



Model of Spiritual Nursing Care Based Islamic Perspective in Islamic Hospital of Ibnu Sina Makassar

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Abstract

The implementation of nursing care of spiritual Moslem has not run optimally. It can be proven by the hospital medical record documents about the lack of care implementation, Standard Operating Procedures, and Standard of Spiritual Moslem Nursing Care in Islamic Hospital of Ibnu Sina in Makassar. This research aimed to analyze an objective picture of the condition about the nursing care model of Spiritual Moslem implemented in Islamic Hospital of Ibnu Sina in Makassar. This research used exploration study with triangulation techniques. Collecting data was done through semi-structured interviews, questionnaires, and documents. The result of this research show that the respondents' characteristic is mostly female with 89%, nursing academic education is 81%, age group of 20-30 years is 51%, working experience is generally 2-5 years (52%), most respondents' job status is non-permanent with 36%, the pattern of spiritual nursing care is generally in low category of 81%, data about caring spiritual Islam is generally in low category also of 94%, data about spiritual needs of patients are generally in high category with 96,6%, data about spiritual fulfillment of patients are generally unfulfilled with 84,5%, documentation forms of the nursing process 90% were not completed. Results from deep interview with one of the nurses, some important information was got that unimplemented spiritual nursing care is very influenced by factors of high workload, low knowledge, and has never been held training about spiritual Moslem service.

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Spiritual Moslem nursing care has not carried out yet in Islamic Hospital of Ibnu Sina Makassar. This is caused by the lack of knowledge, skills, and competencies of the nurses. Those barriers were triggered by the curriculum of nursing education that does not give more portion as aspects of bio psycho social as well as the absence of training institutions of spiritual nursing in Indonesia.

Keywords: Nursing Care; Spiritual Moslem; Ibnu Sina Hospital.

I. Introduction

In Indonesia, there has already been a firm legal basis in accordance with Health Constitution of Republic of Indonesia No. 36/2009 that defines the health with four components of the bio psycho social and spiritual. This requires that all health workers, especially nurses, are required to give nursing services comprehensively. Data were found that a half of nurses are rarely or never give spiritual services. From the surveys conducted by nurses to 3.818 patients about their spiritual needs, the findings are: the ones who need spiritual every day are 1.639 (41.4%), requiring 953 people (24.2%) in a week and 816 people (20.7%) every month, and requiring spiritual service was 410 people (10.4%) [1].

The teachings of Islam do not contradict with the model of bio-psycho-social-spiritual. The paradigm of health of mental, spiritual, and social influencing physical health has been taught by the Prophet Muhammad SAW. to his people in the concept of al-Thibb al-Nabawi and adab al-Althibb [2]. According to reference [3], the activation and optimization of the spiritual dimension have a big effect in life. However, some facts have been proven that in the field of education, medical service, and nursing, this dimension received less attention, moreover to be worked seriously.

A study done by authors in reference [4], the patients are not only capable in recognizing their spiritual needs, but also they are able to identify their spiritual distress. So, it becomes important to build a trustable relationship between nurses with patients by proper communication techniques. Other data taken from interviews with the headroom in Islamic Hospital of Ibnu Sina Makassar, it was found that one of the causes why the nurses are less complete in performing nursing care documentation is because of a high workload. In every duty section, only 2-3 nurses serve the patients with an average of 30 people.

Nurses as the health professionals should be able to pay attention to the status of the patients who are not only the bio-psycho-socio-cultural beings but also spiritual being. So that, when the spiritual aspects are not completed, then it will have an impact to the process of the patients' recovery or affect the level of the health and behavior of the patients. Based on this background, this research aimed to see an objective picture of the condition about the nursing care model of spiritual Moslem implemented in Islamic Hospital of Ibnu Sina in Makassar.

2. Materials and Research Method

This research is developmental research. It is a research used to produce a particular product, and test the effectiveness of these products [5].

The product meant not only confine to the production of a book or a module, but also it can be procedures or processes such as learning method or organizing method [6]. This research method and development (R & D) also uses Mix-Method approach with triangulation techniques by using questionnaire based interview for the quantitative part, semi-structured interview for the qualitative part, and document observation [7].

The first phase of this research used exploration study with triangulation techniques. This research was conducted in the treatment room of Ibnu Sina Hospital in Makassar. Data collection for analysis survey of spiritual nursing care need of Muslim was done by using a questionnaire and semi-structured interview. For variable of spiritual nursing care model of Moslem, sample of nurses in duty was used for 100 people with questionnaire instrument, patients' perception about Islamic caring nurse using patients as the samples for 100 people with questionnaire instrument, and analysis of fulfillment and spiritual needs using patients as the samples for 58 people in the room hospitalization. For qualitative data, semi-structured interview was conducted to the primary nurse for 5 people. Data about completing the form of nursing process realization was done with document observation to 10 patients randomly in different room hospitalization.

3. Results and Discussion

Based on table 1, the data from the results of the questionnaire were obtained that female sex is 89% and male sex is 11%, the ages of the subjects of the research are vary, most is in the age group of 20-30 years for 51%, 35% aged 31-40 years, and the lowest is in the age group of 41-50 years for 14%. Academic qualifications from the nurses in duty becoming the targets of the research are as follows: (1) Education School of Health Nurse 1%; (2) Education diploma 69%; (3) Education of Nurse Undergraduate Degree 29%; (4) and Education of Nurse Post-Graduate Degree 1%. Working experience for nurses is more in range group of 2-5 years for 52% and the lowest is the candidate of permanent officer for 13%.

Table 1: Characteristics of nurses base on sex, age, education and working period

Characteristics	n (%)
Sex	
Male	(11%)
Female	(89%)
Age	
20-30 year	(51%)
31-40 year	(35%)
41-50 year	(14%)
Education	
Nursing School	(1%)
Nursing academic	(81%)
Ners	(17%)
Master of Nurse	(1%)
Working Period	
0-1 year	(17%)
2-5 year	(52%)
6-10 year	(18%)
> 10 year	(13%)
Employee status	
Permanent Staff	(14%)
Candidate of Permanent Staff	(5%)
Honorar	(42%)
Contract	(39%)

Employee status of the nurses as the research subjects with non-permanent workers occupying the highest percentage is 36%, the honoree percentage is 28%, permanent employee is 23%, candidates for permanent employees is 13%. These findings show that the majority of the nurses (36%) are honorary nurse in Ibnu Sina Hospital. This data indicates limited resources and a high turnover potential which can lead to the weakness of its resources. It also indicates that the skilled labor of Ibnu Sina Hospital can resign anytime if the management of the hospital does not have a proper system of employee retention.

A description of the condition about the nursing care model of spiritual Moslem was obtained from the data taken by using the questionnaire. It can be seen in the following table:

Table 2: Distribution of Respondents' Frequency

Spiritual Nursing Care Model of Moslem		
Spiritual Nursing Care	Number	Percentage
Model of Moslem		
Good	10	10%
Less	90	90%
Total	100	100%
Islamic Caring in Nursing Service		
Islamic Caring	Frequency	Percentage
Good	6	6%
Less	94	94%
Total	100	100%
Spiritual Need of the Patients		
Spiritual Need of the Patients	Frequency	Percentage
High	58	96,6%
Low	2	3,4%
Total	60	100 %
Spiritual Fulfillment of the Patients		
Spiritual Fulfillment of the Patients	Frequency	Percentage
Fulfilled	9	15%
Unfulfilled	51	85%
Total	60	100%

Based on Table 2, it shows that the number of respondents used on this variable was 100 nurses with the results of the frequency distribution based on the nursing care model of spiritual Moslem with good category amount 10 people (10%) and less category amount 90%.

Islamic caring variable uses patients as the sample of 100 people with the result of the distribution obtained Islamic caring with good category for 6% and less category for 94%. Each spiritual need variable and spiritual need fulfillment use 60 patients as the sample. Spiritual need variable with high category is 58 people (96,6%) and low category is 2 (3,4%). Spiritual need fulfillment of the patients with fulfilled category is 9 people (15%) and the unfulfilled category is 51 people (85%).

This data was gathered from the questionnaires and interviews to obtain the qualitative data from the team leader of the nurses about the understanding of the concept of nursing spiritual, the implementation form of the spiritual Moslem nursing care, and how important the Moslem nursing service which is going to be applied. The interview was conducted in several different room hospitalizations, as quoted from the interview of the Team Leader:

"It might be better if there is a specific team in the hospital because the nurses have low capability on it. They have many things to do. The nurses also are not well trained for that. As an exception, if the nurses are given training about the spiritual nursing, it could be. If like us, we are given direction for once or twice only."(Ners.AS)

Based on the results of the data collection with triangulation techniques, the results of the survey show that the frequency data from the model variable of spiritual nursing care, spiritual caring, fulfillment and spiritual needs of each showed the number percentage with less category, and the comments from nurses concluded that the nurse is hard to do spiritual care because the number of nurse is not balanced with the number of patients. Besides, it is because the lack of knowledge and competence possessed and never done the training before.

This fact describes that the model of spiritual nursing service in Ibnu Sina Hospital is still very low while the wish of the patients about the service need of spiritual nursing care is very high. This condition is in line with the research conducted by [8] that a half of the nurses feel very rarely in giving spiritual support to their patients. Whereas a half of that activity, the nurses themselves should provide the spiritual support, but there are some barriers due to the lack of skills and competence in providing such care. [8]

Another study explained that caring became the nursing central. But sometimes it was considered missing from the nursing because the nurses have many other responsibilities and feel less in terms of providing services so that nurses tend to be less caring [9]. This research was also supported by another study saying that in taking decision about alternative nursing practices, it is suggested to the patients that almost non-existent or as though caring in nursing has been lost in the role of the professional nurse, especially in hospitals [10].

Spiritual care is an important component of care given to the patients; however the nurses cannot require the spiritual needs of the patients for a variety of reasons [11]. Nowadays, modern health care system only shows the aspect of physical health [12]. Some reasons are given by [13], among others; there is no training about the spiritual service; concerns add time in duty; fear of overstepping ethical boundaries and uncomfortable feeling. In addition, lack of time, knowledge, and experience was also an important reason [14].

It is the same circumstances experienced by the Iranian that spirituality and spiritual nursing are very important parts of holistic care, but the nurses there expressed little documenting note about the spiritual aspects of the patients [15, 16].

4. Conclusion

Based on the findings, it can be concluded that the model of spiritual nursing care based Islamic perspective in Islamic Hospital of Ibnu Sina has not run in proper with the instruction of UU No. 23/2009 about health. It is more due to the lack of knowledge, skills, and competencies of nurses in providing spiritual care. All of it are triggered by the nursing education curriculum that does not give more portion as bio psycho social aspects. In addition, spiritual nursing training institution has not existed.

References

- [1] Mcsherry, W., & Jamieson, S. (2011) An online survey of nurses perceptions of spirituality and spiritual care. *Journal of Nursing Scholar*, 20, 1757-1767
- [2] Hasan .P (2008) Pengantar psikologi kesehatan Islami. Jakarta: Rajawali Pres.
- [3] Fasiak Taufiq (2012) Tuhan Dalam Otak Manusia, Mewujudkan Kesehatan Spiritual Berdasarkan Neurosains. PT. Mizan Pustaka: Bandung
- [4] Enfermagem Rev. Latino-Am, (2011) Efficacy of different instruments for the identification of the nursing diagnosis spiritual distress. *Original Article*. 2011;19(4):902-10
- [5] Sugiono, (2011) Metode Penelitian Kuantitatif, Kualitatif Dan R&D: Bandung. Alfabeta
- [6] Sanjaya Wina, (2013) Penelitian Pendidikan, Jenis, metode dan prosedur: Jakarta. Khisma Putra Utama
- [7] Mysoon K. Abu-El-Noor (2012). Spiritual care of The Hospitalized Patients Following Admission to the Cardiac Care Units : Policy Implications. *Disertation*, Faculty of the University of Akron
- [8] Kuuppelomaki. M (2001) Spiritual support for terminally ill patients- nursing staff assessments. *Journal of Clinical Nursing* 10: 660-670
- [9] Caelli Kate (2001) Aspects Of Caring In Australian : *Journal of the Royal College of Nursing Australia* Volume 8 issue 1
- [10] Duffy, Joanne R. (2009) Quality caring in nursing : applying theory to clinical practice, education, and leadership. Springer Publishing Company, LLC. New York
- [11] Rushton, Lucy. (2014). What are the barriers to spiritual care in a hospital setting. *British Journal of Nursing*, Vol. 23 Issue 7, p370

- [12] Makhija, Neelam. (2002). Spiritual Nursing. *Nursing Journal of India*. 93.6 : 129-30
- [13] Koenig, H. G. 2004). Religion, spirituality, and medicine: Research findings and implications for clinical practice. *Southern Medical Journal*, 97(12), 1194-1200.
- [14] Portillo MC, Cowley Sarah (2010) Working the way up in neurological rehabilitation: the holistic approach of nursing care, *Journal of Clinical Nursing*, 20, 1731–1743
- [15] Markani, Abdolah Khorami; Yaghmaei, Farideh; Fard, Mohammad Khodayari (2013). Spirituality as experienced by Muslim oncology nurses in Iran. *British Journal of Nursing; Supplement*, pS22
- [16] Koren Mary Elaine & Papamitriou Christina (2013) Spirituality of Staff Nurses Application of Modeling and Role Modeling Theory. *Journal Holist Nurs Pract* 2013;27(1):37–44