Of Nurses With The Fulfillment Of Spiritual Needs Inpatients At Imelda Hospital Medan

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ABSTRACT

Nurses believe that humans are complete bio-psycho-socio-cultural and spiritual beings who respond to changes that occur, among other things, due to health problems and irregularities in meeting needs. The nurse seeks to help meet the client's spiritual needs as part of the client's overall needs, including by facilitating the fulfillment of the client's spiritual needs, even though the nurse and client do not have the same spiritual or religious beliefs. This study aims to determine the relationship between implementing aspects of nurses' spirituality and fulfilling the spiritual needs of inpatients at Imelda Hospital in Medan. The type of research used is descriptive correlation with a cross sectional study design. The research was conducted in April 2019. The population in this study was all 350 patients treated in the inpatient ward at the Imelda Workers Indonesia Hospital. The sampling technique in this research is a quota sampling technique, so the number of samples in this research is 35 people. The results of the analysis of the relationship between the application of spiritual aspects of nurses and the fulfillment of patients' spiritual needs showed that there were 25 (71.4%) respondents whose spiritual needs were fulfilled by the application of spiritual aspects of nurses well. Statistical tests using chi square obtained a p value <0.05, meaning there is a relationship between aspects of spiritual application and the fulfillment of spiritual needs. It is hoped that the results of this research can be used as a reference for Imelda Hospital in improving health services, especially the implementation/nursing care in meeting the spiritual needs of patients.

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INTRODUCTION

Nurses believe that humans are complete bio-psycho-socio-cultural and spiritual beings who respond to changes that occur, among other things, due to health problems and irregularities in meeting needs. To be able to meet holistic and unique needs, a comprehensive and individual approach is needed for each client system. Nurses as professional health workers have the greatest opportunity to provide health services, especially comprehensive nursing services/care by helping clients meet holistic basic needs (Hamid, 2013). Nurses view clients as bio-psychosocio-cultural and spiritual beings who respond holistically and uniquely to changes in health or crisis situations. Nursing care provided by nurses cannot be separated from the spiritual aspect which is an integral part of the nurse's interaction with clients. Nurses try to help meet the client's spiritual needs as part of the client's overall needs, including by facilitating the fulfillment of the client's spiritual needs, even though the nurse and client do not have the same spiritual or religious beliefs (Hamid, 2013).

Spirituality is belief in one's relationship with the Almighty. Meanwhile, spiritual needs are the need to maintain or restore beliefs and fulfill religious obligations, as well as the need to obtain forgiveness or forgiveness. Spiritual needs are basic needs needed by every human being. If

someone is sick, their relationship with God becomes closer, remembering that someone who is sick becomes weak in every way, no one is able to revive him from recovery, except the Creator. In health services, nurses as health workers must have a primary role in meeting spiritual needs (Asmadi, 2010).

Nurses are required to be able to provide more fulfillment when patients are undergoing surgery, critical patients or near death. Thus, there is a connection between belief and health services where basic human needs provided through health services are not only in the form of biological aspects, but also spiritual aspects. Spiritual aspects can help raise the patient's enthusiasm in the healing process (Asmadi, 2010). When illness, loss or pain strikes a person, spiritual forces can help a person toward healing or toward developing spiritual needs and concerns. During illness or loss, for example, individuals often become less able to care for themselves and more dependent on others for care and support. Spiritual distress can develop as a person searches for meaning about what is happening, which may result in a person feeling alone and isolated from other people (Asmadi, 2010).

Individuals may question their spiritual values, asking questions about the overall path of life, the purpose of life and the source of life's meaning. Clearly, the nurse's ability to obtain a clear picture of the client's spiritual dimensions may be limited by the environment in which the person practices his or her spiritual practice. This is true if the nurse has limited contact with the client and fails to build a relationship. The question is not what type of spiritual support can be provided but whether the nurse consciously integrates spiritual care into the nursing process. Nurses do not need to use the excuse of "not enough time" to avoid introducing the spiritual values adopted for the patient's health (Potter & Perry, 2009).

Research conducted by Istiqharoh (2013) at the Prof. Dr. Margono Soekarjo Hospital, Purwokerto, stated that there was a relationship between the application of aspects of nurses' spirituality and the fulfillment of the spiritual needs of inpatients. Likewise, research conducted by Alaidin (2014) on 90 nurses at RSJD Dr. Amino Gundhoutomo Semarang which shows that there is a meaningful relationship between nurses' spiritual intelligence and fulfilling patients' spiritual needs. Sidabutar's (2015) research at Malahayati Hospital in Medan found a relationship between the application of aspects of spirituality by nurses and the fulfillment of spiritual needs in patients.

Based on the results of an interview with one of the patients being treated in the surgical treatment room at Imelda Hospital, it was found that fulfilling the spiritual needs of patients in the room had been carried out by several nurses but had not been fully implemented.

METHOD

The research design used is a descriptive analytical research design with a cross sectional approach. The population in this study were all 350 patients treated at Imelda Hospital in February 2022. According to Arikunto (2010), if the research population is more than 100 then the sample can be taken between 10-15% or 20-25%. In this study, researchers took 10% of the population, so the sample size was 35 people. The sampling technique used was quota sampling. Quota sampling is a sampling technique based on a predetermined number.

After receiving permission from Imelda University of Medan, researchers immediately conducted research at RSU IPI to conduct research on patients, then measured the provision of spiritual aspects provided by nurses and the fulfillment of spiritual needs through questionnaires. The aspect of nurse spirituality is the ability of a nurse to provide guidance in worship (prayer, remembrance, prayer) to patients. Spiritual needs are the need to get spiritual support (prayer, prayers, reading holy books) from nurses for the process of healing an illness or reducing anxiety. The nurse spirituality aspect variable consists of ten questions and is assessed based on whether it is good or bad. It is categorized as good if the respondent answers the question with a score > 5 and

categorized as poor if the respondent answers the question with a score ≤ 5 . The variable for fulfilling the patient's spiritual needs consists of ten questions which are assessed based on whether or not the patient's spiritual fulfillment is fulfilled. It is categorized as fulfilled if the respondent answers the question with a score > 5 and is categorized as not fulfilled if the respondent answers the question with a score ≤ 5 .

RESULTS AND DISCUSSION

Respondent Characteristics

Table 1. Frequency distribution of respondents based on age, education and gender

No	Age (Years)	Frequency (number)	Percentage (%)
1	16-26	6	17,1
2	27-37	15	42,9
3	38-48	9	25,7
4	49-59	2	5,7
5	60-70	3	8,6
	Total	35	100
No	Education	Frequency (number)	Percentage (%)
1	elementary school	2	5,7
2	JUNIOR HIGH SCHOOL	6	17,1
3	SENIOR HIGH SCHOOL	21	60
4	Bachelor	6	17,1
	Total	35	100
No	Gender	Frequency (number)	Percentage (%)
1	Man	10	28,6
2	Woman	25	71,4
	Total	35	100

Based on the table above, it is known that the majority of respondents are aged 27 - 37 years, namely 15 people (42.9%), based on education level, the majority of respondents have a high school education, namely 20 people (60%), based on gender, the majority of respondents are female. namely 25 people (71.4%).

Table 2 Frequency distribution of respondents based on aspects of spirituality application

No	Application of spirituality	Frequency (number)	Percentage (%)
1	Good	28	80,0
2	Not Good	7	20,0
	Total	35	100

Based on the table above, it is known that the majority of aspects of implementing spirituality are good, namely 28 people (80%).

Table 3 Frequency distribution of respondents based on spirituality needs

No	Spirituality needs	Frequency (number)	Percentage (%)
1	Fulfilled	25	80,0
2	Not fulfilled	10	20,0
	Total	35	100

Based on the table above, it is known that the majority of patients' spiritual needs were met, namely 25 people (71.4%).

Table 4 Frequency distribution of respondents based on the relationship between aspects of spiritual application and spiritual needs

Aspects of spirituality	Spirituality needs		Amount N
	Fulfilled	Not Fulfilled	
Good	25	3	28
Not Good	0	7	7
Total	25	10	35

Based on the table above, it is known that of the 28 respondents whose aspects of implementing spirituality were good, 25 people's spiritual needs were met and 3 people's spiritual needs were not met, whereas of the 7 respondents whose aspects of fulfilling spirituality were not good, all of their spiritual needs were not met. The Chi-Square test obtained a calculated p value = 0.000, so the calculated $P < P$ value (0.05), it is said that (H_0) was rejected and (H_a) was accepted, meaning that the two variables statistically have a significant relationship. Not fulfilled

DISCUSSION

The results of the analysis of the relationship between the application of spiritual aspects of nurses and the fulfillment of patients' spiritual needs showed that there were 25 (71.4%) respondents whose spiritual needs were fulfilled by the application of spiritual aspects of nurses well. According to the theory put forward by Taylor, Lilis and Le Mone (1997), the value of religious beliefs cannot be easily evaluated. However, the influence of these beliefs can be observed by health workers by knowing that individuals tend to be able to withstand extraordinary physical distress because they have strong beliefs. Clients will follow all healing processes that require extraordinary efforts, because of the belief that all these efforts will be successful. In line with the theory stated above, the researcher believes that this happens because nurses have a primary role in providing services in meeting the spiritual needs of patients in the form of health services, especially comprehensive nursing services/care by helping clients meet holistic basic needs, but there are 3 (8.5%) respondents who fulfilled the patient's spiritual needs were not fulfilled by implementing good aspects of nurse spirituality. According to the theory put forward by Johnson and Mortin (1989), expressive/mother substitute role is a direct activity in creating an environment where the client feels safe, accepted, protected, cared for and supported by the nurse. This role aims to eliminate failure in the service group. In line with the theory stated above, the researcher is of the opinion that the application of good spiritual aspects from nurses has had a positive influence on fulfilling the patient's spiritual needs so that the patient's spiritual needs are met.

Meanwhile, there were 0 (0%) respondents who fulfilled the patient's spiritual needs by implementing the spiritual aspects of nurses less. According to the theory put forward by Taylor, Lilis and Le Mone (1997), namely when providing nursing care to clients, nurses are expected to be sensitive to the client's spiritual needs, but for various reasons there is a possibility that nurses actually avoid providing spiritual care. These reasons include, among other things, nurses feeling uncomfortable with their spiritual life, not considering spiritual needs as important, not receiving education about the spiritual aspects of nursing, or feeling that fulfilling the spiritual needs of clients is not their job but the responsibility of religious leaders. In line with the theory stated above, the researcher is of the opinion that the lack of application of the spiritual aspects of nurses to patients is closely related to the fulfillment of the patient's spiritual needs, although there is still a lack of application of the spiritual aspects of nurses, but the patient's spiritual needs are met due to other support factors, both from the patient himself and from family. Meanwhile, there were 7 (20%) respondents who did not fulfill the patient's spiritual needs due to the lack of implementation of the spiritual aspects of nurses. According to the theory put forward by Taylor, Lilis & Le Mone (2009),

one of the important factors that can influence a person's spirituality is providing inappropriate nursing care. And the theory put forward by Hidayat (2010), the problem that often occurs in fulfilling spiritual needs is spiritual distress, which is a situation when individuals or groups experience or are at risk of experiencing disturbances in the beliefs or value systems that give them strength, hope and meaning in life, which characterized by the patient asking for spiritual help, expressing doubts in the belief system, excessive doubts in interpreting life, expressing more attention to death and after life, making decisions, refusing ritual activities and there are signs such as crying, withdrawing, anxiety and anger, then supported by physical signs such as disturbed appetite, difficulty sleeping and increased blood pressure.

In line with the theory stated above, the researcher is of the opinion that if there is a lack of application of the spiritual aspects of nurses, the patient's spiritual needs are not being met. This can be seen from the research results that it was found that some patients' spiritual needs have not been met due to the lack of application of the spiritual aspects of nurses to patients being cared for in the hospital. Imelda Medan. The statistical test results obtained a value of $\rho = 0.000 < \alpha = 0.05$, because $\rho < \alpha$ then H_0 is rejected and H_a is accepted, meaning that there is a relationship between the application of the spirituality aspect of nurses and fulfilling the spirituality needs of patients at the Imelda Hospital in Medan. Based on the research results, it can be concluded that most of the patient's spiritual needs are met compared to the patient's spiritual needs which are less met.

CONCLUSION

Based on the results of the research that has been carried out, the following conclusions can be drawn: There is a relationship between the application of the spirituality aspect of nurses and the fulfillment of patients' spirituality needs at the Imelda Workers Indonesia Hospital, Medan.

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