



DEVELOPMENT OF SPIRITUALITY ASSESSMENT OF NURSING INSTRUMENTS IN NURSES AT LABUANG BAJI HOSPITAL MAKASSAR

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ABSTRACT	Keywords
<p>Spiritual care is carried out by nurses for patients, to prevent more severe health effects and warn of their illness, besides fulfilling spiritual needs that are holistic care to improve patient rehabilitation and quality of life when patients are treated. The aim of the study was to find out the development of an instrument for assessing the spiritual aspects of patients. This research is a qualitative research, the researcher synthesizes and constructs an instrument for assessing the patient's spiritual aspects, while the informants are five expert nurses, nursing practitioners and experts in the field of nursing science specifying spiritual aspects. The stages of the instrument development process are the construction stage, the preparation of the grid, the development of variable dimensions and indicators, theoretical and empirical validation, expert panels and review revisions based on input from the expert panel.</p> <p>The results show that after carrying out the instrument development process, this research has found five dimensions of spiritual aspects assessment, namely: the dimensions of spiritual experience, positive emotions, the meaning of life, rituals (for non-Muslims) and rituals (for Muslims). While discussing spiritual experience is a manifestation of spirituality within a person in the form of specific and unique experiences related to his relationship with God at various levels, one's spirituality is related to the purpose and meaning of life as a whole as a manifestation of his relationship with God, spirituality has four dimensions, namely the meaning of life, positive emotions, spiritual experiences, and rituals</p>	<p><i>Development, Instruments, Treatment, Assessment, Spiritual</i></p>

INTRODUCTION

Research has proven that the nursing process is a scientific method used in providing nursing care to patients in a professional manner. A nurse is always confronted with patients with all kinds of cases both in the hospital and in the community and is required to be able to serve clients at all age levels using the nursing care process approach. The demand

for nurses to understand the concept of the nursing care process is absolute and it is hoped that nurses will be able to apply and compile it in a client's health status document (Susantiningsih et al., 2015). Spiritual care in nursing care is an integral part of providing holistic care to all patients. An important aspect of nursing care that is given but often neglected is spiritual care. This is a task that needs to be carried out by

all nurses in providing nursing care. Nurses are required to be able to provide comprehensive nursing care to clients who are being treated at the hospital, not only on their physiological problems but also on their spiritual aspects holistically, (Kasiati, 2019) .

Meeting the spiritual needs of patients and families is an increasingly important aspect of nursing care provided at all ages. The results of research put forward by Mc Sherry and Jamieson in Taiwan explain that 83% of nurses believe spiritual aspects and spiritual care are a very basic part of nursing care. The United States and Canada are two countries that incorporate aspects of spiritual care practices into the quality standards of health services provided to patients and families. The United Kingdom also started to compile recommendations so that the role of nursing in spiritual services can be maximized, (Juwita et al., 2019). The condition of ICU patients, where most of them are intubated, can certainly affect the psychological, social and spiritual conditions of the patient.

Various studies have found that the role of nurses in providing spiritual care is still not optimal in these conditions. Nurses recognize that patients desperately need spiritual support, but they don't do it because they don't know how to do it. Nurses' knowledge about assessments or procedures or interventions that can be carried out to provide spiritual care is still lacking. Nurses in the application of spiritual nursing, need the ability to communicate effectively and also the ability to work together with the patient's family or spiritual healers in the hospital, (Laili et al., 2019). The concept that spirituality is part of holistic care that produces a state of well-being has been put forward in various literatures. Spiritual care provided by nurses to patients aims to prevent more severe health effects and can

warn of the illness they are suffering from, (Styana et al., 2017).

Meeting the patient's spiritual needs that are holistic in nature improves patient rehabilitation and improves the quality of life when the patient is hospitalized. Fulfilling the needs of the spiritual aspect can help raise the patient's enthusiasm towards the process of solving his health problems. Spirituality is the main aspect to be given by nurses, because fulfilling the spiritual aspect is useful as a coping strategy for patients and a source of strength, in helping patients optimally deal with illness and can also reduce the value of the difficult situations they face so that they can quickly achieve a complete healing process. Ngesti W. Utami, et al., 2016). The science of mental health views the spiritual aspect as containing psychotherapeutic elements, as well as psychoreligious therapy as a force that can generate self-confidence and optimism in patients towards healing their illness. This is important for a cure for patients in addition to administering drugs and other medical measures, (Ruslinawati, 2017) (Zambezi et al., 2022).

Research shows that there is a relationship between religious coping with the patient's anxiety level which shows that spiritual and religious elements are very important in overcoming patient anxiety. Research also shows that a person's level of faith is related to immunity and endurance overcoming problems, research conducted by TIME magazine, CNN and USA Weekend (1996) shows that there are more than 70% of patients believe in God's role in the healing process, by praying and dhikr play a role in healing the disease, (Dudi Hartono, Ners., 2016).

The data obtained by researchers from Laburan Baji Hospital Makassar, there were

8 nurses out of 10 people interviewed, who said they did not carry out an assessment because the assessment format presented did not yet reflect a comprehensive patient assessment of patient spirituality, and argued that there was still a need for instrument development. assessment that facilitates nurses in conducting assessments of aspects of spirituality so that more comprehensive data is found in making diagnoses related to aspects of spirituality. In addition, 7 out of 10 nurses said they did not have good knowledge and skills in conducting spiritual assessments. Based on the background, what is traced is the influence of developing a spiritual aspect assessment instrument on the level of knowledge and skills of nurses.

LITERATURE REVIEW

Nursing process

The nursing process is an approach to problem solving that enables nurses to organize and provide nursing care. (Hasibuan, 2019) While the purpose of the nursing process is to identify the client's health care needs, determine priorities, provide nursing interventions designed to meet client needs, and evaluate the effectiveness of nursing care in achieving the expected client outcomes and goals, (Nursalam, 2014). The application of the nursing process in providing nursing care has several objectives, namely: as a standard for providing nursing care, practicing problem-solving methods in nursing practice, obtaining systematic and rational standard methods, obtaining methods that can be used in various situations, obtaining nursing care results with high quality, (Muhlisin; 2011). The function of the nursing process is very important because it serves as a framework for thinking about carrying out the functions and responsibilities of nursing in a broad scope. In addition, it also serves as a tool to identify

patient problems, systematically compile plans, carry out actions and assess the results of actions. (Styana et al., 2017)

There are several steps in the nursing process, namely: 1) Assessment; the assessment stage requires accuracy and thoroughness to identify problems, 2) Nursing Diagnosis; clear, concise and definite statements about patient problems and developments that can be solved or changed through nursing actions, 3) Nursing Planning; Preparation of a nursing action plan that will be implemented, to address the problem in accordance with a predetermined nursing diagnosis. The purpose of nursing planning is to fulfill the patient's needs, 4) Nursing Actions; Implementation of a predetermined action plan, with the intention that the patient's needs are optimally met. Nursing actions may be carried out in part by the patient himself, by the nurse independently, or may be carried out in collaboration with other members of the health team, for example nutritionists and physiotherapists. What will be done is highly dependent on the type of action, on the abilities/skills and desire patients and the nurses themselves. Thus, it appears that the implementation of nursing is not solely the duty of the nurse, but involves many parties. However, those who have the overall responsibility are the nurses, 5) Evaluation; Measure the client's response to nursing actions and the client's progress toward achieving goals. ((Dinarti & Mulyanti, 2017)

Nursing Assessment

Assessment is collecting, organizing, validating, and documenting client data with the aim of establishing a baseline about the client's response to health problems or illness and ability to manage health care needs. Assessment can be interpreted as the initial stage of the nursing process and is a

systematic process of collecting data from various data sources to evaluate and identify the client's health status. As well as the rationale in providing nursing care according to client needs. A complete and systematic assessment according to the facts or conditions that exist on the client is very important for formulating a nursing diagnosis and in providing nursing care in accordance with individual responses. So, it can be concluded that assessment is the basic thinking of the nursing process which aims to collect information or data about the client, in order to identify, recognize the client's health and nursing needs, both physical, mental, social and environmental. Activities in the assessment carried out by a nurse in collecting basic data are examining the identity, or biographical data of the client. Data collection is an activity to gather information about the client's health status, the client's health status which is normal or gaps should be collected. This is intended to identify the pattern of the client's health function, both optimally effective and problematic

Spiritual aspect

Spirituality is a noun related to spirit, related to phenomena and supernatural beings, (Sagala et al., 2019). Spirituality means awareness or belief in a higher power or energy that inspires individuals to give meaning and purpose beyond themselves and their lives, (Fitriyah, 2017). Spirituality is a broad conceptual concept containing various dimensions and perspectives which are marked by feelings of attachment to something bigger than ourselves, accompanied by efforts to find the meaning of life or also explained by experiences that are universal and touching, (Aditama, 2017). Individuals also describe spirituality into various life experiences such as a feeling of being connected to sacred things and reassuring. Spirituality consists of three

aspects, namely the existential aspect, the cognitive aspect, and the relational aspect, namely the stage of unity where a person feels one with God and or with His love. (Zambezi et al., 2022)

Preparation step, instrument development

To understand the concept of constructing and developing instruments, the steps taken in compiling instrument items in a study are based on a synthesis of the theories studied about a concept of the variable to be measured, then the construct of the variable is formulated, based on the construct it is developed. variable dimensions and indicators, making instrument grids in the form of specification tables, setting quantities or parameters that move in a continuum range from one opposite pole to another, writing instrument items which can be in the form of statements or questions, items has been written, the validation, revision or improvement stage based on expert advice, doubling the instrument, testing the instrument in the field, testing the validity is carried out using criteria, based on these criteria a conclusion is obtained about whether an item or an instrument is valid or not , reviewing the validity of the content based on the grid, calculating the reliability coefficient, and assembling valid instrument items to be used as the final instrument. (Muljono, 2002)

Kinds of Data

Subjective data is an expression of client complaints directly from the client or indirectly through other people who know the client's condition directly and convey the problems that occur to you as a nurse based on the conditions that occur to the client. To obtain subjective data, anamnesis was carried out, such as: "feeling dizzy", "nausea", "chest pain", and others.

Subjective data is also obtained from interviews such as asking the client's identity, the client's medical history, how the client is feeling, the client's coping patterns, and others. Objective data is data that you obtain directly through observation and examination of clients. Objective data must be measurable and observable, not an interpretation or assumption from you, for example: blood pressure 120/80 mmHg, anemic conjunctiva. Objective data can also be generated from inspection, palpation, percussion, auscultation. Basic data is data relating to all aspects of the patient, consisting of geographic data, pre-illness history, current medical history, family health history, environmental health history, physico-social conditions, daily habits, physical aspects, social aspects and spiritual aspects. Usually the basic data is obtained the first time the nurse contacts the patient. It is possible that all of the basic data was not collected at the first time. focus data; is data that is focused on the health problems experienced by the patient at that time. For example, if a patient has visual impairment, an assessment that focuses on the patient's visual function is called focal data.

METHOD

This research is a type of qualitative research, while the data sources are primary and secondary data. Primary data, namely the client as the main source of data and can dig up actual information about the client's health problems and objective data (if the client is in an abnormal condition), clarification of subjective data (conducting the client's family history), informants in the first validation stage, this study involved 5 expert nurse at Laburan Baji Hospital, Makassar, nursing practitioner and expert in the field of spiritual aspects of nursing, (Syamsuddin AB). While secondary data, namely medical records and other health team members, medical history,

consultations with specialist health team members, results of diagnostic examinations, other nurses if the client is a referral from other health services, literature, and supporting data, namely laboratory data, researchers synthesize and construct instruments. assessment of the patient's spiritual aspects. The research variable is instrument development. The flow of research on the preparation and development of instruments for assessing spiritual aspects is carried out based on the flow, namely variable construction, development of variable dimensions and indicators, trials, compiling instrument grids, determining parameter values, writing instrument items, theoretical and empirical validation of expert panels, revisions based on advice from expert panels, validity and reliability tests, and assembly of instrument items to be used as the final instrument. The research process uses data reduction analysis techniques, presenting data drawing conclusions.

RESULTS

The results of the research on the influence of the development of instruments for assessing spiritual aspects on the level of knowledge and skills of nurses at Laburan Baji Hospital, Makassar City are described as follows:

The Spiritual Aspect Assessment Construction Stage

In the construction phase of the study of spiritual aspects, the researcher decided to develop an assessment of the spiritual aspects of the Indonesia Spiritual Health Assessment which was developed by the Center for the Study of Bioethics and Islamic Medical Law, Faculty of Medicine, Islamic University of Indonesia.

Preparation Of Grids, Development of Dimensions And Variable Indicators

At this stage the researchers developed dimensions and indicators for measuring spiritual aspects of the patient. The dimensions of measuring the study of spiritual aspects through the results of theoretical constructs are as follows: spiritual experience, positive emotions, meaning of life, rituals (for non-Muslims) and rituals (for Muslims). Indicators for each aspect are determined as statement items that will be filled in by the patient for further measurement parameters to be determined. The development of the ritual dimension is carried out so that the assessment of spiritual aspects can be more valid and objective so that the results of the ritual assessment can be used as a reference for further interventions for nurses. In detail, the dimensions and indicators for assessing the spiritual aspect show the following results: a). The spiritual experience of the manifestation of spirituality in a person is in the form of specific and unique experiences related to his relationship with God at various levels. indicators: feeling close and friendly with the universe, finding god behind the illness, feeling the presence of god in everyday life, feeling good when you are right and feeling sick when you are wrong, feeling a special impression on certain events, experiencing non-empirical religious experiences. b). Positive emotions are manifestations of spirituality in the form of the ability to manage thoughts and feelings in intrapersonal relationships so that a person has life values that underlie the ability to behave appropriately. indicators: being happy about other people's happiness, enjoying with the awareness that everything is created for a specific purpose/taking wisdom, being optimistic about God's help, being able to make peace with difficult circumstances no matter how bad, being able

to control yourself, being happy when doing good, c). The meaning of life is a manifestation of spirituality in the form of a unique intrapersonal appreciation, shown in social (interpersonal) relationships that are beneficial, inspiring and bequeathing something of value to human life. indicators: helping spontaneously, keeping promises, forgiving oneself or others, behaving honestly, prioritizing harmony and togetherness, d). Rituals (for religions other than Muslims) manifestations of spirituality in the form of repeated systematic structured actions, involving motor aspects of cognition and affection which are carried out according to a certain procedure both individually and communally. indicators: praying, praying, visiting places of worship, making donations, being involved in religious communities, e). Ritual (for Muslims) is a manifestation of spirituality in the form of repeated systematic structured actions involving motor aspects of cognition and affection which are carried out according to a certain procedure both individually and communally. indicators: praying five times a day, praying, fasting, circumcision, fasting, praying at the mosque, giving alms, engaging in recitation or religious activities involving more than two people

Theoretical and empirical validation

After determining the dimensions, indicators and statement items for assessing the spiritual aspects, theoretical and empirical validation is then carried out in the form of a Focus Group Discussion (FGD) with experts in the spiritual nursing field.

Expert panels

The expert panel is the next stage after theoretical and empirical validation which is also carried out in the form of a Focus Group Discussion with scientific experts and expert

nurses who are held at Laburan Baji Hospital, Makassar. Thus the dimensions of the spiritual aspect are found; spiritual experiences, positive emotions, meaning of life and rituals for non-Muslims and rituals for Muslims. Spiritual experience is a manifestation of spirituality in a person in the form of specific and unique experiences related to his relationship with God at various levels. A person's spirituality is related to the purpose and meaning of life as a whole, as a manifestation of his relationship with God. Spirituality has four dimensions, namely the meaning of life, positive emotions, spiritual experiences, and rituals (Afifi, 2005). They have the ability to take lessons from all the realities, situations and conditions that must be faced as leprosy patients, they are able to live life despite all the suffering they have to face. Other findings reveal (Nugroho et al., 2019) that female participants with Chronic Kidney Disease (CKD) experience changes in terms of worship, namely an increase in worship.

DISCUSSION

This research starts from the construction of spirituality theories with the involvement of experts in the spiritual field, as well as expert nurses in the spiritual aspect. Some of the theories constructed include: the definition of spiritual aspects (Suseno, 2019) is an aspect of human self-esteem related to the purpose and meaning of life, in relation to intrapersonal relationships, between humans (social-interpersonal) and life as a whole, as a manifestation of its relationship with God. According to him, it is necessary to develop an instrument to measure "spiritual health". The Indonesia Spiritual Health Assessment (ISHA) is an instrument intended to determine a person's spiritual profile and brain dominance. This research (Suseno, 2019) was carried out starting from the construction of the theory of spirituality with

the involvement of experts in the fields of neuroscience, spirituality and psychometry, then the process of writing test items and testing validity. Furthermore, this research is strengthened by the existence of Health Law Number 36 of 2009 (Menkumham, 2009) which states that health is a healthy state, both physically, mentally, spiritually and socially which allows everyone to live productively socially and economically.

The dimension of spiritual experience

The stages of compiling the grid, developing dimensions and variable indicators of assessing the spiritual aspects of patients were carried out by researchers by reviewing the results of previous studies which were then reviewed by the research team. The dimensions of the spiritual aspect found are: spiritual experience, positive emotions, meaning of life and rituals for non-Muslims and rituals for Muslims. Spiritual experience is a manifestation of spirituality in a person in the form of specific and unique experiences related to his relationship with God at various levels. A person's spirituality is related to the purpose and meaning of life as a whole, as a manifestation of his relationship with God. Spirituality has four dimensions, namely the meaning of life, positive emotions, spiritual experiences, and rituals. (Afifi, 2005)

This research is in line with several other research studies (Endriyani, 2014) which found that the life of leprosy patients in hospitals requires various sources of strength that can be used as a guide in living their daily lives in hospitals. Leprosy patients are able to find the true meaning of life and hope for life in the future through experience and spiritual strength. They have the ability to take lessons from all the realities, situations and conditions that must be faced as leprosy patients, they are able to live life despite all the suffering they have to

face. Other findings reveal (Nugroho et al., 2019) that female participants with Chronic Kidney Disease (CKD) experience changes in terms of worship, namely an increase in terms of worship. Other research (Mailani et al., 2015) concludes that there are 4 themes that reflect the phenomenon researched. These themes include getting closer to God, support from the closest people, having great hopes for recovery, and accepting the illness sincerely. According to the researcher's assumption, the dimension of the spiritual aspect is very important to explore so that information can be obtained to what extent the patient feels God's presence and God's intervention in the healing process of his illness.

The dimension of positive emotions

Positive emotion is a manifestation of spirituality in a person in the form of specific and unique experiences related to his relationship with God at various levels. Other researchers found that cancer patients have a high level of positive emotions with a good quality of life, the higher the level of positive emotional experience, the higher the quality of life for cancer patients (Yuliani et al., 2020). A study (Terrill et al., 2019) also revealed that positive emotions are common in the communication of nurses, caregivers and patients at the end of life and do not decrease towards death. Research related to positive emotions reveals that emotions and feelings are phenomenal conditions that refer to or affect human health. It was further revealed that the positive emotions experienced by humans are not born spontaneously, various good and pleasant things make humans experience positive emotions. That feeling makes humans enjoy the moments of life. positive emotions make people healthier physically and mentally (Terrill et al., 2019).

Positive emotions towards other people will also foster trust and affection and keep someone away from stress (Ching & Chan, 2020). The results of other studies state that the less a person has positive emotions at one point, the more they tend to increase their use of positive strategies from this time to the next time, which in turn generates the next higher level of positive emotion. This prototype of positive regulation can be seen as a highly adaptive mechanism that makes it possible to compensate for the lack of positive emotions by increasing the adoption of positive strategies (Colombo et al., 2021). It can be assumed that basically everyone has the potential to increase the positive emotions that exist within him, very much depending on the experience and ability of a person to take positive lessons from every incident he encounters.

The dimension of the meaning of life

The meaning of life is a manifestation of spirituality in the form of an intrapersonal appreciation that is unique, and shown in social (interpersonal) relationships that are beneficial, inspiring and bequeathing something of value to human life. The absence or lack of meaning in life is associated with the need for therapy, depression, anxiety, suicidal tendencies, and drug abuse, while the acquisition of a good and quality meaning in life is positively related to work enjoyment, life satisfaction, and happiness (Afifi, 2005). A study conducted on post-stroke patients found that the meaning of life resulted from a combination of self-concept and experiences experienced by a person, post-stroke patients who experienced recovery resulted in an increase in the meaning of life they felt (Iszakiyah et al., 2019)

Ritual dimension

Rituals are human actions to give birth to spiritual experiences or to feel related to something great. Ritual is a way for humans to bring out spirituality in themselves. Spiritual experience is a manifestation of spirituality in a person in the form of specific and unique experiences related to his relationship with God at various levels. Positive emotions are spiritual manifestations in the form of the ability to manage thoughts and feelings in intra-personal relationships so that a person has life values that underlie the ability to behave appropriately. Religious teachings and spiritual practices really give the power of positive thoughts to humans. Apart from being related to physical health, religion and spirituality are also important for human mental health (Afifi, 2005). Rituals are manifestations of spirituality in the form of structured, systematic, repetitive actions, involving motor aspects, cognition and affection which are carried out according to a certain procedure both individually and communally. .

The third stage of this study was theoretical and empirical validation in the form of Focus Group Discussions with experts in the spiritual nursing field. FGDs were conducted to provide reinforcements for the dimensions, indicators and points of the statement regarding the study of spiritual aspects that had been prepared. At this stage the experts conduct a study of the dimensions, indicators and points of statement regarding the study of spiritual aspects to proceed to the next stage.

The expert panel stage of assessing the spiritual aspects of patients was carried out at Laburan Baji Hospital, Makassar by presenting 5 expert nurses with the following criteria: the lowest education is Nurses, more than 5 years work experience as an executive nurse. At this stage the nurse experts provide input as many as 5 indicators

and statement items to correct and reconstruct the editorial words and sentences with the aim that patients can more easily digest and understand the intended statement points

CONCLUSION

Based on the factual results regarding the influence of developing a spiritual aspect assessment instrument on the level of knowledge and skills of nurses as follows: 1). At the construction stage of studying the spiritual aspects of patients, researchers decided to develop an assessment of the spiritual aspects of the Indonesia Spiritual Health Assessment which was developed by the Center for the Study of Bioethics and Islamic Medical Law, Faculty of Medicine, Islamic University of Indonesia, 2). At the stage of compiling the grid, developing dimensions and variable indicators of assessing spiritual aspects of patients, dimensions and ;non-Muslims) and rituals (for Muslims), 3). In the theoretical and empirical validation stage, the spiritual aspects of the patient are assessed, 4). At the expert panel stage for the study of the spiritual aspects of patients, an adaptation process of 12 statements from 5 dimensions of spiritual aspects was carried out. spiritual aspect.

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