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Research Article

Nurses's Experience in Providing Spiritual Care

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Abstract

Background: Spiritual care is considered by nurses not as part of their duties and responsibilities, so that the spiritual needs of many patients are neglected. Spiritual care is a necessity that is often overlooked in daily nursing practice and is less a priority than physical needs because spiritual needs are often abstract, complex, and more difficult to measure.

Objectives: This study aims to determine the description of the nursing experience of the "YKY" Nursing Academy alumni in providing spiritual care
Methods: This study uses a qualitative method with a phenomenological approach. The subjects in this study were the alumni nurses of the Nursing Academy "YKY" Yogyakarta who worked at Sleman Yogyakarta Hospital and fulfilled the participant criteria which were set as the characteristic limits in this study.

Results: Based on the analysis results of the in-depth interviews, researchers identified five themes related to the purpose of the study, 1) The importance of nurses providing spiritual care to patients and their families 2) Forms of spiritual care provided by nurses to patients and patient's families 3) Nurses' perceptions of spiritual care 4) Nurses in providing spiritual care to patients are influenced by internal and external factors 5) Spiritual care is given by all personnel in the hospital.

Conclusion: Spiritual care is an important part of nursing provided to improve the quality of life of patients.

Keywords: experience, nurses, spiritual care, qualitative research

Introduction

Nursing services with a holistic concept are currently trying to be applied.¹ Holistic nursing services are based on the concept that sick humans are not only physically ill, which can only be cured by giving drugs, but also must pay attention to other aspects of human life such as mental, social, and spiritual aspects. Spiritual care is considered a very important part of the overall care given to improve the quality of life for patients and their families. Spiritual care is an activity in nursing carried out through attitudes and actions of nursing practice based on spiritual nursing values, namely recognizing human dignity,

kindness, compassion, calmness, and gentleness to help patients.² The patient's spiritual needs that can be fulfilled by nurses can arouse the patient's spirit in the process of healing in the hospital.³ A recent study found that 85% of cancer patients stated that spirituality played a very large role in health and overall healing, while 35% of cancer patients stated that attention to their spiritual needs carried out by health workers could increase satisfaction in their care.⁴

Nurses pay less attention to spiritual aspects of care because nurses do not understand the spiritual aspects and benefits of healing patients' illnesses and their health.⁵ The role of nurses is currently more involved and focused on treatment measures such as determining the diagnosis of disease and administration of drugs. The same thing was stated by Kathy that in providing nursing care, nurses tend to pay more attention to aspects of treatment.⁶ The most commonly used spiritual care intervention by nurse practitioners is to pray for patients personally and help connect patients with clergy in the hospital, but more than 50% of nurses are reported to rarely or never provide spiritual care.⁷

Many nurses agree that spiritual care is important for patients, but most are unable to provide spiritual care appropriate to their patients.⁸ The nurses think that fulfilling the patient's spiritual needs is not part of their duties and responsibilities but the religious leaders or spiritual parts.⁹ This is supported by the research of Tricahyono who saw that when interacting with patients, nurses were more focused on routine actions such as giving medication, injections, wound care, and documenting nursing actions.³ This is to the research conducted by Ni Putu Mega Pratiwi who stated that 70% of nurses rarely ask about and deal with the psychological and spiritual conditions of their patients and only focus on the physical condition of patients.¹⁰

The studies on nurses' experience in providing spiritual care are still limited, therefore researchers are interested in examining how nurses provide spiritual care to their patients and how these spiritual treatments affect patients. Therefore, this study aims to determine the description of the nursing experience in providing spiritual care.

Methods

The design of this study is qualitative research with a phenomenological approach in January – February 2018. The population in this study were all nurses alumni of AKPER YKY who worked at Sleman Yogyakarta Hospital. The sampling method was purposive sampling taking into account the maximum variation of participants. The inclusion criteria in this study were willing to be a participant who was proven by signing informed consent, having attended university at AKPER YKY (alumni), and having at least a D3 nursing education. The number of participants in this study was 4 nurses, and 3 participants as triangulation consisting of patients, lecturers, and the head of the room.

The instrument in this study was the researchers themselves. In this study, researchers used in-depth interviews and observation methods. The researchers used a structured art interview technique. Interviews with participants were carried out by the researchers themselves. The researchers used the interview guide as a guide and explored the participants' experiences. Before conducting the interview, the researchers took a trial using the interview guidance. The trial was conducted on one participant who was by the inclusion criteria but not included in the study. The tools used during the interview process were voice recorders and field notes. The researcher was assisted by research members. Research members observed the participants' non-verbal responses, interview situations, environmental conditions, and body changes that were not recorded on the voice recorder but written in field notes. Interviews were conducted at a time and place agreed upon between researchers and participants. The consideration of choosing the place of the interview was the comfort, privacy, and security of participants and researchers. The interview took 45-90 minutes in 1-2 meetings.

The ethical approval of this study was obtained from the Health Research Ethics Committee, Health Polytechnic of The Ministry of Health Yogyakarta (Poltekkes Kemkes Yogyakarta), with approval number: LB.01.01/KE-01/XLVIII/987/2017. Prior to data collection, the researchers explained the objective and the procedures of the study to the participants. The participants could withdraw from the study at any time without penalty. The researchers in this study confirmed that each participant had obtained appropriate informed consent. The researchers also guaranteed their data confidentiality and ensured them that their information would be published anonymously.

Results and Discussion

The participants in this study were four nurses the alumni of the YKY Yogyakarta Nursing Academy who worked at Sleman Hospital. The characteristics of the main participants can be seen in Table 1 below:

Table 1. Main Participants Characteristics

Code	Gender	Age	Years of Service	Status	Room
P1	Female	25 yo	3 years	Marriage	Kenanga
P2	Female	35 yo	> 4 years	Marriage	Alamanda 2
P3	Male	26 yo	3 years	Marriage	Alamanda 1
P4	Female	46 yo	> 4 years	Marriage	Cempaka 1

All participants were Muslim, Javanese, Diploma III nurses and had never attended spiritual care training. Participants' backgrounds can be seen from age, years of service, gender, and room. Supporting participants in this study were inpatients in Sleman Hospital who were coded P, lecturers that had taught AKPER YKY alumni who worked in Sleman Hospital were given code D and the head of the room in one of the rooms in RSUD Sleman which was coded K. Here is a characteristic of each supporting participant.

Table 2. Supporting Participants Characteristics

Code	Gender	Age	Education
P	Female	44 yo	SMP
D	Female	48 yo	S1 Nurse
K	Male	32 yo	D3 Nurse

Based on the analysis in this study, all nurses agreed that spiritual care is important to be given to patients or families of patients. Although many nurses agreed, there were differences between these beliefs and reality in providing spiritual care. The nurses took care of the patients by focusing more on physical care and paying small attention to the patient's spiritual care. This is supported by the existence of other similar research showed that nurses feel unable to provide spiritual care to patients because that nurses perceive that fulfilling patients' spiritual needs was not their responsibility but family and religious leaders (5). Some nurses in this study provide spiritual care to patients as important as medical treatment, as revealed by the following participants:

“Both are important, because if a spiritual aspect is ignored, medical treatment is not possible, especially for terminal patients or ca patients. Ca patients, for example, the prognosis may not too bad, but the recovery is difficult so it is important to conduct spiritual care” (P1)

“According to me, it is important, because it can help. It is better to pray or dzikr than randomly screaming” (P3)

Providing support to patients and families of patients is an important part of spiritual care carried out by nurses, as revealed by one of the participants as follow:

“Because support for patients, families, that is also important for the nurses to do so” (P2)

Nurses provided spiritual care, especially to patients whose conditions are getting worse and patients who were undergoing hospital treatment for a long time. Spiritual needs are a concept that is common for all but very important for life-threatening diseases and close to death.⁷ From the results of the study, 85% of cancer patients stated that spirituality played a very large role in health and overall healing.¹¹

Spiritual care provided by nurses can increase the patient's spirit so that it helps speed up the recovery of patients. When someone gets sick, loss or pain affects a person, the person's energy is depleted and the person's spirit will be affected.¹² Using spiritual and religious care can give patients and families the power to deal with the disease, but nurses often do not give it. The patient's spiritual needs that can be fulfilled by nurses can arouse the patient's spirit in the process of healing in the hospital.¹³ Spiritual care provided by nurses can increase the patient's enthusiasm, then help the recovery of patients, as revealed by the following participants:

“We praying, usually according to our religion approach, it's helped by praying, it is not enough for just having medicines to be healed but also by supporting him to praying, supporting is the point. Because support is prior than medicine, right? His spirit will be arisen and the possibility to be recovered is also higher, right?” (P2)

In addition to increasing the patient's enthusiasm for recovery, the spiritual care provided by the nurse can calm the patients who feel anxious, as expressed by the following participants:

“If anxious ... definitely ... I mean, to make him calm, we need it ... spirituality, to guide him to be calm, right? But the diagnosis is anxiety.” (P4)

Patients become more sincere with what they experience and accept their condition (their illness) after the nurse provides spiritual care, as expressed by the following participants:

“Perhaps, to make patient to be more sincere ... that is it.” (P3)

“... so praying is very important, begging ... see? To beg to God according to his own religion, so he can be sincere.” (P4)

Based on the analysis in this study, nurses presented several forms of spiritual care provided by nurses to patients. Nurses who asked patients to recite istighfar or dhikr when patients felt pain because of nursing actions were a form of spiritual care mostly done by

nurses to patients. The form of spiritual care can be easy and simple for nurses to give to patients.¹³

Spiritual care is an activity in nursing that is carried out through the attitudes and actions of nursing practice based on spiritual nursing values, such as recognizing human dignity, kindness, compassion, calmness, and gentleness to help patients.² Spiritual care focuses on respecting patients, friendly and sympathetic interactions, listening attentively, and giving strength to patients in dealing with their illnesses.¹⁴ Helping patients who want to perform ablution but cannot go to the bathroom by helping tayamum or facilitating water in a basin for ablution is a form of spiritual care. Nurses try to fulfill the spiritual needs of patients as part of the holistic needs of patients. This can be done by facilitating the fulfillment of the patient's spiritual needs, even though nurses and patients do not have the same spiritual or religious beliefs.¹⁵ Some nurses in this study asked patients to recite istighfar or dhikr when patients were in pain due to nursing actions carried out by nurses, as revealed by the following participants:

“If from the patient asking like ... ‘Mrs, can we pray together?’ ... I’ve never seen like that, but usually, we do it (spiritual care) in the case like if the patient was not terminal patient, but for the example the patient was tormented or when we took a nursing action like infusion to the patient, in some cases it could be more painful and usually we agreed like ... if it should be done like this, it could takes time and would be a little bit hurt, ask the patient to take a deep breath or to reciting istighfar.” (P1)

“Here, perhaps ... rarely found, but if I find it, I will directly give it, it is just like when the patient came and suddenly moaned even when it had been given medicine, I asked them to take a deep breath or to do dzikr.” (P3)

The nurse will call or find a religious leader if there is a patient or family of patients and ask for spiritual guidance because it is the right of the patient. The most commonly used intervention by nurse is connecting patients to the religious leader.⁷ This is to the results of Winarti's research which stated that nurses will refer patients to spiritual officers if there are obstacles that require further services.¹⁵ Not all nurses can provide spiritual care because this depends on the situation and spiritual background of the nurse.⁷ Nurses' readiness to provide spiritual care to patients is influenced by perceptions and understanding of spirituality and spiritual care.¹⁶ Nurses motivated patients to help cure patients. In the case of terminal and critical patients, motivation was given to the families of the patients, as expressed by the participants as follows:

“It is also for their recovery, right? Motivation ... they would feel like they are being cared ... right ... even in class 3, the nurses should also caring them” (P2)

“The example is like ... yah ... it directly motivates the patient, to tell the family too ... the people surrounding, especially those the critical or terminal patients, usually to the people surrounding. Terminal patients won't be able, so to the families ...” (P2)

Based on the analysis in this study, several nurses assumed that spiritual care was a treatment associated with religion and carried out by the religious leader. Nurses have a perception that the implementation of spiritual nursing actions is not fully the duty of nurses, because there is a spiritual guide in the hospital so nurses only perform spiritual nursing actions as far as they can or lightly such as advocating to pray.¹⁶ Most nurses think that spiritual needs include matters relating to religion and divinity. Nurses think that fulfilling the patient's spiritual needs is not their duty but the responsibility of religious

leaders.⁹ This is supported by the research of Tricahyono who saw that when interacting with patients, nurses were more focused on routine actions such as giving medication, injections, wound care, and documenting nursing actions.³ Nurses' perceptions of spirituality influence the extent to which patients' spiritual needs are identified and the extent to which interventions are planned and implemented.⁷ Some nurses in this study think that spiritual care is a treatment that is related to religion and carried out by a religious leader. This is explained in the following statements:

“Spiritual care according to myself is care that is related to religiosity and spirituality, usually for each patient or the newly hospitalized patient who enters this room, there must be a religious leader who guides the patient or the family in accordance to each religion ...” (P1)

“In my opinion ... as I know, so far spiritual is related to ... religion, right? So we usually ask the patient, when feeling pain, we ... uhm ... let's pray ... say istighfar or pray as you can, something like that ... guiding to pray.” (P4)

Several factors influence the nurses' behavior in providing spiritual care, those are internal factors (factors that come from themselves) and external factors (factors that come from outside of themselves). Internal factors include the habits of nurses and the closeness of nurses to patients, while external factors include the environment (patient condition) and the number of nurses. The habit of nurses conducting religious activities and their patience make them more concerned about providing spiritual care to patients. Mastering self-spirituality will empower nurses to fulfill the patients' spiritual needs.¹⁷ A person or individual who has a very good spirituality can have a positive influence on health care, in this case, is a nurse. Nurses who have more faith in religion are significantly more likely to practice spiritual care.⁷ Nurses who maintain their spirituality can find internal sources to care for patients through increased comfort in themselves, they are more sensitive to the needs of patients' spirituality and have more effective coping with stress faced in providing nursing care.¹⁸

Nurses have closeness to patients or their families because they often meet and they are more aware of the patient's development so they play an important role in providing spiritual care. Building relationships and trust with patients will help nurses in providing spiritual care and will facilitate nurses in assessing the patient's spiritual needs.¹⁶ The spiritual dimension is a sensitive matter, a topic that patients will not discuss until they have established a trusted relationship with nurses. Nurses more often produce nursing diagnoses related to physical problems than diagnoses related to spiritual problems. Spirituality as an important component of spiritual care is not well given or taught as part of nursing education.¹⁹ Meanwhile, lack of spiritual training among nurses because educational institutions and the government do not consider issues related to spirituality as an important part of nursing education.¹⁶

Nurses were more concerned about providing spiritual care to patients when nurses had the habit of carrying out religious activities at home (Salah five times, reciting the Quran, praying). This is explained in the following statements:

“Perhaps, it comes from habit, for instance, we used to reciting Quran in home or something, we can apply it.” (P1)

One of the limitations felt by nurses in providing spiritual care to patients was that there were fewer nurses compared to patients.

“Yeah ... because here ... we have limited staff ... limited nurses as well.” (P2)

"If here, mostly ... here, there are 36 patients, but the staff, the nurses are only 4, so we are limited on it." (P3)

Based on the analysis in this study, some nurses stated that spiritual care involved all of the hospital officers whether nurses, doctors, nutritionists, religious leaders, and even families. Nurses considered spiritual care as a nurse's competence, they also considered that a team approach was important for spiritual care.¹⁶ It is difficult for the nursing profession to work alone in satisfying the patient's spiritual needs. Applying a team approach to various disciplines in determining spiritual care can support and facilitate nurses. Everyone who meets or contacts patients such as cleaning services, laboratory staff, and religious leaders can provide spiritual care and patients feel comfortable.¹³

The spiritual care provided by the nurse can be received by the patient or the patient's family. Nurses were not sure that patients expected nurses to provide spiritual care, but nurses thought that patients admitted to hospitals with religious backgrounds would expect spiritual care to be provided by nurses rather than patients who were hospitalized without a religious background.¹³ The nurses stated that spiritual care can be given by nurses or religious leaders depending on who first meets the patient and also depends on the shift (if the night can be given by the nurse if morning and afternoon can be given by the religious leader). This is explained in the following statements:

"Here, if in the day, the nurses handle it, if in the night, take over by religious leader or spiritual division." (P3)

"Here, could be the nurses or religious depends on who comes first." (P3)

There was also a nurse who stated that spiritual care involved all hospital officers whether nurses, doctors, nutritionists, religious leaders, and even families.

"There are various Hospital staff, there are nurses, doctors, nutritionists who frequently visit the patient, besides the spiritual staff, there are families as well." (P4)

Conclusion

Spiritual care is important for patients but most are unable to provide spiritual care appropriately. Although many nurses agree that spiritual care is important to be given to patients, there are differences between those beliefs and reality in providing spiritual care. The nurses take care of the patients by focusing more on physical care and paying small attention to spiritual care. The nurses think that fulfilling the patient's spiritual needs is not part of their duties and responsibilities but the religious leaders or the division of spirituality. Nurses can provide spiritual intervention to patients which is the self-action of nurses themselves such as providing support to patients, praying for patients, facilitating patients in worship, contacting the religious leader if patients need, encouraging patients to pray, dhikr, reciting istighfar, encouraging patients to pray, and assessing the spiritual needs of the patient. The nursing manager as one of the policymakers in the hospital is expected to provide support for the implementation of spiritual care in the provision of nursing care by making related standards operational procedures. Educational institutions should consider issues related to spirituality as an important part of nursing education, for example by incorporating spiritual care material as a subject in the curriculum or by requiring students to conduct nursing care holistically which includes bio, psycho, socio, spiritual and cultural.

Conflict of Interest Declaration

The researcher declares that this research is free from conflicts of interest of individuals

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References

1. Azizatunnisa, Suhartini. Pengetahuan dan Keterampilan Perawat dalam Pelayanan Keperawatan Holistik di Indonesia Holistic Tourist Hospital. *J Nurs Study*. 2012;1:140–8.
2. Meehan, T C. Spirituality and spiritual care from a Careful Nursing perspective. *J Nurs Manag*. 2012;
3. Tricahyono, A R. Motivasi Perawat dalam Pemenuhan Kebutuhan Spiritual pada Klien di Ruang Rawat Inap RSD Balung. Universitas Jember; 2015.
4. Hocker A et all. Exploring spiritual needs and their associated factors in an urban sample of early and advance cancer patients. *Eur J Cancer Care (Engl)*. 2014;23:786–94.
5. Utami, Y W, Supratman. Hubungan Antara Pengetahuan dengan Sikap Perawat dalam Pemenuhan Kebutuhan Spiritual Pasien di BRSUD Sukoharjo. *Ber Ilmu Keperawatan*. 2009;2:69–74.
6. Hutasoit, M., L. C, Manurung S. Persepsi Pasien Terhadap Caring Perawat di Ruang Rawat Inap Rumah Sakit. *J Kesehat Masy Nas*. 2013;8.
7. Chan M. Factors Affecting Nursing Staff in Practising Spiritual Care. *J Clin Nurs*. 2008;19:2128–36.
8. Khoiriyati A. Perawatan Spiritual dalam Keperawatan : Sebuah Pendekatan Sistematis. *Mutiara Med*. 2008;8:48–51.
9. Syaiful Y, Wibawa S. Pengetahuan dan Sikap Perawat Memenuhi Kebutuhan Spiritual Pasien Kritis dengan Implementasi Keperawatan. *Journals Ners Community*. 2014;5.
10. Ristianingsih D, Septiwi C, Yuniar I. Gambaran Motivasi dan Tindakan Keperawatan dalam Pemenuhan Kebutuhan Spiritual Pasien di Ruang ICU PKU Muhammadiyah Gombong. *J Ilm Kesehat Keperawatan*. 2014;10.
11. Mehnert A. et all. Exploring Spiritual Needs and Their Associated Factors in an Urban Sample of Early and Advance Cancer Patients. *Eur J Cancer Care*. 2014;23:786–94.
12. Potter PA, Perry AG. *Fundamentals of nursing: Fundamental keperawatan (edisi 7)*. Jakarta: Salemba Medika; 2009.
13. Deal B. A Pilot Study of Nurses 'Experience of Giving Spiritual Care. 2010;15:852–63.
14. Sianturi NJ. Persepsi Perawat Dan Manajer Perawat Tentang Spiritual Care Di RSUD Dr R.M. Djoelham Binjai. Universitas Sumatera Utara; 2014.
15. Winarti R. Pengaruh Penerapan Asuhan Keperawatan Spiritual terhadap Kepuasan Pasien di Rumah Sakit Islam Sultan Agung Semarang. Universitas Diponegoro; 2016.
16. Melhem G et all. Nurses 'Perceptions of Spirituality and Spiritual Care Giving : a Comparasion Study Among all Health Care Sectors in Jordan. *Indian J Palliat Care*. 2016;22(1).
17. Arini, H N, Mulyono, W A, Susilowati I. Hubungan Spiritualitas Perawat dan Kompetensi Asuhan Spiritual. 2013;
18. Rohman. Faktor-Faktor yang Berhubungan dengan Pemberian Asuhan Spiritual oleh Perawat di RS Islam Jakarta. UI; 2009.
19. Mahmoodishan G, Alhani F, Ahmadi F, Kazemnejd A. Iranian nurses's perceptions of spiritual and spiritual care: A qualitative content analysis study. *J Med Ethics Hist Med*. 2010;3:8895.