



## Satisfaction Level Spiritual Care of Coronary Heart Disease Patients Using Spiritual Assessment Tool

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### ABSTRACT

This study aims to describe the satisfaction level of coronary heart disease patients with using application of Spiritual Assessment Tool. This type of research is descriptive analytic with cross sectional approach. results In this study, it is known that the age of the respondents is mostly in the age range of (>35 Year old age), which is as much as 81.8%. Most of the patient education is low education which is as much as 72.7%. Patient Satisfaction Spiritual Care in the pre-test is known to be mostly stated as not satisfied, as much as 68.2%, and in the post-test, Patient Satisfaction Spiritual Care experienced a change in that the patient stated that he was satisfied as much as 90.9%. In conclusion, spiritual care can increase patient satisfaction, especially coronary heart disease sufferers at Siti Khadijah Islamic Hospital, Palembang in 2023.

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## 1. INTRODUCTION

Spiritual care is one of the primary domains in providing quality palliative care services, as stated in the National Consensus Project for Quality Palliative Care (NCP) dan the National Quality Forum in 2017 [1]. Furthermore, the NCP explained that spirituality should be part of the service system in health facilities and make more clinically specific recommendations to improve the quality of spiritual care services in palliative care units. Since the start of hospice services, which later developed into palliative services, spirituality has been introduced as an essential element in palliative care [2].

Palliative care is a discipline devoted to providing holistic care to patients with advanced disease and life-threatening diseases [3], as it is known that palliative care is a service that seeks to provide the best quality of life for patients in the face of death. So it is essential to provide comprehensive care, not only physical, emotional, and psychological care and services for the patient's spiritual needs. Therefore, a health practitioner needs to know the vital role of spirituality for patients and their families. Although WHO has stated that spiritual care is a component of palliative care, it is often neglected in clinical settings [4].

Spirituality is defined as an aspect of humanity in which it refers to the way a person seeks and expresses meaning, goals, or intentions, and their way of experience in which all of these things are interconnected at times or events, to oneself, to others, to nature, to those closest to them, as well as to those in power [5]. This definition underlines the universality of spirituality, in which all people seek meaning and purpose.

Spiritual distress, including meaninglessness in life or hopelessness, often occurs in patients with increasingly severe or advanced diseases with worsening quality of life conditions, desperation towards the end of life, or dissatisfaction with the services provided (O'Brien, 2022). The same thing was also stated by Widyastuti (2019) that spiritual distress is known to occur due to a slow recovery process, the lack of patient acceptance of their illness, and the quality of life decreasing, as well as increasing the period of hospitalization.

Trends and issues regarding spirituality and religion in palliative care have increased since 1990 [8]. This is proven by the results of searching articles that have been published where the themes of spirituality and religion are very much found in articles about palliative care compared to other disciplines in the world of medicine [9].

Spirituality refers to the philosophical, religious, spiritual, and existential aspects. [6] states that this world has several dimensions of spirituality. This is based on other principles of faith from the religion itself. As a result of the diversity of perspectives, health practitioners need to have an open attitude toward various religious and spiritual patient beliefs.

Religion is often distinguished from spirituality, where religion is a behavioral manifestation of religious and social beliefs or values, which are interconnected and united by trust and faith [10]. However, in gerontology and geriatric studies, religion is more organizationally oriented in the form of belief systems and beliefs, practices, and rituals that connect a person to conditions of reality and other people. So religion has a broader meaning in the form of experience and a shared code of ethics and is conveyed to others occasionally.

Religiosity is defined as a set of beliefs that refer to activities based on belief and faith, both visible and invisible [11]. Further information was provided by Perry (2016) that religiosity is the most important thing, which has three main focuses, namely as a tool to identify one's affiliation to religion or belief, to identify one's religious practices, including worship activities, and ideas in one's faith. So that with this, one can show the degree of importance of religion in one's life or its relationship with almighty power.

Spirituality is essential for assessing the quality of life and near-death conditions. The role of religion and spirituality is increasingly recognized, especially in states near the end of life [13].

Nursing has developed an assessment model based on increasing spiritual threat levels using behavioral categories. Measuring spiritual-related outcome criteria is very basic in clinical practice and research [14]. Tool to measure outcome criteria whose role has been recognized in screening for spiritual distress and, at the same time to identify whether the patient needs support during the treatment period.

Spirituality assessment in palliative settings is a significant issue in various cultures [15]. Spirituality has been identified as an essential resource for a person, which spiritually can help a person overcome various distresses when experiencing and suffering from illness.

From the results of a preliminary study of in-depth interviews with 15 cardiovascular nurses at Siti Khadijah Islamic Hospital Palembang on May 29, 2023, it was stated that data on patients with coronary heart disease in the last three years had increased to 68.7% and most were more than 75% of patients. said they were not satisfied with the spiritual services that were applied, on the other hand the nursing process was more dominant on physical needs only.

## 2. RESEARCH METHOD

This study was a quantitative descriptive study with cross-sectional research design. The sampling method used was consecutive sampling with total sample 22 respondents. The datas were collected using questionnaires. The population of this study is the overall object of research. The research sample was taken using a total sampling technique where the sample size of the population of this study, which made the sample, with the condition that the population was < 100 people so that a total sample of 22 respondents was obtained. Data analysis includes univariate. This research was conducted in the internal medicine room of the Siti Khadijah Islamic Hospital, Palembang from May 29, 2023 to June 19, 2023.

## 3. RESULTS AND DISCUSSION

### 3.1. RESULTS

#### a. Description Characteristics Of Respondents

Table. 1. Descripton Characteristics of Respondents

Characteristics Of Respondents	Experiment group		Control group	
	Frequency	Percentage	Frequency	Percentage
Age				
Young (<35 Year)	4	18,2	8	36,4
Old (>35 Year)	18	81,8	14	63,6
Education				
Low	16	72,7	19	86,4
High	6	27,3	3	13,6



Based on table 1 above shows that the characteristics of respondents age are mostly old age in the experimental group as much 81.8% while the control group as much 63.6%. For the characteristics of education, most of the respondents have low level of education, the experimental group is 72.7% while the control group is 86.4%.

#### b. Description Patient Satisfaction Spiritual Care On Pre Test and Post Test Implementation of Spiritual Assessment Tool on Experiment Group and Control Group

Table. 2. Description Patient Satisfaction Spiritual Care Pre Test and Post Test Implementation of Spiritual Assessment Tool on Experiment Group and Control Group

Description Of Respondents	Measurement			
	Pre Test		Post Test	
	Experiment Group	Control Group	Experiment Group	Control Group
	f (%)	f (%)	f (%)	f (%)
Patient satisfaction Spiritual Care				
Not satisfied	15 (68,2)	16 (72,7)	0	12 (54,5)
Less satisfied	7 (31,8)	6 (27,3)	2 (9,1)	10 (45,5)
satisfied	0	0	20 (90,9)	0
Very satisfied	0	0	0	0

Based on table 2 above shows that Patient Satisfaction Spiritual Care before being given treatment (pre test) got mostly in experimental group and control group expressed not satisfied that experiment group as much 68,2% while control group 72,7%. Patient Satisfaction Spiritual Care in post test mostly in experiment group stated satisfied that as much 90,9% while control group mostly stated not satisfied as much 54,5%.

### 3.2 DISCUSSION

#### 3.2.1. Univariate Analysis

##### 3.2.1.1 Respondents Characteristic

###### a. Age of Respondents

The result of this research is the age of >35 Year years old (old age), the experimental group is 81,8% and the control group is 63,6%. The explain that at the stage of late adult development has an increased spiritual need, so that nurses have an important role in completing the spiritual needs in the nursing process of the patient (7). A research conducted that the higher of someone age then the level of expectation of the spiritual will be higher (8). The higher the level of expectations, then the level of desire to be satisfied higher, so this condition that causes the number of patients who feel dissatisfaction during the treatment took place.

###### b. Education of Respondents

The result of the research shows that patient education mostly is low education, the experimental group is 72,7% and control group is 86,4%. A research that high intellectual experience can provide a broader spiritual outlook that affects the health of his soul (9). In contrast to other research that there is no relationship between education level and Patient Satisfaction Spiritual Care(10). According to that one outcome of higher education is satisfaction or dissatisfaction with the product or service (1).

##### 3.2.1.2 Description Patient Satisfaction Spiritual Care On Pre Test and Post Test of Spiritual Assessment Tool Implementation in Experiment Group and Control Group.

The result of the research showed that the satisfaction of the patients before the intervention (pre test) was found mostly in the experimental group and the control group declared dissatisfied that the experimental group was 68.2% while the control group was 72.7%. Patient Satisfaction Spiritual Care in post test mostly in experiment group stated satisfied that as much as 90,9% while control group mostly stated not satisfied as much as 54,5%.

Spiritual help is an activity that a person does for help and help from the Most High. Limitations of patients caused by hospitalization cause the limitations of patients in worship one of them pray. A research which explains that hospitalized patients experience a condition of spiritual distress (11). The explain spiritual distress is a condition in which a person experiences a lack of connection with living with his or her beliefs (10). When a person is sick, feels pain or loss attacks someone, spiritual power can help a person to heal (12). The nurses need to consider certain religious practices that will affect nursing care, such as patient beliefs about birth, death, dress, prayer, and nurses

need to support the patient's spiritual. The explanation shows that religious practice is one of the needs needed by a person as an indicator of satisfaction in nursing services in the religious aspect during hospitalization (13).

Explains the existence of the relationship of spiritual needs fulfillment with Patient Satisfaction Spiritual Care because it can improve coping behavior and expand the sources of strength in patient. Spiritual needs as an important factor for maintaining or maintaining a person dynamic personal relationship with God, by helping the patient in fulfillment and support in religious practice can help improve patient coping during a crisis [23]. The research conducted in a study of the relationship of spiritual needs with patient satisfaction in patients in the treatment period, 76% of respondents said they were satisfied because they have religious elements in every act of nursing, because it shows that belief or belief can give life meaning, strength, and coping for the patient [24].

#### 4. CONCLUSION

Based on the results and discussion above, it can be concluded that the characteristics of respondents on old age (> 35 Years) and mostly low educated. There is a description of the low value of spiritual satisfaction before the Spiritual Assessment Tool intervention (pre test) most patients expressed dissatisfaction of 68,2%. After the implementation of Spiritual Assessment Tool intervention (post test) be 90,9%.

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