

Research Article

The Correlation of Spirituality and Implementation of Spiritual Care Among Nursing Student in Jakarta

Dewi Gayatri^{1*}, Khairunnisa², Tuti Nuraini¹, Hanny Handiyani¹¹Basic Science and Fundamental Department, Faculty of Nursing Universitas Indonesia²Under graduate programme, Faculty of Nursing Universitas Indonesia**ORCID**Dewi Gayatri: <https://orcid.org/0000-0003-1477-0033>**Abstract.**

Nurses play a role in providing nursing care which include spiritual care. Spiritual care can provide inner peace and bring new hope for patients who need it. Nursing students are the initiators who will later become nurses.

This study aimed to identify the correlation between spirituality and implementation of spiritual care among nursing students in program profession. This study used a cross sectional design with a purposive sampling technique. The sample in this study involved 208 nursing student in profession programmed from 3 university in Jakarta. The instruments used in this study were the daily spiritual experience scale (DSES) and the nursing spiritual care therapeutics scale (NSCTS). The statistic analysis used pooled sample T test and Chi-square test.

The number of respondents aged < 40 years was 175 (84.1%) students, not yet working 109 (52.4%) students, Muslim 183 (88%) students, female 173 (83.2%) students, undergraduate programmed who from high school were 109 (52.4%), have never attended spiritual care training 180 (86,5%). There was a significant relationship between the number of stage in profession programmed and spirituality with the application of spiritual care ($p < 0.05$). The results of the study show that the nursing student have good spirituality, but are still not good at implementing spiritual care. The recommendation of this research added material about spiritual care in their curriculum.

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1. INTRODUCTION

Nursing is a profession that looks at humans holistically in the healthy-ill range. Nurses are required to provide holistic care for clients including spiritual care. Spirituality is a part of someone's life. Spirituality places more emphasis on human principles than on religious practices, as well as feelings about the meaning, and purpose of human life.^(1,2) According to Kalkim (2016), spiritual care is the care provided by nurses to patients to meet the patient's spiritual needs or problems.⁽³⁾

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Based on that explanation, it is important to study the relationship between spirituality and the implementation of spiritual care. Therefore, researchers are interested in researching the relationship between the level of spirituality and the implementation of spiritual care on professional nursing students program. This is because nursing students are the forerunners who will become nurses. In addition, the research on spirituality and the implementation of spiritual care has not been widely studied.

2. MATERIALS AND METHODS

This research is a quantitative study with a cross-sectional design. The population in this study were nursing students in the professional nursing program at 3 universities in Jakarta, Indonesia, according to the established inclusion criteria. The number of respondents in this study was 208 students.

The sampling technique used non-probability sampling with purposive sampling type. The research was conducted in March-June 2021. The questionnaire data collection tools used to collect data were the respondent characteristics questionnaire, the Daily Spiritual Experience Scale (DSES), and the Nursing Spiritual Care Therapeutics Scale (NSCTS) questionnaire. Data analysis used included univariate analysis, bivariate analysis with the Chi-Square statistical test, and an independent t-test.

Research ethical considerations includes ethical permission, research permission at the research site, informed consent from respondents, anonymity, and confidentiality. This research has received ethical approval from the Research Ethics Committee, Faculty of Nursing Universitas Indonesia with letter number: SK-35/UN2.F12.D1.2.1/ETIK 2021.

RESULT

TABLE 1: Description of the Respondent's Spirituality (n=208).

Spirituality	N	Mean	Med	Min-Maks	SD	CI 95%
General-State	76	90.83	93.6	65.96 - 100	8.6	88.64 - 93
Religion Affiliation	62	81.79	86.1	18 - 100	20.5	76.58 - 87
General-Private	70	82.2	83.69	35.11 - 100	15.5	78.2 – 86.1
All Respondents	208	84.2	88.1	18-100	16.9	81.87-86.5

3. DISCUSSION

TABLE 2: Description of the Respondent's Spiritual Care Implementation (n=208).

	Spiritual Care Implementation		N
	Less than Good	Good	
General-State	62 (81.6%)	14 (18.4%)	76
Private-Religion Affiliation	36 (58.1%)	26 (41.9%)	62
General-Private	61 (87.1%)	9 (12.9%)	70
All Respondents	159 (76.4%)	49 (23.6%)	208

TABLE 3: Relationship between Respondent's Characteristics with Spiritual Care Implementation.

Characteristic	Spiritual Care Implementation				
	Less Good	Good	N	p-value	OR (CI 95%)
Age					
< 40 years old	132 (75.4 %)	43 (24.6%)	175	0.569	0.68 (0.26 – 1.76)
≥ 40 years old	27 (81.85%)	6 (18.2%)	33		
Working Period					
0 year	87 (79.8%)	22 (20.2%)	109	0.298	1.48 (0.77 – 2.82)
≥ 1 year	72(72.7%)	27 (27.3%)	99		
Gender					
Male	25 (71.4%)	10 (28.6%)	35	0.584	0.72 (0.32 -1.64)
Female	134 (77.5%)	39 (22.5%)	173		
Educational Program					
Professional Ner (S1 Regular)	87 (79.8%)	22 (20.2%)	109	0.298	1.48 (0.77 – 2.82)
Professional Ners (S1 Extension)	72 (72.7%)	27 (27.3%)	99		
Spiritual Care Training/ Education					
Ever	23 (82.1%)	5 (17.9%)		1.000	1.48 (0.53 – 4.14)
Never	136 (75.6%)	44 (24.4%)	28		
Number of professional stages that have been passed			180		
< 5 stages	36 (78.3%)	10 (21.7%)	46	0.845	1.14 (0.51 – 2.5)
≥ 5 stages	123 (75.9%)	39 (24.1%)	162		
Place of practice that has passed					
1 place	77 (70%)	33 (30%)	110	0.031*	0.45 (0.23 – 0.89)
>1 place	82 (83.7%)	16 (16.3%)	98		
Religion					
Muslim	153 (73.8%)	48 (26.2%)	183	0.027	0.12 (0.15 – 0.9)
Non Muslim	24 (96%)	1 (4%)	25		

TABLE 4: Relationship between Spirituality with Spiritual Care (n=208).

Characteristic	Spiritual Care Implementation					
	N	Mean	SD	t	Mean Difference (CI 95%)	p value
Spirituality Less than Good	159	82.79	16.6	2.164	5.956 (0.53;11.38)	0.032*
Good	49	88.75	17.5			

3.1. Description of the Respondent's Characteristics

Based on the study results, the majority of professional nursing students were <40 years old. This is in accordance with data from the Ministry of Research, Technology, and Higher Education (2018), which shows that the average age of undergraduate students

is <40 years, which is in the range of 19–23 years. Some students are >40 years old due to the existence of two educational programs, namely regular and extension.

The study results indicate that the majority of students are Muslim. This finding is consistent with the demographics of the Indonesian population, where Islam is the majority religion. The 2010 population census showed that 87.18% of Indonesia's population adhered to Islam.⁽⁴⁾

The study results show that the majority of respondents are women. This is similar to other countries where respondents are dominated by women.^(3,5,6,7) This is because there is still a gender stereotype that says the masculine nature of men is not in accordance with the traditionally feminine profession of nursing.⁽⁸⁾

Based on the results, the majority of respondents were alumni of regular undergraduate students, namely 109 students (52.4%). The presence of regular bachelor's degree alumni students who do not continue to the nursing profession level may have an impact on this. Research conducted by Putri & Edison (2020) on students of the nursing profession program also shows that more nursing profession students consist of regular undergraduate alumni compared to extension alumni.

The results showed that 28 respondents (13.5%) had attended spiritual care training and 180 respondents (86.5%) had never attended training or education related to spiritual care. This is similar to the research conducted by Putri & Rachmi (2019), where as many as 79 (70.5%) have never received or attended spiritual care training. Training is needed by students to increase their knowledge. Previous research indicated that trained nurses would be better able to understand patients' spiritual needs.⁽⁹⁾

According to the findings, professional nurses who graduated with an extension bachelor's degree owned the working period, while all respondents who graduated with a regular bachelor's degree and were pursuing the nursing profession did not. One's ability can also be obtained through experience. Hasrul & Muin (2017) also stated that the longer the nurse worked, the more experience they had in providing spiritual care.⁽¹⁰⁾

The results showed that most of the 162 respondents (77.9%) had gone through \geq 5 stages, and as many as 98 (47.1%) of the respondents had gone through practice in hospitals and non-hospitals. Students of the professional nurse education program who live for 2 semesters will go through 9 professional stages, namely: basic professional nursing (KDP), medical surgical nursing (KMB), pediatric nursing, maternity nursing, psychiatric nursing, nursing management, emergency nursing, geriatric nursing, and family and community nursing.⁽¹¹⁾ In addition, in order to ensure the quality of the implementation of professional stage nurse education, it is necessary to have facilities

for clinical learning, namely in hospitals and non-hospitals such as primary health centers, nursing homes, public schools, special schools, and assisted living areas.⁽¹¹⁾ The professional stages and practice locations that have been completed will provide each student with valuable knowledge and experience.

3.2. Description of the respondent's spirituality

The average spirituality score of all respondents was 84.1 out of a total score of 100. The higher the score, the higher the spirituality. These results indicate that the respondents have high spirituality. Research by Mamier, Taylor, & Winslow (2018) also shows that nurses have high spiritual values.⁽¹²⁾ The high spirituality of nurses has a positive influence on health services, in part because positive experiences from this spirituality can be spread to the surrounding environment.⁽¹³⁾

3.3. Relationship between respondent's characteristics with spiritual care implementation

The results of the data analysis show that there is no relationship between age and the implementation of spiritual care. This is in line with the results of research by Mamier, Taylor, & Winslow (2018), which said that there is no relationship between age and the frequency of spiritual care.⁽¹²⁾ Students who are more mature in age should be able to provide more complex care and better understand patient needs because they are considered to have more life experience.

The analysis results show that there is a significant relationship between religion and the implementation of spiritual care by students. This is in accordance with research conducted by Leeuwen & Schep-Akkerman (2015), which said that religion is what influences the spiritual care provided by nurses.⁽¹⁴⁾ In addition, Chan (2010) also said that spiritual care tends to be performed more often by nurses who have religious beliefs than by those who do not have religious beliefs.⁽¹⁵⁾

The study results show that there is no relationship between gender and the implementation of spiritual care. In line with research conducted by Nurherawati, Rachmawati & Bigwanto (2019), which stated that there was no relationship between gender and meeting the patient's spiritual needs.⁽¹⁶⁾ Both men and women have the ability to solve problems, the urge to compete, analytical skills, sociability, motivation, and abilities; there are no significant differences between them in terms of performance, including the provision of spiritual care.⁽¹⁷⁾

The results show that there is no relationship between educational programs and the implementation of spiritual care. In this study, there were two categories of nurse education programs: regular undergraduate alumni and extension undergraduate alumni. Extension students have already completed a D3 education and have work experience before continuing on to the undergraduate level. The results of previous research said that there was no relationship between the level of education or educational programs and the provision of spiritual care.⁽¹⁷⁾ The level or program of education has no relationship with the provision of spiritual care, but education and experience can be important as a knowledge base for students to be able to perform nursing care, including spiritual care.

The analysis results show that there is no relationship between training or education and the implementation of spiritual care. Wardah, Febritina, & Dewi (2017) said that there is no significant relationship between knowledge and the fulfillment of spiritual care.⁽¹⁸⁾ Research shows that spiritual care education has a positive impact, such as increasing sensitivity to holistic spiritual care.⁽¹⁹⁾ Training and education are needed by students to be able to increase their knowledge about spiritual care.

The results of the data analysis showed that there was no relationship between the working period and the implementation of spiritual care. This is in line with research conducted by Rohman (2016) regarding factors related to the provision of spiritual care, which says that there is no relationship between the length of time a nurse has worked and the implementation of spiritual care.⁽¹⁷⁾ Nurses who have worked for a long time should be able to provide more complex nursing care because they have more experience than those who have not worked.

The results show that there is no relationship between the number of professional stages that have been passed and the implementation of spiritual care. Previous research shows that qualified experience can increase knowledge; the higher the knowledge, the better the application of spiritual care is carried out.⁽²⁰⁾ The stages that have been passed can be learning experiences and also an experience for students in providing virginity care, but the experience of each individual can be different at each stage that is passed.

The results show that there is a relationship between the place of practice that has been established and the implementation of spiritual care. Different places of practice undoubtedly expose students to patients with a wide range of characteristics; this can provide students with insight and experience in providing nursing care. The more experience and knowledge a person has, the more his skills will also increase.⁽²¹⁾

3.4. Relationship between spirituality and spiritual care implementation

The bivariate analysis results using the independent t-test showed that there was a relationship between the level of spirituality and the implementation of spiritual care for nursing students in the nursing profession program in Jakarta. This is in line with research conducted by Mamier & Taylor (2015), which states that there is a significant relationship between spirituality and the implementation of spiritual care.⁽¹²⁾ High spirituality cannot guarantee that someone can provide spiritual care because there are many other factors that can influence someone's ability to provide spiritual care. These factors are lack of human resources (HR), lack of facilities, lack of support from policymakers, fear of imposing personal philosophy on patients, excessive workload, feeling incompetent, and reluctance to do spiritual care.^(7,9,22,23,24)

4. CONCLUSION

The study results show that respondents have good spirituality but are not good at applying spiritual care. In addition, there is a significant relationship between spirituality and the implementation of spiritual care for nursing students in the nurse profession program in Jakarta.

This research is expected to be an evaluation material for students about the importance of learning about spiritual care; become basic data for educational institutions to be able to improve the quality of the curriculum by adding spiritual care learning materials and become basic data for further research.

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CONFLICT OF INTEREST

There is no conflict of interest in this research.

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