

## THE PROFESSIONAL COMPETENCY OF NURSE IN MEETING THE SPIRITUAL NEEDS OF HOSPITALIZED PATIENTS

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### Abstract

Professional nurse has skill to meeting bio-psycho-socio-spiritual patient needs during hospitalized. Nurses often ignore to fulfillment in nursing care practice. This study aims to describe the nurse competency in meeting spiritual patient need during care. So, the patient spiritual needs are not met. This aims of study was to describe competence in meeting the patient spiritual needs during care. The design study was descriptive. Samples were 40 nurses who worked in 5 wards at the hospital. They were selected by simple random sampling. The data collection used Spiritual Care Competence Scale (SCCS) assessment tool consist 27 questions that's into 6 grouped with Likert scale. Data conducted on May 1<sup>st</sup> – 17<sup>th</sup>, 2014. Data analysis used descriptive statistics. Results showed 10% nurses (4 persons) was competent to capable in meeting the spiritual needs of hospitalized patients, while 3 nurses educated of 3<sup>rd</sup> nursing diploma and one's educated bachelor of nursing. And 90% nurses (36 persons) was unable to meet the patient spiritual needs i.e. not remind time of religious activities, not counseling of religious need during care, and not provide assistance patient with religious leader. Consequently of nurse inability to meet the spiritual needs, the family and the patient were unable to perform religious activities and accept self-condition during care.

**Keywords:** nurse competency, spiritual need

### BACKGROUND

Professional nurses has the greatest opportunity to provide health care, especially comprehensive in helping patients meet basic need holistically. Patients as bio-psycho-socio-cultural-spiritual beings who respond in a holistic and unique to health changes. Nursing care that provided by nurses cannot be separated from the spiritual aspect as an integral part of

the interaction of nurses with patients. Nurse meet the patients spiritual needs as part of a comprehensive needs of patients, such as by facilitating the patients spiritual meeting, although nurse and patient do not have same spiritual or religious beliefs.

Spiritual needs is the need to find meaning and purpose of life, the need for love and be loved as well as the sense of belonging, and the need for

member and get forgiveness. Makhija (2002) describes nursing care attention is focused on the development of physical health and the fulfillment of the spiritual aspects are generally not considered properly. The nurses should take care of the client as a whole, but some research suggests that nurses generally avoid direct spiritual dimension of clients, families, and communities (De Young et al, 1984; cite in Carpinto, 2000). States of Inggriane (2005; cite in Puspita, 2009) that an interesting phenomenon of adult patients who were hospitalized patients that is of spiritual expression that is very diverse, ranging from the condition of patients who accept the hand of destiny disease until the condition is suing his Lord through the expression of anger and refuse treatment and care given, ignorance or inability of patients to practice their religion which he believed, while the spiritual support of nurses in recognition of these patients do not they get. Spiritual support of a nurse is very necessary and nurses should be able to observe and meet the spiritual needs of the patient because a nurse is always present for 24 hours with the patient.

Hanson et al (2008) stated, in a study of about 41-94% of patients wanted health professionals to inquire about their spiritual needs. The results of an interview study showed that a strong spiritual and

religious coping have a relationship with a good social support, at least the psychological burden, have good physical health and quality of life is better anyway. When providing nursing care to patients, nurses are sensitive to the spiritual needs of the patient, but for various reasons it is possible to avoid providing the spiritual care, because nurses are uncomfortable with the spiritual life, the spiritual needs of less importance, do not get educated about the spiritual aspects of nursing, or feel that the spiritual needs of patients not meeting their task, but the responsibility of religious leaders (Hamid, 2008). Nurses are often hesitant to discuss spiritual issues clients because they believe that it is not appropriate for them to share their beliefs or spiritual philosophy with clients whom they experienced debilitating symptoms (Peterson & Nelson, 1987; in Patricia Potter, 2005).

Meeting the needs of the patient not only focus on physical health but includes psychological health, social, and spiritual. Good spiritual needs can reduce suffering and positively impact on the recovery of physical and mental health clients. Good communication skills, sensitivity, empathy and a good understanding of the values held client is very important to have nurses in spiritual care clients (Kozier, Erb, Berman &

Snyder, 2004). Research showed that individuals with a high level of spiritual and good, tend to experience anxiety at a low level (Koczdowski, 1989; in Carpinto, 2000: 932). For some people, spiritual activities provide activities that directly provide direct coping action (Sodestrom& Martinson, 1987; in Carpinto, 2000: 932).

The first aspect that must be considered in meeting the spiritual needs of patient is a nurse increase knowledge about spiritual care of patients, because each individual stage of attainment of spiritual development is different, depending on the individual characteristics and interpretation of experiences and questions in life. The concept of development is important in understanding spirituality, spirituality maturity of patients

## METHODS

The study design was descriptive. The population were 62 nurses who worked in 5 wards in of Rumah Sakit Daerah Mardi Waluyo Kota Blitar. The sample size were 40 nurses taken by simple random sampling technique. The research site was in Rumah Sakit Daerah Mardi Waluyo Kota Blitar, the data conducted on 1<sup>st</sup> to 17<sup>th</sup> May 2014.

The research variables was competency of nurse in meeting the patient spiritual needs, that was

and how nurses affect its ability to meet the spiritual needs of the patient, establish relationships, and then help patients with their health care needs (Patricia Potter, 2005). Nurse competency is something that is very important for the success of service-owned hospitals to provide satisfaction of patients in obtaining maximum nursing care services (Muchson, 2012). One of the nurse's competence that quite important is the competence of the spiritual care of the patient. Competence in spiritual care refers to a complex set of skills to work in a professional context, the process of clinical nursing. This study purpose to describe the nurse's competence in meeting the spiritual needs of patients in the inpatient of Rumah Sakit Daerah Mardi Waluyo Kota Blitar.

professional nursing care given by nurses to patients with attention of the patient spiritual aspects based on the research instrument SCCS (Spiritual Care Competence Scale) with Likert Scale consist 4 options are Always, Often, Rarely, Never as a tool to measure the competency of nurse in meeting the spiritual needs of the patient from Leeuwen et al (2008). Instrument consists of six core domains related spiritual nursing competencies, namely attitude

towards patient spirituality, communication, assessment and implementation of spiritual care, referrals, personal support and patient counseling, professionalization and improving the quality of spiritual care. Data was collected by questionnaire statement regarding the competency of nurses in meeting the patient spiritual needs. Answer "Always": if statement in the item actually correspond to reality and always felt / done by nurses rated 4, "Often": If the statement on the item more in accordance with reality than not and often feel / implemented by nurses rated 3,

"Sometimes": If the statement on the item more does not correspond to reality and a little felt / done by nurses rated 2, and "Never": If the statement on the item totally does not match reality there and never felt / done by nurses rated 1.

Grouping interpretation of the results is to categorize the answers based on cut of point from the total score. The total score of the questionnaire of this study is 108, so 75% of 108 is 81. So, if competency scores 81 categories of nurses are competent and <81 the category of competence is not competent.

RESULT

Characteristics of nurse who is the subject of research as the table below.

Table 1 Characteristics of nurses at Rumah Sakit Mardi Waluyo Kota Blitar (n = 40)

No.	Characteristics	f	%
1	Gender:		
	- Male	14	35
	- Female	26	65
2	Age (year):		
	- 21 – 40	4	10
	- 41 – 58	36	90
3	Education background:	29	73
	- 3 <sup>rd</sup> Diploma	11	27
	- Ners		

No.	Characteristics	f	%
4	Length of work (year):	0	0
	- < 1	14	35
	- 1 – 5	26	65
	- > 5		

Table 2 The nurse competency at Rumah Sakit Mardi Waluyo Kota Blitar was measured by SCCS (n = 40)

No	Competency	f	%
1	Competent	4	10
2	Not Competent	36	90

Table 3 Domains of nurse competency in meeting the patient spiritual needs of patients in Rumah Sakit Mardi Waluyo Kota Blitar (n = 40).

No.	Domain	Answer							
		Always		Often		Sometimes		Never	
		f	%	f	%	f	%	f	%
1	attitude towards patient spirituality	33	83	4	10	2	5	1	2
2	communication	11	28	20	50	7	17	2	5

3	assessment and implementation of spiritual care	6	15	15	36	16	43	3	8
4	referral	4	10	5	12	10	25	21	53
5	personal support and patient counselling	6	15	5	12	20	50	9	23
6	spiritual professionalization and improving the quality of spiritual care	3	7	10	25	21	53	6	15

**DISCUSSION**

The ability to implement the competency of nurses in meeting the spiritual needs of patients required attitude. Leuwen et al (2004) wrote that the attitude of nurses is considered as an important aspect of nursing competencies to meet the spiritual needs of the patient. States of Newcomb cite in Notoatmodjo (2003: 131), that it is an attitude of readiness or willingness to act, and not the executor of a specific motive. Attitude is not an action or activity, but it is a "pre-disposition" action or behavior. Thus, control of the patient's attitude towards spirituality can be seen from the nurse's ability to respect the spiritual or religious activities of patients regardless of spiritual or religious background of the patient, the patient's exposure to religion despite religious different with patients.

Hutapea&Thoha (2008) wrote the formation of a person's competence is believed to be influenced by two factors,

namely the internal factors that are inherited genetic factors and external factors are factors that influence the development of one's competence cumulatively since childhood, such as education and experience gained during the his life. Competence can be defined as an individual who has the basic characteristics of causal relationships or causal criteria referenced, effective, or superior to look at work in certain situations. The basic characteristic is that competence is fundamental and must include the person's personality (personality) and can predict a person's attitude in certain situations vary greatly on the activity of a particular job. Causal relationship means competence can be used to predict a person's performance. Criterion referenced competency real meaning that would predict a person that works well or poorly in accordance with

specific criteria or standards (Nursalam & Effendi, 2008).

The first domain, most nurses answer always as many as 33 people (83%). The attitude of nurses towards patient spirituality as part of spiritual care is considered an important aspect of nursing competence (Leeuwen et al, 2004). According to Newcomb cited in Notoatmodjo (2003: 131) that the attitude is a readiness or willingness to act, not the executor of a specific motive. Attitude is not an action or activity, but it is a "pre-disposition" action or behavior.

The second domain, communication is the ability to respond to the feelings of the patient or the patient's life story related to his illness. Nurses answered most often as many as 20 people (50%). Kubler-Ross cited in Mochtar (1984: 664) suggests that people who communicate fear of serious illness usually through symbolic language. Physical care is important, if during treatment the nurse did not listen and capture the verbal cues and nonverbal that can help identify the needs of the patient, the nurse forget the therapeutic relationship when the nurse caring for sick patients.

One of the factors that affect competence is related to past experiences of nurses, so the longer a person works are expected to have more work experience

that ultimately can improve productivity because the notion of work patterns, understand the working environment well, and have sufficient skills. Rival & Mulyadi (2010; cite in Mulyaningsih, 2013) wrote a longer work period shows more on a person's experience compared to other colleagues.

Role of professional nurses providing care or comprehensive nursing care to meet the basic needs of patients holistically. The patient as a holistic being bio-psycho-socio-spiritual-cultural respond to changes in their health and unique. Example: When a patient's response to stress, individuals will seek the support of religious beliefs in order to accept the pain is experienced, especially if it requires a long healing process with uncertain outcomes. Pray, read scriptures, and other religious practices often assist in meeting the spiritual needs of the patient, who is also a protection against the patient's body so that the spirit to endure the pain and get rest and peace, as well as the spiritual as a source of strength and healing a patient. Given the nurse is the first person and consistently for 24 hours a day in contact with the patient, the nurse was instrumental in helping to meet the spiritual needs of the patient. Because of the comprehensive nursing care and

humane are important in the implementation of holistic nursing care.

## CONCLUSION

Most (90%) of nurses were not competent in meeting the the spiritual need of hospitalized patient. Nursing is a commitment to love (caring) who sometimes need to

provide spiritual support to patients by calling the patient's family members, spiritual advisors or spiritual director when the patient wishes to express his spiritual needs.

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