Indonesian Journal of Global Health Research
Volume 3 Number 4, November 2021, pp. 481 - 488
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

THE FACTORS RELATED WITH NURSING SPIRITUAL CARE COMPETENCE

Supriyadi*, Gani Apriningtyas Budiyati,Umi Kulsum, Jihan Tirta Yanti, Riskiyanti
STIKES Surya Global Yogyakarta, Jln Ringroad Selatan Blado, Jl. Monumen Perjuangan, Balong Lor, Potorono, Banguntapan, Bantul, Yogyakarta 55194, Indonesia
*risyazka2010@gmail.com

ABSTRACT
Humans are composed of various dimensions, namely physiological, psychological, sociocultural and spiritual. When sick, all these dimensions are affected. Therefore, nurses must be able to provide holistic nursing care. Holistic nursing care views the spiritual part of the service that must be fulfilled because meeting spiritual needs has the impact of accelerating the patient's healing process. Spiritual nursing care can be implemented if the nurse has spiritual care competence. Spiritual upbringing is influenced by various things including beliefs and values, skills, experience, personality characteristics, motivation, emotional issues, intellectual abilities and organizational culture. The purpose of the study was to determine the factors related to the competence of nurses' spiritual care. The research design used was descriptive correlation with cross sectional approach. The population in this study were clinical nurses in Bantul, Yogyakarta. The sampling technique used was purposive sampling, obtained a sample of 71 respondents. Data collected with spiritual care knowledge and motivation questionnaire, *Daily Spiritual Experience Scale* (DSES), *spiritual care competen scale* (SCCS) and than analyzed by Kendall's Tau. The results of the study were that the majority of nurses had knowledge of high spiritual care 60 respondents (82%), high spirituality 43 respondents (59%), moderate motivation 39 respondents (54%) and moderate spiritual care competence 48 respondents (6%). The variable most related to spiritual care competence is the spirituality of nurses with a p-value of 0.000.

Keywords: competence; knowledge; motivation; spiritual care

First Received	Revised	Accepted
11 August 2021	19 September 2021	19 November 2021
Final Proof Received		**Published**
20 November 2021		28 November 2021

How to cite (in APA style)
Supriyadi, S., Budiyati, G., Kulsum, U., Yanti, J., & Riskiyanti, R. (2021). The Factors Related with Nursing Spiritual Care Competence. *Indonesian Journal of Global Health Research*, *3*(4), 481-488. https://doi.org/10.37287/ijghr.v3i4.671

INTRODUCTION

The dimension of religion in health has a very important role, so in 1984 WHO added, the dimension of religion as one of the four pillars of health, namely human health includes: physical / physical health (biology), psychologically healthy (psychiatric / psychological), socially healthy, and spiritually healthy (Utami & Supratman, 2015). These needs must be fulfilled by every individual in a healthy condition or in a sick condition (Hamid, 2009). The need for the spiritual aspect is especially important during the sick period, because when a person is sick, a person's energy will decrease and the person's spirit will be affected, therefore the patient's spiritual needs need to be met (Potter & Perry, 2012). Spiritual needs are basic needs needed by every human being. Spiritual guidance services for patients are increasingly being recognized as having an effective role and benefits for healing (Baldacchino D. , 2011).

This has been proven by Oswald who in his research found that meeting the spiritual needs of patients will be able to help them adapt and cope with the pain they suffer. In addition, it is also found that the spiritual dimension can harmonize individuals with nature, encourage hard work

and help individuals to be able to deal with emotional stress, physical illness, and even death (Oswald, 2004). Meeting the spiritual needs of the patient can improve coping behavior and expand the sources of strength in the patient (Kozier, Berman, & Snyder, 2010). Fulfilling spiritual needs is needed by patients and families in finding the meaning of life events faced including suffering due to illness and feeling loved by fellow humans and God (Govier, 2000). Other studies have stated that the implementation of nursing care with a good spiritual approach can reduce anxiety, reduce the risk of depression in patients in the treatment process, help them adapt and cope with their pain and effectively achieve normal blood pressure (Ilhamsyah, Sjattar, Hadju, & Safruddin, 2021).

One of the studies showed Spiritual guidance services for patients are increasingly recognized as having an effective role and benefits for healing (Baldacchino D. , 2011). Other studies showed spiritual care can reduce anxiety in leukemia patients and cardiac preoperative patients, spiritual care effectively relieves anxiety and depression in hospital patients, reduces distress, contributes to quality of life and increases patient and family satisfaction (Sonontiko, 2002) (Asadi, Asadzandi, & Ebadi, 2014), (Moeini, Taleghani, Mehrabi, & Musarezaie, 2014) (Willemsea, WimSmeet, Leeuwen, Nielen-Rosie, Janssen, & Foudrainee, 2020) (Yoon & Park, 2002).

The impact of not fulfilling spiritual needs is spiritual distress and a person may also be much more susceptible to depression, stress, anxiety, loss of self-confidence and loss of motivation, hopelessness, refusing ritual activities, and there are signs such as crying, withdrawing, anxiety, and anger, suicide, then supported by physical conditions such as disturbed appetite, difficulty sleeping, increased blood pressure (Craven & Hiller, 2009). Although fulfilling spiritual needs is proven to help cure illnesses, nurses are not yet optimal in providing spiritual care. Kasih's research (2010) about fulfilling the spiritual needs of patients in the surgical ward and the inpatient room in the Regional General Hospital dr. Zainal Abidin Banda Aceh stated that meeting the spiritual needs of patients is in the unmet category (Estetika & Jannah, 2016). Furthermore, the results of research by Nurcahyani stated that as many as 70.6% of patients felt that their spiritual needs were not met (Nurcahyani, 2013).

One of the reasons for not being fulfilled spiritual needs is that the spiritual care competence is not yet good, this is proven in Fikasari's research (2018) with the results of the majority of nurses' spiritual care competence in the sufficient category of 78%, less as much as 16% and only 6 percent of nurses have good competence. Nurses' understanding of meeting the spiritual needs of hospitals is usually less than optimal, nurses are expected to pay attention and try to meet the spiritual needs of patients so that the quality of care services increases (Sonontiko, 2002). Mc Brien found that nurses' competence was still lacking to be able to provide spiritual nursing due to a lack of knowledge about spiritual care and a lack of preparation made by nurses so that they tended to avoid spiritual problems when caring for patients (McBrien, 2010). One of the studies conducted in 2014 by Rosita found that the level of competence of nurses in Indonesia in meeting spiritual needs was still quite low, namely 57.5%. Their low competence causes nurses to hesitate to provide spiritual care so that in the end nurses will ignore this spiritual aspect (Wardhani, 2017).

In improving the spiritual care competence of nurses, the hospital management should conduct an in-depth analysis, especially the factors that affect the competence itself. According to Zwel a person's competence can be influenced by several factors, namely beliefs and values, skills, experience, personality characteristics, motivation, emotional issues, intellectual abilities and organizational culture (Wibowo, 2017). Because of this, researchers are interested in

conducting research with the aim of knowing the factors related to the competence of nurses' spiritual care. The research design was descriptive correlation and cross sectional approach.

METHODS

The research design was descriptive correlation and cross sectional approach. The sampling technique used was purposive sampling. The sample has the inclusion criteria for implementing nurses who work in hospitals accredited by SNARS, the minimum length of work is one year, while the exclusion criteria are nurses who work in hospitals that are based on religion. The sample is 73 respondents and data collected with questionnaire. The validity and reliability spiritual care knowledge questionnaire is 0.632-0.812 and 0.765, motivation questionnaire is 0.578-0.871 and 0.891, *Daily Spiritual Experience Scale* (DSES) is 0.470–0.880 and 0.950, *spiritual care competen scale* (SCCS) is 0.71 – 0.821 and 0.70. It means that all questionnaires are declared valid and reliable. Bivariate data analyzed by Kendall's Tau and logistic regression for multivariate. This research has passed the ethical test at the Health Research Ethics Committee of STIKES Surya Global Yogyakarta with No. 244/KEPK/SG/V/2019.

RESULTS

Univariate Analysis

Univariate analysis to describe the characteristics of variables and presented with frequency and percentage.

Tabel 1.
Respondent Characteristics (n=73)

Characteristics	f	%
Age		
≤ 24 years	5	7
25-34 years	53	73
≥ 35 years	15	20
Gender		
Male	12	16
Female	61	84
Education		
Ners	14	20
Vocation of Ners	59	80
Length of working		
≤ 5 years	46	63
6-10 years	13	18
≥11 years	14	19

Table 1 distribution of respondent characteristics based on age between 25-34 years is 53 people (73%), 61 people (84%) respondents is female, respondents with nursing diploma education were 59 people (80%). And length of working for nurses less than 5 years is 46 people (63%).

Tabel 2.
The Frequency Distribution of the, Knowledge, spirituality, motivation and spiritual care competencies (n=73)

Variable	f	%
Knowledge		
High	60	82
Middle	13	18
Spirituality		
High	43	59
Middle	30	41
Motivation		
High	39	54
Middle	34	46
Spiritual Care Competencies		
High	48	66
Middle	25	34

Table 2, it can be seen that the level of knowledge nurses about spiritual care high category is 60 people (82%). The spirit of nurses in the high category was 43 people (59%). Then nurses who have high motivation are 39 people (54%). Furthermore, the majority of nurses' spiritual care competences were 48 people, 66%.

Bivariate Analysis

Tabel 3.
Relationship between knowledge spirituality and motivation with spiritual care competence (n=73)

Variable	Spiritual Care Competencies		Total	Score P
	High	Middle		
Knowledge				
High	43	17	60	0.022
Middle	5	8	13	
Spirituality				
High	36	7	43	0.000
Middle	12	18	30	
Motivation				
High	30	9	39	0.031
Middle	18	16	34	

Based on table 3, it can be seen that there are 43 nurses who have a high level of knowledge about spiritual care and competence for spiritual care. There were 17 nurses who had a high level of knowledge about spiritual care and moderate spiritual care competence. The results of the chi-square test showed a p-value of 0.022 with $\alpha = 0.05$, which means that there is a significant relationship between knowledge and competence in spiritual care of nurses at the Bantul district hospital. Based on table 3, it can be seen that there are 36 nurses who have high spirituality and high spiritual care competence. Meanwhile, there were 18 nurses with moderate spirituality and moderate spiritual care competence. The results of the chi-square test showed a p-value of 0.000 with $\alpha = 0.05$, which means that there is a significant relationship between spirituality and spiritual care competence in nurses at Bantul district hospital.

Multivariate Analysis

Tabel 4. Multivariate Analysis

Variabel	B	p-Wald	Sig	OR
Knowledge	2.265	6.851	0.009	9.631
Spirituality	2.668	14.220	0.000	14.410
Motivation	1.614	5.648	0.015	5.024

Based on table 4 above, it can be concluded that of all the independent variables that are thought to affect the competence of spiritual care for nurses in Bantul Regency hospital, there is one subvariable, namely spirituality which has the most influence on the spiritual care competence of nurses with a p value of 0.000 <0.05. OR value of 14,410 means that spirituality has 14,410 times the opportunity to increase the spiritual care competence of nurses.

DISCUSSION

The results of this study are in accordance with Zwel's statement, one of the factors that affect competence is knowledge or intellectual ability (Wibowo, 2017). The practice of providing nursing care is not limited to meeting physical needs only, but spiritual needs must also be fulfilled because humans are composed of biopsychological and spiritual elements. Quality spiritual nursing care can be provided if the nurse has good competence. This competence is obtained if the nurse has good knowledge of spiritual nursing care as well. Competence is a reflection of the knowledge, skills and attitudes in a profession that characterize a professional (Kurniadi, 2013).

In addition, about the relationship between spirituality and spriritual care, the results of this study are in accordance with the research of (Arini, Mulyono, & Susilowati, 2015) which shows the relationship between spirituality and spiritual care competence with a value of p = 0.000. Nurses who have high spirituality will be able to optimize their own strengths to increase competence in order to provide the best service for their patients. Based on table 3, it can be seen that there are 30 nurses who have high motivation and high spiritual care competence. Meanwhile, there were 18 nurses who had a moderate level of knowledge and competence for spiritual care. The results of the chi-square test showed a p-value of 0.031 with $\alpha = 0.05$, which means that there is a significant relationship between motivation and spiritual care competence in nurses at the Bantul district hospital. Motivation is needed by nurses as an encouragement to produce quality quality nursing care. Nurses who are motivated will be happy to do many things, always try to give their best at work, try to improve competence by increasing learning.

Spirituality helps individuals find meaning and purpose in their lives and shows more of their personal value. These personal values reflect a desire to make a difference and help to make the world more meaningful (Nandaka & Moningka, 2018). Nurses who have good spirituality will always make changes in providing nursing care in accordance with the development of nursing science. Always develop science through further studies, seminars and training so that competence increases.

CONCLUSIONS

Knowledge of motivation and spirituality is related to the competence of nurses' spiritual care. While the most significant variable is spirituality.

REFERENCES

Arini, Mulyono, & Susilowati. (2015). Hubungan spiritualitas perawat dan kompetensi asuhan spiritual. *Jurnal Keperawatan Soedirman*, Volume 10, No 2 (2015). Hal 130-139. http://jks.fikes.unsoed.ac.id/index.php/jks/article/view/594/366.

Asadi, M., Asadzandi, M., & Ebadi, A. (2014). Effects of spiritual care based on Ghalb Salim nursing model in reducing anxiety of patients undergoing CABG surgery. *Critical Care Nursing*, Iran J Crit Care Nurs. 2014;7(3):142-151. Diakses http://jccnursing.com/browse.php?a_id=288&sid=1&slc_lang=fa&ftxt=1.

Baldacchino, D. (2011). *Teaching on spiritual care: The perceived impact on qualified nurses. Nurse Education in Practice.* Volume 11, Issue 1, Pages 47-53. https://doi.org/10.1016/j.nepr.2010.06.008.

Baldacchino, D. R. (2006). Nursing competencies for spiritual care. *Jurnal Of Clinical Nursing*, https://doi.org/10.1111/j.1365-2702.2006.01643.x.

Craven, & Hiller. (2009). *Fundamental Of Nursing Edisi 9.* Jakarta: EGC.

Estetika, N., & Jannah, N. (2016). Pelaksanaan asuhan keperawatan spiritual di suatu rumah sakit banda aceh. *JURNAL ILMIAH MAHASISWA FAKULTAS KEPERAWATAN*, Vol 1, No 1, http://www.jim.unsyiah.ac.id/FKep/article/view/1559.

Govier. (2000). Spiritual care in nursing : a systematic approach. *Nursing Standart*, 14(17), 32–36. https://doi.org/10.7748/ns2000.01.14.17.32.c2744.

Hamid, A. S. (2009). *Bunga rampai asuhan keperawatan jiwa.* Jakarta: EGC.

Ilhamsyah, Sjattar, E. L., Hadju, V., & Safruddin. (2021). Hubungan pelaksanaan keperawatan spritual terhadap kepuasan spritual pasien di rumah sakit ibnu sina Makassar. *Jurnal Kesehatan Panrita Husada*, Vol,6. No,1. https://doi.org/10.37362/jkph.v6i1.333 .

Kozier, B., Berman, E., & Snyder. (2010). *Buku ajar fundamental keperawatan: konsep, proses, dan praktik.* . Jakarta: Edisi 7, Vol. 1. EGC.

Kurniadi, A. (2013). *Manajemen keperawatan dan prospektifnya. teori, konsep dan aplikasi* . Jakarta: Badan Penerbit FK UI.

McBrien, B. (2010). Nurses' provision of piritual care in the emergency setting-an Irish Perspective. *IEN*, https://doi.org/10.1016/j.ienj.2009.09.004.

Moeini, M., Taleghani, F., Mehrabi, T., & Musarezaie, A. (2014). Effect of a spiritual care program on levels of anxiety in patients with leukemia . *Iranian Journal of Nursing and Midwifery Research*, vol.19(1); Jan-Feb 2014; PMC3917191. Diakses https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3917191/.

Nandaka, & Moningka. (2018). *Spiritualitas : Makna dan Fungsi.* . Jakarta: Buletin KPIN. ISSN 2477-1686. Vol.4. No.4, Februari 2018.

Nurcahyani, Y. (2013). Hubungan penerapan aspek spiritualitas perawat dengan pemenuhan kebutuhan spiritual pada pasien rawat inap di unit perawatan umum rumah sakit pusat angkatan darat gatot subroto jakarta tahun 2012. *Repository Universitas Esa Unggul*,

https://digilib.esaunggul.ac.id/hubungan-penerapan-aspek-spiritualitas-perawat-dengan-pemenuhan-kebutuhan-spiritual-pada-pasien-rawat-inap-di-unit-perawatan-umum-rumah-sakit-pusat-angkatan-darat-gatot-subroto-jakarta-tahun-2012-152.html.

Oswald, K. D. (2004). *Nurses' perceptions of spirituality and spiritual care.* United Stade: Drake University. https://www.proquest.com/openview/30b2ccc4a3665c1c683c929066981635/1?pq-origsite=gscholar&cbl=18750&diss=y.

Potter, P., & Perry, A. (2012). *Buku ajar fundamental keperawatan; konsep, proses, dan praktik. Vol. 2, Edisi ke-4* . Jakarta: EGC.

Sonontiko. (2002). *Asuhan Keperawatan, Teori dan Praktik.* Yogyakarta: Andi.

Utami, & Supratman. (2015). Hubungan Antara Pengetahuan Dengan Sikap Perawat Dalam Pemenuhan Kebutuhan Spiritual Pasien Di BRSUD Sukoharjo. *researchgate*, Article. https://www.researchgate.net/publication/265102744.

Wardhani, D. P. (2017). *Pengalaman perawat dalam pemenuhan kebutuhan spiritual islam pada pasien di intensive care unit (icu)".* Semarang: Undip.

Wibowo. (2017). *Manajemen Kinerja. Edisi Kelima.* . Depok: PT. Raja Grafindo Persada.

Willemsea, l., WimSmeet, Leeuwen, E., Nielen-Rosie, T., Janssen, L., & Foudrainee, N. (2020). Spiritual care in the intensive care unit: an integrative literature research. *Journal of Critical Care*, Volume 57, June 2020, Pages 55-78. https://doi.org/10.1016/j.jcrc.2020.01.026.

Yoon, M.-O., & Park, J.-S. (2002). The effect of spiritual nursing intervention on anxiety and depression of the hospice patients. *Korean Journal of Adult Nursing*, Volume 14, Issue 3, Pages 337-347. Diakses dari https://www.koreascience.or.kr/article/JAKO200225458752317.page.