PROCEEDING

1st Banten International Conference on Health Advancement & Research
binar@poltekkesbanten.ac.id
https://binar.poltekkesbanten.acid/

RELATIONSHIP BETWEEN THE ROLE OF NURSES AND THE FULFILLMENT OF PATIENTS' SPIRITUAL NEEDS

Riawati Rosanna[1], Mira Agusthia[2], Shinta Adelina Putri [3], Rachmawaty M. Neor [4]

[1]Nursing Study Program, Faculty Of Health Sciences, University Awal Bros riawatirosanna@gmail.com
[2]Nursing Study Program, Faculty Of Health Sciences, University Awal Bros, agusthiamira@gmail.com
[3]Nursing Study Program, Faculty Of Health Sciences, University Awal Bro shintaadelinaputri5@gmail.com
[4]Nursing Study Program, Faculty Of Health Sciences, University Awal Bros
rachmawatymnoer1977@gmail.com

*Corresponding author : rachmawatymnoer1977@gmail.com

ABSTRACT

Spiritual services have not been implemented optimally, this is because nurses consider spiritual services less important and not a priority, busyness in the room, differences in religion, considering religion as a private matter, and lack of understanding of spiritual concepts. The purpose of this study was to determine the relationship between the role of nurses and the fulfillment of patients' spiritual needs in the ICU and Teratai Rooms of X Hospital. The research method used was a quantitative research design with a cross-sectional approach, the population in this study was 118 people, and the research instrument used the DSES (Daily Spiritual Experience Scale) spiritual fulfillment questionnaire developed by Underwood and Teresi. The data analysis used was univariate analysis and bivariate analysis. The results of the study showed that the majority of the role of caregiver nurses was sufficient at 56.8% (67 respondents), the majority of patients' spiritual needs were good at 78.8% (93 respondents) and there was no relationship between the role of nurses and the fulfillment of patients' spiritual needs in the ICU and Teratai Rooms of X Hospital with a p-value of 0.630. This research can improve nurse training in spiritual nursing care and provide facilities that support patients' spiritual needs.
Keywords: Care Giver, Palliative, Nurse Role, Spiritual

INTRODUCTION

Nurses are health workers who provide nursing care, educate and counsel clients, manage nursing services, conduct research, perform tasks based on delegated authority, and perform tasks under certain limitations (Yusuf, 2022). A care provider is where nurses provide nursing care using the nursing process to identify problems ranging from physical, psychological, social, and spiritual issues (Sabirin, 2022).

One of the nursing units that requires physical, psychological, social, and spiritual care is the Intensive Care Unit (ICU). The ICU is an independent part of a hospital, with specialized staff and equipment intended for the observation, care, and treatment of patients suffering from life-threatening or potentially life-threatening illnesses, injuries, or complications with a dubious prognosis that is still expected to be reversible (Indonesian Ministry of Health, 2022).

According to the Indonesian Ministry of Health (2022), the criteria for patients treated in the ICU are critically ill patients who are unstable and require intensive therapy, require advanced monitoring in the ICU because they are at high risk if they do not receive intensive therapy immediately, critically ill patients whose health status was previously unstable, severe accidents, such as burns or severe head injuries, post-major surgery, such as heart transplantation, severe infections, such as pneumonia or sepsis, and heart attacks, strokes, or kidney failure.

The scope of services provided in the ICU includes the diagnosis and specific management of acute life threatening illnesses that can cause death within minutes to days, providing assistance and taking over vital bodily functions while performing specific basic problem-solving, monitoring vital body functions and managing complications caused by iatrogenic diseases, and providing psychological support to patients whose lives are highly dependent on machines and other people (Indonesian Ministry of Health, 2022) Spirituality is

very important for critically ill patients treated in the ICU. Critically ill patients are often unable to make their own decisions due to the severity of their illness, limited cognitive abilities, and the use of medical equipment that makes communication difficult. Virginia Henderson developed a nursing model known as "The Activities of Living," which identifies 14 basic needs classified into four components, one of which is the spiritual component. Spiritual, religious, and existential concerts are also key components of health-related quality of life (HRQOL) (Trilia, 2021).

According to Puchalski (2024), not all diseases can be cured, but there is always room for healing Healing can be interpreted as acceptance of illness, peace in life, and spirituality as the core of healing However, in practice, nurses in the ICU tend to focus more on physical needs, such as stabilizing the patient's vital signs, managing chronic pain, and all medical interventions to prevent organ or organ system dysfunction or failure. They rarely pay attention to fulfilling spiritual needs.

The spiritual aspect is necessary because it is an important component of palliative care, which is a holistic approach that influences the improvement of quality of life, well-being, and reducing distress in palliative patients (Ahmadi et al., 2020). If a patient's spiritual needs are not met and they are unable to practice their religion, this will cause spiritual distress (Saman & Henni, 2022)

Spirituality is considered a fundamental dimension of patient health because it can increase feelings of calm and peace, especially in conditions where a persorris experiencing a crisis or has been diagnosed with a life-threatening or terminal illness (Martins et al., 2020). Increased awareness among nurses and other health workers is needed to identify, diagnose, and support patients' spiritual needs as a component of holistic health care (Komariah, 2020).

However, research in various places shows that the implementation of spiritual care has not been optimal, because nurses consider spiritual care to be less important and not a priority, due to busyness in the ward, religious differences, considering religion to be a private matter, and a lack of understanding of the concept of spirituality (Purnawani et al., 2020). In fact, nurses can provide facilities for patients to pray, recite prayers, read scriptures, and guide them in prayer or worship. Nurses can also take independent action or collaborate with religious leaders or clergy (Laili et al., 2024).

Hospitals must also pay attention to barriers in spiritual nursing care services, such as workload and shortage of nursing staff, inadequate assessment formats, insufficient knowledge of service application, and inadequate hospital management policies (Nuridah, 2020).

The solution to fulfilling spiritual needs from a nursing perspective is to increase the role and knowledge of nurses in fulfilling the spiritual needs of patients by providing encouragement, motivation, and understanding of the importance of spiritual needs and participating in regular spiritual care training (Saharudin, 2023).

From a preliminary study conducted by the researcher through interviews with five nurses in December in the ICU and Teratai rooms of Hospital X, it was found that two nurses did not fully understand their role as caregivers in fulfilling spiritual needs, three nurses said that spiritual care for clients was not fully implemented by nurses, while according to three patients, no questions or anything related to spirituality were asked.

MATERIALS AND METHODS

A. Research Design

This study used a quantitative research design with a cross-sectional analytical approach. This approach was chosen to determine the relationship between the role of nurses and the fulfillment of patients spiritual needs at the time of simultaneous data collection.

B. Population and Sample

The population in this study consisted of all patients and nurses in the ICU and Teratai Ward of the Hospital X. A sample of 118 people was taken using purposive sampling, which is the deliberate selection of samples based on certain criteria in accordance with the research objectives.

C. Research Location and Time

The research was conducted in the ICU and Teratai Room of Hospital X during the period from February 25 to March 10, 2025

D. Research instruments

The instrument used for data collection was a spiritual needs fulfillment questionnaire that used the DSES (Daily Spiritual Experience Scale) scale developed and validated by Underwood

and Teresi. This questionnaire was used to measure the fulfillment of patients' spiritual needs.

E. Data Collection

ProcedureData was collected by distributing questionnaires to respondents who met the inclusion criteria and had given their consent to participate. During data collection, the researchers explained the purpose and benefits of the study and guaranteed the confidentiality of the data

F. Data Analysis

The data obtained were analyzed descriptively using univariate analysis to describe the characteristics of the respondents and research variables, as well as bivariate analysis using statistical tests to determine the relationship between the variable of the role of nurses as caregivers and the fulfillment of patients spintual needs.

The significance level used is 0.05

G. Research Ethics

This study has been approved by the hospital and the institutional ethics committee. All respondents provided informed consent before participating in the study, and the confidentiality of the data obtained is guaranteed for academic purposes only

RESULTS AND DISCUSSION

A. Results of Univariate Analysis

Univariate analysis aims to describe the characteristics of respondents and the distribution of variables related to the role of nurses and the fulfillment of patients spiritual needs

Based on Table, of the total 118 respondents, 67 (56.8%) were female and 51 (43.21%) were male The most common age group was between 30 and 50 years old, with 85 respondents (72%). This shows a fairly balanced population in terms of gender, with the majority being.

Table 1. Distribution of Respondent Characteristics

Respondent Characteristics	f	%
Age		
20–29 years	21	17.8
30–39 years	18	15.2
40–49 years	42	36.0
> 50 years	17	14.4
Gender		
Male	45	38.1
Female	73	61.9
Education		
High School	73	61.9
Diploma (D3)	5	4.2
Bachelor's (S1)	40	33.9
Total	118	100

Furthermore, based on Table 4.2, it is known that the distribution of nurses' roles as caregivers in the category is quite dominant at 56.8%. Then, according to Table 4.3, the fulfillment of patients' spiritual needs is also mostly in the good category at 78.8%

Table 2. Distribution of Nurses' Roles as Care Givers

Nurse's Role	f	%
Poor	27	22.9
Fair	67	56.8
Good	24	20.3
Total	118	100

Table 3 Distribution of Patients' Spiritual Needs Fulfilment

Patients' Spiritual Needs	f	%
Adequate	25	21.2
Good	93	78.8
Total	118	100

B. Bivariate Analysis Results

Bivariate analysis used a correlation test to examine the relationship between the role of nurses and the fulfillment of spiritual needs. The test results did not show a statistically significant relationship (p-value 0.630).

C. Interpretation and Discussion of Results

1. Univariate Analysis

Demographic data shows that the distribution of respondents is fairly even between genders and ages. The dominance of young people aged 30-50 years is in line with the productive and active age range in nursing services or as active patients in the ICU. In general, the role of nurses in this category illustrates that although nurses have provided care that includes spiritual aspects, there is still room for improvement. The fulfillment of the spiritual needs of the majority indicates that there are efforts to fulfill these needs, but other factors may also influence this.

2. Relationship Between Nurses' Roles and Fulfillment of Spiritual Needs

The absence of a significant relationship between the role of nurses and the fulfillment of spiritual needs may be influenced by several factors, including time constraints, inadequate specialized training in spiritual care, and the primary focus of nurses, which still tends to be on the physical aspects of patients.

CONCLUSION

Based on the results and discussion of the research on the relationship between the role of nurses and the fulfillment of patients spiritual needs in the ICU and Teratai Rooms of Hospital X, the following conclusions can be drawn:

The majority of nurses' roles as caregivers were rated as adequate, at 56.8%. This shows that most nurses have performed their nursing care roles, which cover physical, psychological, social, and spiritual aspects, quite well.

The fulfillment of patients spiritual needs is mostly good (78.8%). This shows that patients feel that their spiritual needs are adequately met while being treated in the ICU and Teratai, There is no statistically significant relationship between the role of nurses as caregivers and the fulfillment of patients' spiritual needs (p-value 0.630). This indicates that factors other than the role of nurses also influence the fulfillment of patients' spiritual needs

This study underscores the importance of improving nurses' competency training in spiritual care, as well as the need for hospital policies and facilities that can support the fulfillment of patients' spiritual needs more optimally.

Therefore, the researchers recommend that Hospital X improve training and guidance for nurses on spiritual nursing aspects, as well as provide supporting facilities such as prayer rooms and cooperation with clergy to meet patients' spiritual needs holistically.

ACKNOWLEDGEMENTS

The author would like to express his gratitude to God Almighty for His blessings, grace, and gifts, which have enabled him to complete this thesis entitled "The Relationship between the Role of Nurses and the Fulfillment of Patients' Spiritual Needs in the ICU and Teratai Ward of Hospital X." The author realizes that without the help, support, and guidance from various parties, the completion of this thesis would not have been possible. Therefore, the author would like to express his deepest gratitude to: first, to supervisor 1, Ns. Mira Agusthia, M.Kep., and supervisor II, Ns. Rachmawaty M.Noer, M.Kes, for their guidance, motivation, and valuable constructive criticism during the process of writing this thesis. Second, to Hospital X and all health workers who have given permission and facilities so that this research could be carried out properly. Third, to my beloved family and all friends who always

gave moral support and prayers so that i could remain enthusiastic. I also realize that there are still many shortcomings in this writing, therefore I really hope for constructive criticism and suggestions for improvement in the future. May this thesis provide benefits and positive contributions, particularly in the fields of nursing and spiritual care for patients

ACKNOWLEDGEMENTS

The author would like to express his gratitude to God Almighty for His blessings, grace, and gifts, which have enabled him to complete this thesis entitled "The Relationship between the Role of Nurses and the Fulfillment of Patients' Spiritual Needs in the ICU and Teratai Ward of Hospital X." The author realizes that without the help, support, and guidance from various parties, the completion of this thesis would not have been possible. Therefore, the author would like to express his deepest gratitude to: first, to supervisor I, Ns. Mira Agusthia, M.Kep., and supervisor II, Ns. Rachmawaty M.Noer, M.Kes., for their guidance, motivation, and valuable constructive criticism during the process of writing this thesis. Second, to Hospital X and all health workers who have given permission and facilities so that this research could be carried out properly. Third, to my beloved family and all friends who always gave moral support and prayers so that I could remain enthusiastic. I also realize that there are still many shortcomings in this writing, therefore I really hope for constructive criticism and suggestions for improvement in the future. May this thesis provide benefits and positive contributions, particularly in the fields of nursing and spiritual care for patients.

REFERENCES

Ahmadi, A., et al. (2020). *Peran spiritual dalam perawatan paliatif*. Jurnal Keperawatan Holistik, 10(2), 123- 131.

Arifin, M. (2022). *Asuhan keperawatan spiritual: Teori dan praktik*. Penerbit Kesehatan Nusantara.

Hurlock, E. B. (2017). *Developmental Psychology* (Preliminary edition). McGraw-Hill.

Kemenkes RI. (2022). *Pedoman pelayanan intensif di Rumah Sakit Indonesia*. Kementerian Kesehatan Republik Indonesia.

Komariah, N. (2020). *Peningkatan kesadaran perawat terhadap pemenuhan kebutuhan spiritual pasien*. Jurnal Keperawatan Indonesia, 15(1), 45-52.

Martins, M. et al. (2020). Spiritual well-being in terminal illness. *International Journal of Nursing Studies*, 53(4), 456-463.

Murtiningsih, S. (2020). Keterbatasan perawat dalam asuhan spiritual. *Jurnal Keperawatan dan Kesehatan*, 12(3), 199-208.

Novitasari, D. (2023). Hubungan peran perawat sebagai care giver dengan pemenuhan kebutuhan spiritual pasien. Skripsi, Universitas Awal Bros.

Puchalski, C. (2024). Spirituality and healing in serious illness. *Journal of Palliative Medicine*, 27(5), 345- 352.

Purnawani, S., et al. (2020). Hambatan pelayanan spiritual di ICU. *Jurnal Empati Keperawatan*, 8(3), 200- 208.

Saman, H., & Henni, D. (2022). Distress spiritual dan pemenuhan kebutuhan pasien paliatif. *Jurnal Ilmu Keperawatan*, 20(2), 125-134.

Sriyono, T. (2024). Asuhan keperawatan spiritual pada pasien kritis. *Jurnal Kesehatan Holistik*, 11(1), 67-73. Trilia, P. (2021). Quality of life and spirituality in ICU patients. *Journal of Clinical Nursing*, 30(7-8), 1050-
1060.

Yusuf, A. (2022). *Tugas dan kewenangan perawat*. Jakarta: Penerbit Medika.