

# spiritual need

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## Spiritual needs of ACS patients in RSDM Surakarta

preliminary

Acute Coronary Syndrome (ACS) is widely used today to describe emergency events in the coronary arteries. Acute Coronary Syndrome (ACS) is a syndrome that consists of several coronary diseases, namely, unstable angina, non-ST elevation myocardial infarction, myocardial infarction with ST elevation. Acute Coronary Syndrome (ACS) is a cardiac emergency with clinical manifestations of chest discomfort or other symptoms as a result of myocardial ischemia (Harun, 2007).

Pain in people with Acute Coronary Syndrome is a serious problem that must be treated immediately. If not resolved immediately, pain in patients with ACS will stimulate the sympathetic nerves so that the impact will increase HR, and also vasoconstriction. As a result, the burden on the heart will increase, so that the energy required will increase. As a result, the need for O<sub>2</sub> will also increase. Increased O<sub>2</sub> requirements that are not followed by adequate O<sub>2</sub> supply to the myocardial tissue will worsen the heart condition. Therefore, supplemental oxygen as well as pharmacological and non-pharmacological therapy must be immediately given to patients so that the pain problem can be resolved immediately. Pain often causes anxiety or anxiety. The results of Macit, Mercanuglu, Sofran, Gungor, and Eroglu's (2009) study concluded that anxiety occurs in the acute phase after a heart attack. It is known that there is an increase in anxiety by 20-50% in people with AMI (Huffman et al., 2010).

Anxiety can exacerbate complications because physiologically anxiety can activate the central nervous system which in turn stimulates an increase in catecholamine levels, which will affect the work of the cardiovascular system, which will stimulate tachycardia and hypertension. These two conditions cause an increase in cardiac oxygen demand, so that in ACS patients where there has been a decrease in oxygen supply to the heart, the level of lack of oxygen supply will be even more severe due to patient anxiety. The sympathetic nervous system also alters cardiac vascular reactivity, increases platelet aggregation and complicates the recovery of dysrhythmias. This situation will be a factor in causing complications (Ruz, Lennie & Moser, 2011). Anxiety that occurs in ACS sufferers causes a state of fear and uncertainty, which affects physically, psychologically and spiritually. Physical effects include shortness of breath, palpitations, trembling, sweating, choking, feeling nauseous or feeling hot and dizzy or feeling spinning. Meanwhile, the emotional effects that arise include feelings such as worry, anger, panic, and terror. Mental effects include thinking about dying, while spiritual effects that may arise are feeling isolated, separate and disconnected from oneself and others (Clark, 2006).

Sudden illnesses such as ACS, which threaten the client's life, health and / or well-being are continuously causing significant spiritual distress. Illness or trauma creates an unwelcome

struggle to combine and adapt to new circumstances. A person will look for ways to maintain loyalty to their beliefs and value systems. Some individuals will pray, attend religious activities more often or spend time pondering the positive aspects of life. Conflict develops around beliefs and the meaning of life. Anger is often found and the client expresses it with anger towards God, family and self or carer. Spiritual strength affects how the client adapts to sudden illness and how quickly the client switches to recovery. The nurse uses the knowledge of individual spiritual well-being and applies spiritual interventions to maximize feelings of peace and healing from within (Grant, 2004 in Perry & Potter, 2009).

The importance of fulfilling spiritual needs is also strengthened by Puchalski (2009) who states that not all diseases can be cured but there is always room for "healing". Healing can be interpreted as acceptance of disease and peace in life and spirituality are the essence of healing. In another study, Puchalski et al (2009) revealed that healing refers to a person's ability to gain happiness, comfort, connection, meaning and purpose in life in the suffering or pain that is experienced.

In fulfilling its role, as a care provider, nurses must see patients holistically. However, Dossey, Keegan, and Guzzetta (2005) stated that one of the big challenges for nurses today is to integrate the concepts of body, mind and spirit technology into nursing practice. As for health workers, nurses can start integrating spirituality into health care practices in three ways , namely: 1). Through various studies; 2). Through the assessment of the patient's spirituality and the spiritual pain experienced by the patient and 3). Through therapeutic interventions (Anandarajah and Hight, 2001). Meeting the spiritual needs of patients is not only beneficial for the patient but can have an impact on the professionalism of nurses' work (Kociszewski, 2004) and health services. Hodge, Sun, and Wolosin (2014) state that there is a positive relationship between spiritual needs and health service satisfaction.

Attempts to meet the spiritual needs of the patient begin with an assessment of spiritual needs. Based on this study, nurses can find out which spiritual needs need and have not been met in patients, because spirituality for everyone is different, depending on one's perspective and background. According to Hawari (2004) and Burkhardt and Nagai-Jacobson (2005), spirituality is personal or individual. There are various things that lie behind them, where each individual has a way of viewing and understanding their own spirituality. Different spiritual concepts are influenced by culture, development, life experiences and one's perception of life and life .

The general objective of the study was to describe the spiritual needs of ACS patients undergoing treatment in the Intensive Coronary and Vascular Care Unit (ICVCU) at Dr Moewardi Hospital Surakarta.

## **Research methods**

This study used a quantitative descriptive design. Researchers will test the data collected on one occasion with the same subject (cross sectional). The researcher describes the research variables under study to gain a deep understanding of the phenomenon . . The population in this study were all ACS patients in the ICVCU Room at Dr Moewardi Hospital Surakarta. Sampling was done by using the *Totally Sampling* method, namely taking the entire population as a sample, a total of 33 respondents. The instrument used in this study was the Spiritual Needs Questionnaire (SpNQ) developed by Bussing, Balzat, and Heusser, (2010). This instrument is used to measure the need for spirituality, especially in adult patients who experience chronic pain. Consisting of 29 question items. In this instrument of spirituality needs, there are four parts, namely, religious; inner peace; existential (reflection / average); and actively giving / generativity. In terms of scoring, this instrument will first assess the spiritual needs of the respondent (yes / no), then assess how strong / important the spiritual need is to them using a scale of 1–3 (1- slightly needed; 2- needed; 3- very much needed) .

### Research result

Based on the research results, all aspects of spiritual needs were perceived as needs by the majority of respondents, only a small proportion of respondents did not need certain spiritual aspects. Aspects needs spiritual selected by hamper most BESAR is the need of Giving, religion, peace and self-existence .

Table 1

Spiritual needs (N = 33)

No.	Needs dimension	Mean	%
1	Needs to Give	31.8	96.3
2	religious needs	29.4	89.1
3	Inner Peace	28.4	86.1
4	Existence Need	21.3	64.5

Table 2 Distribution of Needs Dimensions of Needs to Provide for Spiritual Needs of ACS Patients

Needs to Give	Yes	%	Not	%
Become another person's consolation	32		1	
Forgive someone from a different time than your life	33		0	
Convinced that your life has meaning and has meaning	33		0	
Re-involved by your family in various matters	32		1	
Give yourself something	29		4	

Table 2 shows this dimension is needed by all respondents, especially in the aspect of "forgiving and believing that life is meaningful and has meaning. Furthermore, to be re-involved by your family in various matters and aspects of "being a consolation for others" is also the aspect that is also most needed. "

Table 3

Distribution of Religious Dimension Needs on Spiritual Needs of ACS Patients (n = 33 )

Religious Needs	Yes	%	Not	%
Someone pray for you	33	100	0	0
Pray for yourself	32	96.9	1	
Participate in religious ceremonies	32	96.9	1	
Read spiritual or religious books	23	69.6	10	
Turning and drawing near in the majesty of a higher presence (Oneness, God, angels)	33	100	0	
That someone in our environment (such as religious leaders) cares about you	27	81.8	6	

Table 3 shows religious needs. Table 1 shows that religious needs in this study are the dimensions of spiritual needs most needed by almost all respondents. From this dimension, the aspect that all respondents need is for others to pray and move and draw closer to the greatness of a higher presence. Furthermore, the other dimensions of religion that are most needed are Praying for yourself and participating in religious ceremonies (96.9%).

Table 4 Distribution of the Need for Peace Dimensions on the Spiritual Needs of ACS Patients

Need for Peace	Yes	%	Not	%
Talk to others about fears and worries	17		16	
Stay in a quiet and peaceful place	33		0	
Finding inner peace	30		3	
One ( enjoy) with the beauty of nature	32		1	

The need for peace was mostly chosen by respondents as one of their spiritual needs, and the aspect of "living in a quiet and peaceful place and being one (enjoying) the beauty

of nature and finding inner peace" was the aspect most needed by respondents (Table 3). "Finding meaning in pain or suffering" was the aspect most needed by almost all respondents, however the aspect of "Eliminating the Dimensions of Openness in Life" was the least chosen by the respondents, this aspect was not needed by most respondents (Table 3).

Table 5

Distribution of Needs Dimensions of self-existence on the Spiritual Needs of ACS Patients

Need for Self Existence	Yes	%	Not	%
Finding meaning in pain and or suffering	23		10	
Eliminating the aspiration of openness in life (being a more closed person)	8		25	
Talk to others about the meaning of life	24		9	
Talk to others about the possibility of life after death	11		22	
Turning to a loving person	31		2	
Forgiven?	32		1	

The need for self-existence that is most needed is to become a person who is full of love while being a closed person is the least choice.

#### Discussion

Spirituality needs are an important need to be met in patients with ACS disease in addition to other aspects of needs, because this disease can affect all aspects of the sufferer's life, both physically, psychologically and spiritually. Spirituality according to Puchalski (2001) can be used as a source of coping besides spirituality has a positive impact on health and can be used as a source of healing. This is reinforced by the results of research by Bussing et al (2010) that most ACS patients need spirituality or religiosity as a source of coping to deal with these conditions, so that a good knowledge of patient spiritual needs by nurses is important to have. According to Bussing et al (2010) spiritual needs include: religious or religious needs; need to find peace; self-existence; and the need to give. Everyone has this need but it is different in terms of aspects and levels of their needs, so it is important to do a study first in determining the patient's spiritual needs.

Based on the results of the study, it can be seen that the need for giving is the spiritual need most needed by respondents followed by religious / religious needs ,peace and self-

existence. In general, all of these needs are chosen by the majority of respondents, so it can be concluded that all of these needs are important to be considered and met. Judging from the level to how important it is to meet spiritual needs, religious / religious needs are needed compared to spiritual needs in other dimensions, this is based on the average value obtained in each dimension. How important the level of spiritual need is in the other dimensions, in order of importance, as follows: the dimension of peace; the dimension of self-existence and the dimension of the need to give.

The first dimension of spiritual need is the need to give. According to Bussing et al. (2010) the need to give consists of: actively and on one's own consciousness to entertain others, to share experiences with others, and to ensure that life has value and mean. This strengthens the research conducted by Walton (2002) that spirituality is balance, after a person gets help, help from others in times of crisis, there will be a desire to be able to give or be useful to others, so that he gets balance. This opinion is also reinforced by Nuraeni (2012) that one of the meanings of spirituality in sick patients in Indonesia is to benefit others.

The dimension of religious / religious needs is the most needed need as well as a spiritual need that is needed by respondents compared to other dimensions, almost all respondents need this spiritual need. With the aspect (item) the need to pray with other people and be prayed for by others is the aspect of the needs most chosen by the respondents. This further shows that in Indonesian society, especially Java, religious or religious needs play an important role in life. The Javanese people, consider the importance of religious life, so that children in Javanese families from an early age have been introduced to rituals of worship performed by their parents, one of which is manifested by inviting their children to perform worship either in a mosque, church, temple or temple. according to their religious beliefs. They believe that religious supplies since the beginning of the child must be instilled in children they ( K., 2007)

According to Nuraeni (2012) spirituality for patients can mean acceptance and surrender to God but it is accompanied by efforts and efforts to get healing, in this study one form of effort taken is through taking medication and continuing to pray, spiritual needs from the religious dimension are considered very - very much needed in ACS patients in this study is to pray, both for themselves and prayed for by others. Associated with this belief, nurses as health workers for 24 hours with the patient need to assist patients in meeting the needs will be religious, it can be met with simple activities such as praying with patients, provide religious books, and facilitate worship patient.

Next is the need for inner peace, according to Chao Chen and Yen (2002). Self-peace is spirituality that arises from reconciliation with oneself, as a result of negotiating the conflicts at hand. According to Chao et al (2002), every person throughout his life must have felt inferiority,

insecure, selfishness, shame and even hating himself, and peace can arise from self-reconciliation of the problems experienced, so as to be able to give good appreciation for oneself. . In Nuraeni's (2012) research, self-peace can emerge as a form of acceptance of problems (diseases) which are considered as reprimands or trials, this acceptance can lead to a better life. According to Bussing et al (2010) the need for peace includes the following aspects : hoping to be in a quiet and lonely place, enjoying the beauty of nature, finding peace from within, talking with others about fear and worry, and obedience. Fulfillment of this need for peace in some respondents is still not fulfilled. Based on the description previously mentioned, the fulfillment of this need for peace can be carried out by nurses through several things, namely: facilitating a quiet and quiet place, giving certain times for patients to be alone and encouraging patient acceptance of their illness, besides that nurses can also get patients closer to nature. by adding natural ornaments in the ward can be through the sound of gurgling water, paintings of nature and so on.

The last need for spirituality is the dimension of the need for self- existence . Compared to the previous dimensions of spiritual need, this spiritual need is felt to be important but to a lesser extent. The need for self-existence according to Bussing et al (2010) includes reflecting on life, talking to someone about the meaning and meaning of life, talking to someone about fear, and life after death. Frankl (in Guillory et al, 1997) states that the essence of human existence (existence) is through the search for meaning and purpose in life. Furthermore, Buchardt and Nagai-Jacobson define spirituality as the essence of human existence, instilling awareness of who we are, what the purpose of life is and the inner source of a human being. The fulfillment of the need for self-existence in this study is still low when compared to the fulfillment of religious needs and the need to give. Nurses can help patients to meet the needs of the patient's self-existence through communication or facilitate and encourage patients in doing self-examination, talking about the meaning and purpose of life, the meaning of pain and suffering and life after death.

## Conclusion

Nurses have the role of care providers. In fulfilling their role, the nurse must see the patient as a holistic whole. Efforts that must be made to improve spiritual nursing care services for patients, one of which is through the study of spiritual needs. The spiritual needs of ACS patients in this study include all dimensions measured, namely: the need for giving, religious / religious needs; need for peace; and the need for self-existence .

The need to give is the spiritual need most ACS patients need , followed by religious needs . In addition, the need for self-existence in the aspect of finding meaning in pain and suffering was chosen by almost all respondents, while the aspect of eliminating openness in life



was the spiritual need that was least chosen. Based on the level / importance of spiritual needs in general, all dimensions of spiritual need are important to be met, with the levels of need from highest to lowest value being as follows: 1) need to give ; 2 ). k ebutuhan religion; 3 ) need for peace; 4 ) the need for self-existence .

Religion is a spiritual need that is considered the most important and most needed by patients, so the nurse needs to pay attention to this need. Nurses can support meeting these needs through simple activities such as praying together with patients, providing religious books, and facilitating patient worship. Other spiritual needs that are considered important but their fulfillment is still not optimal, namely the need for peace and self-existence, to support the fulfillment of these needs nurses can carry out therapeutic communication that can encourage patients to self-reflect, talk about the meaning and purpose of life, the meaning of pain and suffering and life after Dead. In addition to getting a sense of peace nurses need to provide waktuwaktu particular for patients to be alone if possible to create a place of hospitalization is quiet, apart from that nurses can bring patients to nature by way of adding a natural element in the treatment room can be through the gurgling sound of water, paintings of nature , flowers and so on

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