



## THE RELATIONSHIP BETWEEN THE APPLICATION OF SPIRITUAL CARE AND SOCIAL SUPPORT WITH THE SPIRITUALITY LEVEL OF PATIENTS CONFIRMED POSITIVE FOR COVID-19

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### ABSTRACT

The COVID-19 pandemic has had a major impact on physical, economic, social and mental health so that it can affect the level of spirituality in humans. This study aims to determine the relationship between implementation and social support with spirituality levels in patients who are confirmed positive for Covid-19. This study used a cross sectional design on 138 confirmed Covid-19 patients at the Jakarta Islamic Hospital and used a questionnaire in the form of a google form with the analysis used, namely multiple logistic regression. The spirituality level scale adapts the daily spiritual experience scales (DSES), the spiritual care implementation scale adapts the Nursing Spiritual Care Therapeutics Scale (NSCTS) and social support adapts the Enrich Social Support Instrument (ESSI). This study shows the results of a significant relationship between the application of Spiritual Care with Spirituality Level ( $p=0.001$ ) OR 3.919, and social support with spirituality level is very significant with a value ( $p=0.000$ /OR 4.167) while the dominant variable, namely social support has a high level of social support. high spirituality OR 3,580 times greater than having good social support compared to individuals who have low social support and the variable of implementing spiritual care OR 3,334 times higher than respondents having low spiritual care after being controlled by gender, age, religion, education and profession. This study recommends the need for nurses to increase spirituality values in confirmed Covid-19 patients to be able to increase patient spirituality.

Keywords : Covid-19, Spiritual Care, Social support, Spirituality level of Covid-19 patients.

### INTRODUCTION

A pandemic is an epidemic that spreads simultaneously everywhere, covering a wide geographic area (KBBI, 2020). 19 is the outbreak of the 2019 coronavirus disease worldwide and until April 2020 it has infected more than 210 countries (WHO, 2020). The determination of the pandemic status was carried out due to the massive spread of the virus which geographically had reached more than 200 countries, including Indonesia. Responding to an emergency situation, the President of the Republic of Indonesia delivered a speech on March 15, 2020, one of which was to ask the public to work, study, and worship from home. In addition to doing activities from home, the community is also required to carry out physical and social distancing which is a protocol if someone is forced to have activities outside the home (Ministry of Health, 2020).

According to the distribution map for the increase in COVI-19 cases from 34 provinces in Indonesia, which ranks 1st most is the DKI Jakarta Province with the number of cases as many as 159,620 (24.5%) people (Covid-19 Task Force, 2020). Until early April 2021, there were more than 1.5 million accumulated positive cases of COVID-19 in Indonesia recorded since early March 2020. Of these, there were 41,669 deaths due to COVID-19. 19 and 1.3 million patients who tested negative for COVID-19 based on swab results using the Polymerase Chain Reaction (PCR) analysis method and asymptomatic patients who had completed a 14-day isolation period (COVID-19 Task Force, 2021).

In research related to mapping the psychological risk picture of COVID-19 in Indonesia, there are four main aspects of the pandemic that trigger distress, namely: social restrictions, lack of basic needs, threat of infection, and behavioral adjustments (Ng, 2020). The threat of infection includes the close family of the patient and the patient who is positive for COVID-19 himself. The situation prone to presenting psychological imbalance for society on a micro and macro scale. Then as much as 27 percent of 1.319 participant. study develop acute stress, while 72 percent of participants were able to develop positive coping mechanisms to reduce stress (Kim, 2020).

In the case in Wuhan, a psychological evaluation carried out in an isolation room showed that around 48 percent of COVID-19 positive patients had experienced psychological distress since they were first admitted to the hospital. Emotional problems are triggered by the patient's response to stress. In critically ill patients, symptoms of delirium (a disturbance in mental abilities that cause confusion and lack of awareness of the surrounding environment) are also found. There are even reports of encephalitis (inflammation of the brain due to infection) triggered by SARS-CoV-2 triggering psychological symptoms such as irritability and unconsciousness (Liang, 2020).

Patients who are being treated in the treatment room with a psychological evaluation showed that, about 48% of confirmed COVID-19 experienced disorders such as psychological stress during their first admission, mostly from their emotional response to stress. Where the patient experiences symptoms of regret and hatred, loneliness, and helplessness, depression, anxiety, and sleep deprivation or experiences panic, confusion, disorientation and not thinking clearly caused by SARS-COV-2 (Liang, 2020).

The results of research conducted by Yuke KiranAs professional health workers, nurses are expected to be able to provide maximum and comprehensive health services (Kiran et al 2017). Especially in providing complex nursing care so that it can assist patients in meeting basic needs as a whole. In addition to the biological and social aspects, the most important nursing care is also the spiritual aspect, this aspect cannot be ignored by nurses because this is one of the interactions between patients and nurses (Nur, 2017).

Patient identification carried out by nurses should become a culture in providing services in hospitals so that unwanted events can be avoided (Fatimah, Sulistiarini, & Ata, 2018). In 2013 a study was conducted explaining that 46% of nurses made identification errors (Yudhawati & Listiowati, 2015). Islamic Hospital is a private hospital designated by the central government as a Covid-19 referral hospital. Based on the description above, to see the level of holistic nursing care and social support in meeting the spiritual needs of Covid-19 patients, the researcher had the opportunity to research entitled "The relationship of spiritual application nurse care and social support for the spiritual level of patients who are confirmed positive for COVID-19". The purpose of this study was to determine the relationship between the application of spiritual care and support with the spirituality level of patients who were confirmed positive for COVID-19 at RSIJ Pondok Kopi.

## **METHOD**

This research is a quantitative research design with a cross-sectional design. The population in this study were all patients who were confirmed positive for COVID-19 at RSIJ Pondok Kopi with a total of 138 respondents. Ethical review to the campus Nomor.0273/F.9.-UMJ/III/2021. Data analysis using univariate technique, bivariate using Chi-Square test and multivariate using

multiple logistic regression. The dependent variable in this study is the level of spirituality, while the independent variable is the application of spiritual care and social support.

**RESULTS**

Table 1.  
Distribution of respondents' characteristics, (n=138)

Variabel Characteristics		Amount	
		f	%
Age	Adult 20-60 year	88	64%
	Elderly >60 year	23	36%
Gender	Man	95	69%
	Woman	43	31%
Level Education	High (high school PT)	103	75%
	Low (SD - SMP)	35	25%
Religion	muslim	118	86%
	non muslim	20	14%
Profession	work	106	77%
	Does not work	32	23%
Spiritual care	Tall	97	70%
	Low	41	30%
Endorsement Social	Tall	96	70%
	Low	42	30%
Level Spirituality	Tall	72	52%
	Low	66	48%

Table 2.

The results of the analysis of respondents' characteristics, spiritual care and social support with the spirituality level of patients who were confirmed positive for COVID-19 (n=138)

Variabel Independet	Variabel Dependent	P-value	OR
Age		Continuity Correction	0,002 3,235
Type gender		Continuity Correction	0,004 3,247
Religion	Level	Continuity Correction	0,014 0,226
Education	Spirituality	Continuity Correction	0,002 3,780
Work		Continuity Correction	0,012 3,100

Table 2 explains that based on the results of the bivariate statistical test, Based on table 1, of the 138 respondents, the results show that most of the respondents are aged 20-60 years old (63%). There are more male respondents than female respondents (69%). The highest level of education is SMA-PT (86%). Most respondents are Muslim (58%) and the most respondents work (77%).

Muslims who are Muslim will have 0.226 times chance of having rate good spirituality. education variable seen from continuity correction, p-value is 0.002, which means that there is a significant relationship between education and spirituality. In addition, an OR value of 3.780 was also obtained, which means that respondents who are has 3,780 times chance of having good spiritual level.

**Table 2.**  
The results of the analysis of spiritual care and social support with the spirituality level of patients who were confirmed positive for COVID-19 (n=138)

Independent variable	Tall		Low		P-value	OR 95%	CI
	f	%	f	%			
<b>Spiritual care</b>							
Tall	60	61.9%	37	38.1%	0.001	3,919	
Low	12	29.3%	29	70.7%			
<b>Endorsement Social</b>							
High	60	62.5%	36	37.5%	0.000	4,167	
Low	12	28.6%	30	71.4%			

**DISCUSSION**

Based on table 1 also shows that the results of the study, most of the respondents who have high spiritual care are 97 people (70%), respondents who have high social support are 96 people (70%), respondents who have high spirituality are 72 people (52 %) with the chi-square test of the age variable as seen from the coctinuity correction, p-value is 0.002, which means that there is a significant relationship between age and spirituality level. In addition, an OR value of 3.235 is also obtained, which means that adults aged 20-60 years will have a 3,235 times chance of having a good spirituality level. The results of the chi-square test of the gender variable as seen from the continuity correction obtained a p-value of 0.004 which means that there is a significant relationship between gender with spirituality. In addition, an OR value of 3,247 was also obtained, which means that respondents who have a male gender will have a 3,247 times chance of having a good quality of life.

The religious variable seen from the continuity correction obtained a p-value of 0.014 which means that there is a significant relationship between religion and spirituality. In addition, the OR value of 0.226, which means that The work variable, seen from the continuity correction, obtained a p-value of 0.012, which means that there is a significant relationship between work with a high level of spirituality. In addition, an OR value of 3.100 is also obtained, which means that respondents who have jobs will have a 3.100 times chance of having high spirituality.

Based on statistical analysis, a p-value of 0.001 was obtained, this shows that there is a significant relationship between social support and the spirituality level of patients who are confirmed positive for COVID-19. Wardhono (2012) stated that as a professional nurse, so must creating a trusting relationship between nurse and client is crucial to transpersonal caring. A trusting relationship will improve and accept the expression of positive and negative feelings.

Based on statistical analysis, it was found that a p-value of 0.001 showed that there was a significant relationship between social support and the spirituality level of patients who were confirmed positive for COVID-19. This is in accordance with the theory which states that the support that families can provide during the covid-19 period, namely, be a companion and a good listener if one of the families is experiencing illness because they need a friend to talk to to tell the problems they are facing. Give praise and positive directions while still paying attention to physical distance (Kemenkes RI, 2020).

Based on the results of the multivariate analysis, the results of the dominant factors related to with level spirituality is social support with an OR value of 3,580 and the application of spiritual care with an OR value of 3,334, which means that there is a spiritual relationship care and endorsement social with the spiritual level of patients who were confirmed positive for COVID-

19. In accordance with the respondent which answer Many online questionnaires have a good level of spirituality. This is the same as the results of research conducted by Ozbasaran, et al (2011) which states that nurses who have a good perception of spirituality will have a positive impact on nurse behavior. In success provide spiritual care to patients. This is in accordance with research conducted by Tristanto (2020) which states that one form of family support that families can do during the current Covid-19 period is that family members respect, respect, care for and allow the elderly to participate in family activities while taking into account physical and social distance, as well as facilitating the elderly to reminisce about the good old days with tell family members so that the elderly remain happy.

Social support is influenced by family support, for respondents whose status is known by their families and families can accept this condition, respondents usually become more enthusiastic about taking antiretroviral treatment. In a study conducted by Ubra in 2012, the two variables, both family support and social support, after statistical tests were carried out with the results of  $p = 0.0012$  for family support and  $p = 0.03$  for peer support, showed a significant relationship between the two variables. to the compliance variable because each variable has a  $p$  value  $<0.05$ . This is also in line with Mahardining's research (2010) with the results of statistical tests for family support with compliance is  $p = 0.023$ . This value is below the value of  $p <0.05$  which means that there is a relationship between family support and adherence to HIV/AIDS patients undergoing antiretroviral therapy.

In this study, it was found that most of the respondents were Muslim or Muslim (85.5%), who were able to find the spiritual meaning of positive illness experiences, with an average adult age of 20-60 years, 63.8 meaning that it was above the overall average of respondents. At that age, the majority realized that their lives had to be closer to God. Spirituality has the meaning of acceptance and submission to God but accompanied by effort and endeavor for get healing, getting closer and increasing taqwa to Allah are religious coping strategies by restoring a relationship with Allah, making major changes to oneself after suffering from an illness, especially after the emergence of opportunistic infections (Andrianto et al., 2019). Researchers assume that good religious coping will have a positive impact on the meaning of illness

## CONCLUSION

The application and social support greatly affect the spiritual needs of patients who are being treated with COVID-19 positive. The two variables are very dominant in this study. While the religious variable is a confounding variable.

## REFERENCES

- Force, T., Lau, G., & Sharma, M. (2020). Clinical practice guidance for hepatology and liver transplant providers during the COVID-19 pandemic: APASL expert panel consensus recommendations. *Hepatology International*, 14(4), 415.
- Kementerian Kesehatan RI. (2020). Pedoman Pencegahan Dan Pengendalian Corona Virus Deases (Covid-19)", *Kementrian Kesehatan*, 5, P. 178.
- Keputusan Menteri Kesehatan Republik Indonesia (2020) „Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/413/2020 Tentang Pedoman Pencegahan Dan Pengendalian Corona Virus Disease 2019 (Covid-19)", *Menkes/413/2020*, 2019
- Kemendes (2020) „Direktorat Jenderal Pencegahan Dan Pengendalian Penyakit Kementerian Kesehatan Ri Tahun 2020", *Germas*, Pp. 1–64.
- Kim, J. U., Majid, A., Judge, R., Crook, P., Nathwani, R., Selvapatt, N., ... & Lemoine, M. (2020). Effect of COVID-19 lockdown on alcohol consumption in patients with pre-

- existing alcohol use disorder. *The Lancet Gastroenterology & Hepatology*, 5(10), 886-887.
- Kiran, Y. And Dewi, U. S. P. (2017) „Pengetahuan Dan Sikap Perawat Dalam Memenuhi Kebutuhan Psikologis Dan Spiritual Klien Terminal“, *Jurnal Pendidikan Keperawatan Indonesia*, 3(2), P.182. Doi:10.17509/Jpki.V3i2.9425.
- Liang, L., Ren, H., Cao, R., Hu, Y., Qin, Z., Li, C., & Mei, S. (2020). The effect of COVID-19 on youth mental health. *Psychiatric quarterly*, 91(3), 841-852.
- Ng, D. L., Goldgof, G. M., Shy, B. R., Levine, A. G., Balcerak, J., Bapat, S. P., ... & Chiu, C. Y. (2020). SARS-CoV-2 seroprevalence and neutralizing activity in donor and patient blood. *Nature communications*, 11(1), 1-7.
- Nur, H. (2017) „Hubungan Spiritualitas Perawat Dan Kompetensi Asuhan Spiritual“, 2, Pp. 1–34.
- Mahardining, A. B. (2010). Hubungan M Antara Pengetahuan, Motivasi, dan Dukungan Keluarga dengan Kepatuhan Terapi ARV ODHA. *Jurnal KESMAS*, 5(20), 131–137 *Journal Of Medical*. Ozbasaran, F., Ergul, S., Temel, A., Aslan, G., & Coban, A. (2011).
- Ozbasaran, F., Ergul, S., Temel, A., Aslan, G., & Coban, A. (2011) „Turkish Nurse“s Percepstions Of Spirituality And Spiritual Care. *Journal Of Clinical Nursing“*, *Journal Of Clinical Nursing*.
- Turkish Nurse“s Percepstions Of Spirituality And Spiritual Care. *Journal Of Clinical Nursing“*, *Journal Of Clinical Nursing*.
- Tristanto, A. (Agustus, 2020) Dukungan kesehatan jiwa dan psikososial (dkjps) dalam pelayanan sosial lanjut usia pada masa pandemi Covid - 19. *Sosio Informa*, 205 - 222. Diperoleh tanggal 31 Januari 2021 dari <https://ejournal.kemsos.go.id/index.php/Sosioinforma/article/view/2348/1195>.
- Wardhono.(2012). Menuju Keperawatan Profesional. Semarang: Akper Depkes.
- WHO (2020).Tatalaksana Klinis Infeksi Saluran Pernapasan Akut Berat ( Sari )Suspek Penyakit Covid-19“, *World Health Organization*, 4(March), Pp. 25.
- Yudhawati, D. D., & Listiowati, E. (2015). Evaluasi Penerapan Identifikasi Pasien di Bangsal Rawat Inap RSI Siti Aisyah Madiun. *JMMR (Jurnal Medicoeticolegal dan Manajemen Rumah Sakit)*, 4(2).
- Yusuf, A. *Et Al.* (2016) „Kebutuhan Spiritual : Konsep Dan Aplikasi Dalam Asuhan Keperawatan“, *Ners Unair Repository*, (May), P. 326.