

Meeting Spiritual Needs to Improve The Quality of Life of Patients in Supervision COVID-19 in Medan

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Abstract

Introduction: Covid-19, a new disease, has been becoming a pandemic. One of the terms in patients exposed to this virus is Patient Under Surveillance. Currently, Covid-19 are under psychological pressure which is one of the factors that affect the patients' immunity so they need adequate spiritual support from nurses. The purpose of this study is to identify the fulfillment of spiritual needs in improving the quality of life of Covid-19 patients under supervision in Medan.

Methods: This type of research is a quantitative study with a correlative approach and a cross sectional study design to determine the fulfillment of the spiritual needs of patients in improving the quality of life of Covid-19 patients under supervision in Medan. Probability random sampling method is used as sampling with simple random sampling technique. There are 40 patients as respondents. A questionnaire contains 14 statements to fulfill the patients' spiritual needs and 25 statements for the patients' quality of life using a Likert scale as the instruments. Data analysis with bivariate analysis to identify the fulfillment of spiritual needs in improving the quality of life of Covid-19 patients under supervision in Medan. Chi Square is analyzed using a computer program and used as statistical test.

Results: The results of the analysis showed the results of the bivariate test in this study show 19 patients with enough needs, 11 (57.9%) patients who have a good quality of life and 8 (42.1%) patients have a very good quality of life. Among 21 patients with good fulfillment of needs, there are 3 (14.3%) patients have a good quality of life and 18 (85.7%) patients have a very good quality of life. The results of the Chi Square test showed that there is a relationship between patients' fulfillment and quality of life ($p = 0.011$).

Conclusion: Fulfilling spiritual needs can improve the quality of life of Covid-19 patients under supervision.

Keywords

covid-19; quality of life; spiritual needs

INTRODUCTION

Coronavirus disease 2019 (Covid-19) caused by Severe Acute Respiratory Syndrome

Coronavirus-2 (SARS-CoV-2) is a new type of coronavirus that is transmitted from human to human. The first COVID-19 was reported in Indonesia on March 2, 2020 in two cases

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(Kemenkes RI, 2020). March 31, 2020 data show that there are 1,528 confirmed cases and 136 deaths. The mortality rate for COVID-19 in Indonesia is 8.9%, this figure is the highest in Southeast Asia (WHO, 2020). The World Health Organization (WHO) has issued guidelines for the management of severe acute respiratory infections suspected to be due to COVID-19. For high-risk groups, it is recommended to stop all patients-related activities for 14 days, screening for SARS-CoV-2 infection and isolation. In the low-risk group, it is advisable to carry out daily independent monitoring of temperature and respiratory symptoms for 14 days and seek help if complaints become severe (WHO, 2020). At the community level, mitigation efforts include restrictions on travel and mass gatherings at large events (social distancing) (WHO, 2020).

The Indonesian Ministry of Health does not use the term "suspect corona" for people who are suspected of having contracted the COVID-19 corona virus. The Ministry of Health uses the terms People Under Monitoring and Patients Under Supervision. The results of research conducted by Asty, Hamid and Putri (2011) illustrate that patients who undergo surveillance / treatment because of their disease experience four changes, namely psychological changes, physical changes, changes in body function, and changes in activity. This is also experienced by COVID-19 who experience psychological pressure. It is further explained that the psychological impact can be felt by patients, such as feelings of pressure, stress, anxiety when diagnosed positive for Covid-19. Sufferers can feel anxious or worry excessively when their privacy or identity is leaked to the public, resulting in being isolated by the surrounding environment. Furthermore, this can cause obsessive compulsive symptoms, which is a mental disorder that causes the sufferer to feel the need to take action repeatedly. In this case, nurses have an important role in minimizing this psychological pressure.

According to Bambang (2010), nurses should strive in meeting the spiritual needs of clients as part of comprehensive needs, among others by facilitating the fulfillment of the clients' spiritual needs, even though the nurses and clients do not have the same spiritual or religious beliefs. Perceived spiritual care can directly affect the quality of one's health, or the

quality of the individual and the experience of a family death. Individuals with a high and good spiritual level tend to experience anxiety at a low level. Nurses and other health workers need to work together with a religious service team to help patients feel less sick, namely by restoring their thoughts, feelings, emotions and relationships with other people. With the occurrence of personal recovery, the illness experienced by the patient can be reduced and even thoughts of healing will arise which makes the patient more optimistic in dealing with his illness (Kinasih, 2012).

Every nurse must understand the concept of spirituality, how spirituality can affect a person's life, and have skills in meeting the spiritual needs of patients. This is because meeting the spiritual needs of the patient can increase coping behavior and strength in dealing with a disease (Potter & Perry, 2005, p.564). Meeting the spiritual needs of patients is expected to improve the quality of life of . Quality of life is the extent to which a person enjoys the most important possibilities in his life (University of Toronto, 2004). Achieving quality of life requires a fundamental change in the way patients perceive their own disease (Togatorop, 2011). Quality of life is a condition in which the patient, despite his illness, can still feel comfortable physically, psychologically, socially and spiritually and optimally use his life for the happiness of himself and others. From this description, this study aims to identify the fulfillment of spiritual needs in improving the quality of life of Covid-19 patients under supervision in Medan.

MATERIALS AND METHODS

This type of research is a quantitative study with a correlative approach and a cross-sectional study design to determine the fulfillment of the spiritual needs of patients in improving patients' quality of life of Covid-19 in Medan. Random sampling method is used as sampling with simple random sampling technique. There are 40 patients as respondents. A questionnaire contains 14 statements to fulfill the patients' spiritual needs and 25 statements for the patients' quality of life using a Likert scale as the instruments.

The data analysis process begins with univariate analysis, which explains the characteristics of the respondents which are

presented in the form of a frequency distribution table including gender, age, education level, length of stay and history of disease. Followed by a bivariate analysis to see the relationship between spiritual need fulfillment and the quality of life of the patients by using Chi Square as the statistical test. Research ethical considerations include ethical clearance, permission and recommendations from Sari Mutiara Indonesia University and the two hospitals, informed consent from respondents, anonymity and confidentiality. In this case, before collecting data, the researcher conducted an ethical test at the Sari Mutiara Indonesia University Research Ethics Committee and passed the ethical test with letter number: 073 / F / KEP / USM / VII / 2020.

RESULTS

The results show the majority of patients aged 21-30 years are 16 (40%) patients, the majority are male as many as 24 patients, the

majority of high school education are 25 (62.5%), length of stay <1 month are 40 patients, history of diabetes majority disease are 13 (32.5%) patients (Table 1).

The results show that Frequency Distribution of Patients' Quality of Life: 0 patient has enough quality of life, and 26 (65%) patients are the majority of very good patients' quality of life. The results show the majority of patients' spiritual needs 21 (52.5%) patients are good fulfilled.

The results of the bivariate test showed that 21 patients are good fulfilled of needs, there are 3 (14.3%) patients have good quality of life and 18 (85.7%) patients have a very good quality of life. Among 19 patients are enough fulfilled needs, 11 (57.9%) patients have good quality of life and 8 (42.1%) patients have very good quality of life. The results of the Chi Square test showed that there is a relationship between the fulfilled of the patients' needs and the patients' quality of life ($p = 0.011$).

Table 1. Respondent Characteristics (n=40)

No	Characteristics	Frequency (f)	Percentage (%)
1	Gender		
	Male	24	60.0
	Female	16	40.0
2	Age		
	10-20 years	5	12.5
	21-30 years	16	40.0
	31-40 years	12	30.0
	41-50 years	5	12.5
	≥5years	2	5.0
3	Level of education		
	primary school	0	0
	Junior High School	4	10.0
	Senior High School	25	62.5
	Degree 1	11	27.5
	Master of Degree	0	0
4	Long Cared For		
	< 1 month	40	100.0
	1 – 3 months	0	0
	> 3 months	0	0
	1,6 – 2 years	0	0
	≥ 2 years	0	0
5	History of Disease		
	Chronic respiratory problems	10	25.0
	Cardiovascular disease	8	20.0
	Diabetes mellitus	13	32.5
	Kidney failure disease	3	7.5
	Cancer	0	0
	Others	6	15.0

Table 2. Meeting Patients' Spiritual Needs (n=40)

Meeting the Patients' Spiritual Needs	Frequency	%
Good	21	52.5
Enough	19	47.5
Total	40	100

Table 3. Frequency Distribution of Patients' Quality of Life (n=40)

Patient's Quality of Life	Frequency	%
Very good	26	65.0
Good	14	35.0
Total	40	100

Table 4. Cross Tabulation of Fulfilling Spiritual Needs in Improving the Quality of Life of Covid-19 Patients Under Supervision in Medan (n=40)

Fulfillment	Patients' Quality of Life				Total		p value
	Good		Very good		n	%	
	N	%	n	%			
Good	3	14,3	18	85,7	21	100	0,011
Enough	11	57,9	8	42,1	19	100	
Total	14	35	26	65	40	100	

DISCUSSIONS

Meeting the Patients' Spiritual Needs

The results of the univariate test showed that the majority of patients' spiritual needs are 21 (52.5%) patients are good fulfilled. Spiritual needs are a basic human need that must be met. Kyle (2014) states that spirituality is one of the fundamental needs that individuals need to be able to provide motivation for change and to gain strength when dealing with emotional stress, physical illness or death.

The results show that the majority of patients' spiritual needs are 21 (52.5%) patients are good fulfilled. In this context, patients who are in the nursing room have high spiritual support, including relationships from themselves, relationships with others, relationships with the environment and relationships with God. Meanwhile, 19 (47.5%) patients have enough spiritual fulfillment because the patients themselves felt that they have enough support from within themselves, others, the environment and their relationship with God even though they still believe in God. The results of this study are similar to research conducted by Destarina (2014) with the results

that the majority of respondents who are in the orphanage have high spiritual status with a percentage of 87.2%. Spirituality in a person can be an important factor in how a person deals with changes caused by chronic disease (Potter & Perry, 2009).

Wulan (2011) argues that spiritual belief is very important for nurses because it can affect the level of health and nursing behavior of clients (client self care). Spiritual beliefs that need to be understood by the nurse in meeting the spiritual needs of clients include: guiding daily habits of life, sources of support, and sources of strength and healing. Spirituality in a person is a force that unites a person, the essence of being that permeates all life, and is connected with God / natural / absolute / force, oneself, others, and nature. Religion is understood as an organized, structured, symbol or reference for belief and worship practices that are a person's spiritual characteristics (Champbell, 2013).

The Patient's Quality of Life

The results of the univariate test show 26 (65%) patients that majority patients have very good quality of life. Every individual has a different quality of life depending on how to deal with the problems that occur to him. If

there is a positive way of addressing the problem, the quality of life will be good, but if it is addressed negatively, the quality of life will be bad. Kreitler & Ben (2012) explained that quality of life is an individual's perception of their usefulness in life, more specifically, an individual's assessment of the physiological dimension, psychological dimension, social relationship dimension, and environmental dimension.

The results of research by Kinasih (2012) suggest that respondents who experience a process of decline in body function including biological, psychological and social functions and this condition will cause various problems such as decreased body function. Patients need to meet the needs of not only biological aspects but also other aspects to optimize their quality of life, by providing support, motivation for healing. Quality of life is the extent to which a person can feel and enjoy the occurrence of all important events in his life so that his life is prosperous.

The quality of life for a person with chronic disease is a perception of a person's well-being in the psychological, social, physical and environmental relations fields (Raudatussalamah & Fitri, 2012). Covid-19 with their current condition often experience a decrease in their independence in fulfilling their daily needs which causes fear, anxiety, sadness. Dependence on others for constant self-care can lead to feelings of helplessness. So that it creates a sense of loss of purpose in life which affects the inner strength needed to deal with the changes in function experienced (Potter & Perry, 2009). The factors that affect the quality of life are gender or sex, age, education, occupation, marital status, income, relationships with others, reference standards.

Fulfillment of spiritual needs in improving the quality of life of patients under Covid-19 in Medan

The results of the bivariate test in this study show that 19 patients have enough needs, 11 (57.9%) patients have a good quality of life and 8 (42.1%) patients have a very good quality of life. Among the 21 patients with good fulfillment of needs, there are 3 (14.3%) patients have good quality of life and 18 (85.7%) patients have very good quality of life. The results of the Chi Square test show that there

is a relationship between patients' fulfillment and quality of life ($p = 0.011$). The religious and spiritual behavior is commonly happened if the patients' are stress, despair and suffering, leading to questions about God's existence, meaning and purpose in life. Religion / spirituality can directly or indirectly affect health because in general. It provides a broad social support network, reduction of unhealthy behaviors such as alcohol, smoking and drug abuse, decreased blood pressure and muscle tension, and promotion of positive emotional states (Souza, 2011). According to Abdala's 2015 research that 75% of the research under analysis shows a positive relationship between spiritual involvement and health-related quality of life / quality of life in older adults in all areas (mental, social and physical).

According to WHO (2004) quality of life consists of four dimensions, namely physical health, psychological well-being, social relations and relationships with the environment. Several studies on spirituality have been conducted, among others, by Nurhidayah (2012) with the results of the study showing that there is a positive and real relationship between social support and happiness. Anggraini, Zulfitri and Novayelinda (2013) conducted a study where the results showed that there was a significant relationship between the spiritual status of the respondent and the respondent's lifestyle. This means a healthy spiritual status will lead to a healthy lifestyle. Sutikno's (2011) research on the relationship between family function and quality of life of the elderly shows that there is a very strong and statistically significant positive relationship between family function and the quality of life of the elderly. This is supported by Yuliati's (2014) research on the differences in the quality of life of the elderly who live in the community and in elderly social services.

Religion and spirituality are sources of coping for the patient when he experiences sadness, loneliness and loss. Research conducted by Sumiati (2009) explains that undergoing spiritual and social conditions, feeling needed, feeling loved, having self-esteem and being able to participate in life. By fulfilling the highest need, namely spirituality, a person will have a quality life, thus it is appropriate for an elderly person to have their spiritual needs fulfilled. The results of research conducted by Konopack and McAuley (2012) with the title

"Efficacy-mediated effects of spirituality and physical activity on quality of life: A path analysis" to 215 respondents stated that the influence of spirituality on quality of life can be seen from mental health, and its influence. Physical activity on quality of life can be seen from the physical health of the respondents. This research is supported by research conducted by Sari (2013). Quality of life when viewed from the physical health dimension is an evaluation of satisfaction and happiness with aspects of physical health such as pain and discomfort due to illness, fitness, sleep quality, and drug dependence. This means that the more satisfied a person is with aspects of physical health, the better the quality of life. The results of this study are in line with Endiyono's research (2016) which states that spiritual support is needed in improving mental health, zest for life, and quality of life.

CONCLUSION

The results show that the majority of patients aged 21-30 years are 16 (40%) patients, the majority of males are 24 patients, the majority of high school education are 25 (62.5%) patients, length of stay <1 month is 40 patients, history of diabetes majority disease are 13 (32.5%) patients.

The results of the bivariate test show that 19 patients are enough needs fulfilled, 11 (57.9%) patients have a good quality of life and 8 (42.1%) patients have very good quality of life. Among 21 patients with good fulfillment of needs, there are 3 (14.3%) patients who have good quality of life and 18 (85.7%) patients have very good quality of life. The results of the Chi Square test show that there is a relationship between the fulfillment of the patients' needs and the patients' quality of life ($p = 0.011$).

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Conflict of Interest

This research is purely for academic work and is worthy of public reading. There was no conflict of interest whatsoever in this study.

Suggestion

Researchers suggest that nurses improve their competence in meeting spiritual needs by increasing their knowledge and skills through programmed training and guidance by hospital management. This is expected to improve the quality of care given to patients to speed up the healing process.

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