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THE EFFECT OF SPIRITUAL CARE DEVELOPMENT TO REDUCE THE LEVEL OF DEPRESSION IN THE FAMILIES OF INTENSIVE CARE PATIENTS

Nugroho Ari Wibowo[1]*, Diah Priyantini[1], Siswanto Agung Wijaya[1], Kristin Widiyowati[2], Nanik Dwi Lestari[2]
[1]Faculty of Health Science, Universitas Muhammadiyah Surabaya, Jl. Raya Sutorejo No.59, Dukuh Sutorejo, Mulyorejo, Surabaya, East Java 60113, Indonesia
[2]RSUD Haji Provinsi Jawa Timur, Jl. Manyar Kertoadi, Klampis Ngasem, Sukolilo, Surabaya, East Java 60116, Indonesia
*nugrohoariwibowo@um-surabaya.ac.id

ABSTRACT
Depression is a mental condition that affects a person's physical, psychological and social functioning. Depression occurs when problems in life arise, such as feeling disappointed, lost, depression is also a form of feeling sad, which can cause unhappiness and hopelessness. This study aimed was to analyze the effect of spiritual care development to reduce the level of depression in the families of intensive care patients. This research design uses Quasy experiment pre and posttest. The population is all families of patients in the Intensive Care ward at RSUD Haji Surabaya, totaling 108 respondents. The sample size was 85 respondents who met the inclusion criteria. The independent variable from the research is spiritual care with the intervention medium being a spiritual kit and the dependent variable is the level of depression in the family who keeps the patient in the intensive care room. Data was collected using the Beck's Depression Inventory questionnaire and then analyzed using the Wilcoxon Signed rank test. The Z score value for the pre-post variable for the incidence of depression is -5.940 with a p value of Asymp. Sig. (2-tailed) of .000 < 0.05, it can be seen that there is a significant influence between the results of the level of depression before and after the spiritual therapy kit. Developing spiritual care using the spiritual kit method can reduce the level of depression in the families of intensive care patients.

Keywords: depression; families; intensive care patients; spiritual care

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INTRODUCTION

Patients who are in the critical care unit can be at higher risk of death, so that patients and their families experience many problems, both physical, psychological, social and spiritual stress (Amalia 2020). It is not easy for other family members to have a family member who is a patient who requires intensive care. Families may feel uncomfortable in critical situations, especially if their loved one is in a situation where the chances of them surviving are slim. Moving one of the family members to the critical room has psychological effects which can include traumatic stress, anxiety and depression, as well as several other symptoms experienced by the family which appear from the moment the family member enters the critical room to be treated intensively (Soviatul 2019). One of the psychological effects experienced by families includes depression. The emotional condition known as depression is usually characterized by great sadness, feelings of meaninglessness and guilt, inability to sleep, loss of appetite, sexual desire and interest, and enjoyment in usual activities.

According to the World Health Organization, the prevalence of critical patients in the ICU is increasing every year. It is recorded that 9.8-24.6% of patients are critically ill and are being

treated in ICU per 100,000 population, and deaths from critical to chronic illnesses in the world have increased by 1.1-7.4 million people (Nurhanif, 2020). This has an impact on the high level of depressive symptoms in patient family members. According to research conducted, 71.8% of 78 family members of patients treated in the ICU experienced depression (Kim, 2017). According to a study conducted previously by Kourti in (Amalia Yunia 2020) regarding depression in families of ICU patients at Athens Hospital, Greece. In this study, it was found that as many as 53.8% of cases of depression occurred in the families of patients receiving treatment in the ICU. Meanwhile, research in Brazil conducted by Rego, et al., as many as 50.3% of family members experienced depression. Then in India itself, as many as 28% of the families of patients treated in the ICU experienced depression (Soviatul 2019). In Indonesia, the prevalence of depression sufferers is estimated at around 3.7% of the total population. The results of Agus Subarkah's (2020) research conducted on 35 families of patients in the Intensive Care Unit (ICU) of Banyumas District Hospital showed that the families of patients in the Intensive Care room had a level of mild depression of (68.8%) and a small percentage had a level of severe depression. amounted to (12.5%).

The results of another study in East Java by Muhammad Gufron (2018) which was carried out on 30 families of patients in the Intensive Care Unit (ICU) of RSD DR. Soebandi Jember has a mild depression rate of (13%), moderate (27%) and severe depression rate of (23%). The results of a preliminary study conducted at the East Java Province Haji Hospital in July 2023, obtained from interviews and observations of 20 families accompanying critical patients in the intensive care room, still found that 70% of the patient's families experienced depression due to the impact of spiritual distress. Families have an important role in the process of caring for critical patients because they are protectors, facilitators, information providers and spiritual support providers. They are also responsible for decision-making in-patient care in the intensive care unit. The family has a legal role in making decisions, has an emotional connection, and lives or has a close relationship with the patient. The family is very important in-patient care, but the family is a group that is vulnerable to depression. Health professionals must pay attention to their spiritual needs. Families of critical patients really need spiritual help, even though it is not provided effectively. Health workers must be responsible for discovering and encouraging the spiritual needs of families of critical patients (Pragholapati, Nurjanah, and Hidayati 2023). Depression experienced by the patient's family can cause psychological changes which can cause the family to be filled with feelings of guilt, disorientation, fatigue, hopelessness, anger, rejection and also fear of losing a loved family member which can cause an imbalance in the family (Iswari 2019).

Depression can be caused by uncertainty. Uncertainty in Illness Theory explains that uncertainty is caused by several stimuli that appear. This stimulus is influenced by two things, namely cognitive capacity and the structure of service providers. Uncertainty is seen as a neutral level and has nothing to do with emotions until it is evaluated. When depression appears, a person's spirituality will be disturbed due to changes in the meaning of self, others and God. Inference and illusion come into play at the evaluation stage. A person's beliefs and personality determine whether uncertainty will be perceived as a danger or an opportunity. If the illusion that occurs is positive, then uncertainty will be considered an opportunity. So, the strategy is to defend it. However, if the illusion that occurs is negative, then problem-focused coping strategies are used to overcome it. If these strategies do not work, then emotional coping strategies are used. Uncertainty can harm individuals (Soviatul 2019). One way a person can overcome these feelings is to improve their spirituality. Developing spiritually can help someone make more sense of their life and have self-acceptance of their condition so that they can respond to changes that occur in them with prayer, prayer, or other religious

practices (Putri. R 2020)

As health professionals, critical care nurses have the greatest opportunity to provide comprehensive health services by helping patients and their families meet their biological, psychological, social and spiritual needs. Spiritual and religious involvement reduces anxiety and depression. Drawing closer to God Almighty will increase strength, confidence and comfort. It is important to remember that families of critical patients can experience depression at different physical and mental levels. In this case, nurses can act as facilitators in providing spiritual care for patient families to reduce the level of depression experienced by family members when looking after or accompanying patients who are undergoing treatment in the intensive care room (Yusuf, 2019). The solution that can be offered is by developing spiritual care in health service facilities which is packaged in the form of spiritual kits to reduce the level of depression in the families of patients who are undergoing treatment in intensive care rooms. This study aimed was to analyze the effect of spiritual care development to reduce the level of depression in the families of intensive care patients.

METHOD

Respondents in this study were 85 patient families who met the inclusion criteria. The research design used was Quasy experiment pre and post test. The research was carried out on April 1-9 2024 in the Intensive Care Room of the Haji Hospital, East Java Province. The instrument used in this research was the Beck's Depression Inventory questionnaire which was supported by the results of observations on the patient's family and nurses in the intensive care room. Research ethics: Informed consent, anonymity, confidentiality, benefit, non-maleficence, justice. Data were analyzed using the Wilcoxon Signed rank test to analyze the influence of developing spiritual care in reducing the level of depression in the families of intensive care patients.

RESULTS

Based on table 1, the results showed that most of the respondents were aged 26-35 years, namely 26 respondents (30.59%). Most of them were female, namely 51 respondents (60.00%). The majority are Muslim, namely 81 respondents (95.29%). Most of them had SMA/SMK education, namely 42 respondents (49.41%). Most of the respondents worked as private employees, namely 45 respondents (52.94%). Most of the respondents had a family relationship with the patient as a child, namely 49 respondents (57.65%). Most of the family respondents of patients treated in the Critical Care room had a length of stay of 24-48 hours, namely 32 respondents (37.65%). Most of them were of Javanese ethnicity/race, 83 respondents (97.65%).

Table 2, from the results of measurements using the Beck Depression Inventory II questionnaire before the spiritual therapy kit was carried out, the results showed a minimum frequency of depression of 31 respondents, 11 respondents mild, 37 respondents moderate, 6 respondents severe. The minimum level of depression is 1 and the maximum is 4, the median value is 3.00 with a standard deviation of 1.025. Before carrying out the spiritual therapy intervention, the kit obtained the sig value results. 0.000 (p – value > 0.05) so that the data above is normally distributed and in this study the Wilcoxon signed ranks test and the paired sample t – test can be used.Based on the results of statistical tests, it is known that the Z value for the pre-post variable for the incidence of depression is -5,940 with a p value of Asymp. Sig. (2-tailed) is .000 < 0.05, so it can be concluded that "Ha/H1 is accepted" meaning there is a significant influence between the results of the level of depression before and after the spiritual therapy kit. A total of 37 respondents in this study experienced a decrease in their

level of depression after spiritual therapy intervention.

Table 1.
Distribution of Demographic Characteristics of Respondents in Patient Families

Demographic Characteristics of Respondents		f	%
Age	Late Teenagers 17-25 Years	7	8.24
	Early Adulthood 26-35 Years	26	30.59
	Late Adult 36-45 Years	25	29.41
	Early Elderly 46-55 Years	20	23.53
	Late Elderly 56-65 Years	5	5.88
	Seniors 65- Above	2	2.35
Gender	Man	34	40.00
	Woman	51	60.00
Religion	Islam	81	95.29
	Christian	4	4.71
Education	elementary school	3	3.53
	JUNIOR HIGH SCHOOL	4	4.71
	SMA/SMK	42	49.41
	College	36	42.35
Work	Doesn't work	4	4.71
	Private employees	45	52.94
	Entrepreneur / Trader	9	10.59
	Civil servants	4	4.71
	Housewife	23	27.06
Relationship With Patients	Husband	5	5.88
	Wife	11	12.94
	Father	1	1.18
	Mother	1	1.18
	Child	49	57.65
	Etc	18	21.18
Length of Treatment	>72 Hours	19	22.35
	48-72 Hours	8	9.41
	24-48 Hours	32	37.65
	< 24 Hours	26	30.59
Ethics	Java	83	97.65
	Madurese	2	2.35
	Outside Java & Madura	0	0.00

Tabel 2.
Wilcoxon signed ranks test

Ranks				
		N	Mean Rank	Sum of Ranks
Postest Depresi - Pretest Depresi	Negative Ranks	37[a]	19.00	703.00
	Positive Ranks	0[b]	.00	.00
	Ties	48[c]		
	Total	85		

DISCUSSION

Families have an important role in the process of caring for critical patients because they are protectors, facilitators, information providers and spiritual support providers. They are also responsible for decision-making in-patient care in the intensive care unit (van Agteren et al. 2021). The family has a legal role in making decisions, has an emotional connection, and lives or has a close relationship with the patient. The family is very important in-patient care, but the family is a group that is vulnerable to depression. Health professionals must pay attention to their spiritual needs. Families of critical patients really need spiritual help, even though it is

not provided effectively. Health workers must be responsible for discovering and encouraging the spiritual needs of families of critical patients (Pragholapati et al. 2023). Based on the results of statistical tests, it is known that there is a significant influence between the results of the incidence of depression before and after the spiritual therapy kit, this is due to several factors including, the first factor is gender, the results of the study found that the majority were female, where In women, women are twice as often diagnosed as suffering from depression than men, because women are more sensitive to problems so women's coping mechanisms are less good than men's (Ojagbemi et al. 2023). This is because women are more sensitive to their emotions, which ultimately influence their feelings. This is in line with research conducted by (Soviatul 2019) which states that the level of mild-moderate depression is mostly female.

The second factor is age. The research results showed that the majority were early adults. The older you are, the more mature a person's level of maturity and strength will be in thinking and working in terms of community beliefs. The older a person is, the more constructive they are in using coping with problems, which will greatly influence their self-concept. Age is seen as a condition that is the basis of a person's maturity and development. This is in line with previous research by (Soviatul 2019) which states that teenagers and early adults are more vulnerable to experiencing depression because at that age a person experiences a transition period. The third factor is education, from the research results it was found that the majority had a high school/vocational school education. A person's level of education will influence their thinking ability (Cheng et al. 2019). The higher the level of education, the easier it will be for someone to think rationally and capture new information, including describing new problems. A person's education plays a role in shaping a person's attitudes and behavior in environmental interactions. Because the results of education shape a person's thinking patterns, perception patterns and decision-making attitudes. Increasing a person's education teaches a person to make the best decisions for himself (Fu et al. 2020). Educated people are able to understand the meaning of life, able to live life with direction. From the results of this study, it can be seen that families with higher education have a relatively lower incidence of depression. This is in line with research conducted by (Subarkah and Isnaini 2021) which states that most of those who experience depression have elementary school education.

The fourth factor is the length of stay, from research results, most of the length of stay is 24-48 hours. Depression is a contribution from the length of time caring for patients, the length of treatment time and repeated treatment of patients. In general, the level of depression will be lower when treating patients who have been treated longer (Suprihatiningsih et al. 2019). The results of this research also have similarities with the research conducted (Aprilissa, Anastasia Sr, and Mulyani 2020) which stated that the research results showed that most families accompanied patients who were treated for 2 days. This happens because the process of adapting to boredom accompanying treatment, sadness, anxiety and seeing the side effects that arise affects the level of depressive symptoms. The fifth factor is the spiritual factor. A spiritual crisis experienced by a person can cause depression. Larson concluded that religious commitment was beneficial in efforts to prevent depression and protect them from the risk of depression. If someone has higher spiritual motivation, their soul will be better, but if someone's spiritual motivation is lower, someone will be more susceptible to depression. This is in line with research conducted by (Subarkah and Isnaini 2021) which states that there is an influence between spirituality and depression.

According to the researcher, based on the explanation of the research results, theoretical review, and previous research above, the researcher assumes that every family waiting for a

patient in the intensive care unit may experience psychological problems such as depression. Waiting for a family member who is undergoing critical care is one of the factors that can cause depression because the patient is being treated in the intensive care unit. In this condition, the family's role towards the patient is reduced because they are not involved much in patient care and cannot accompany the patient in the intensive care unit at all times, so the family will experience depression (Klim-Conforti et al. 2021). Therefore, the family must play an active role in seeking information from health workers in an effort to find out and understand the patient's disease condition and support the process of action given to the patient's recovery. Health service providers also provide information in the form of communication, guidance and counseling to families so that families can overcome this depression in an adaptive way.

CONCLUSION

Based on the research results, it can be concluded that the influence of spiritual care with the spiritual kit media was in reducing the level of depression in the patient's family in the intensive care room and the results showed that the depression level of the patient's family was quite significantly reduced compared to before receiving the application of spiritual care with the spiritual kit media.

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