COOPERATIVE LEARNING AND CASE-BASED LEARNING TO IMPROVE SPIRITUAL CARE COMPETENCY IN NURSING STUDENTS

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Abstract

Introduction: Spiritual care of patients in health services that are not yet optimal needs to be anticipated by nursing education institutions to increase the competence of graduates in spiritual care

Method: Research design used Classroom Action Research (CAR). The study was conducted in three cycles. Each cycle consisted of planning, implementation, observation, and reflection steps. Implementation step used case-based learning. Learning process was performed in the second grade nursing students with lessons about Islamic Spiritual Care and included 19 students and 3 collaborators. Students participated in this study with total sampling method. Successful research was indicated by 85% of students achieving mastery in learning on concept understanding as well as psychomotor aspects. Data collection was performed using documentation method by knowledge test, psychomotor test, observations, and interview. Data were analyzed quantitatively and qualitatively.

Results: The results show that all aspects of the spiritual competency nursing student assessed including cognitive, psychomotor, and affective at the end cycle were in good category (100%). The results of the cognitive level test before cooperative learning and case-based learning showed a significant difference with $p < 0.001$.

Conclusion: The implementation of case-based and cooperative learning provides a positive experience for students to more easily understand the application of nursing processes in spiritual care.

Keywords: *case-based learning; cooperative learning; nursing education; spiritual competency*

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INTRODUCTION

The demands of globalization and the increasing demands of society for holistic health services must be anticipated by institutions providing nursing education in preparing qualified nursing graduates (Barss, 2020). The nursing health services provided are still limited to meet physical, psychological, and social needs, but services for fulfilling spiritual needs are still inadequate. The application of spiritual care in nursing services is still lacking mainly due to lack of knowledge or differences in understanding of spirituality among nurses themselves, time constraints, as well as religious and social differences between patients and health professionals (Balboni et al., 2014; Dewi, Rahmat and Alamsyah, 2017; Aisyah, Rosyanti and Rohmah, 2021). The spiritual care provided is limited to the guidance of worship practices to patients, but spiritual care is not implemented through a comprehensive nursing process approach. Therefore, there needs to be a learning strategy effort that can improve the spiritual care competence of nursing students.

Nurse competence in providing spiritual care is used as an indicator in assessing the performance of the health service system (Dewi, Sastro and Alamsyah, 2020). Therefore, it is essential that nurses' competencies in spiritual care are integrated in the nursing education curriculum. Spiritual competence is a set of abilities aspects of cognitive, psychomotor, and affective in application of the nursing process on spiritual care (Novitasari, 2017; Dewi and Anugerah., 2020), which means the capability of students to understand the concept of spiritual assessment, establish a spiritual nursing diagnosis, make care planning, implementation and evaluation and the ability in case management of spiritual problems that commonly occur in patients in hospitals and the community.

Advanced Islamic Spiritual Care (Asuhan Keperawatan Spiritual Islam) is a course held in the Universitas Aisyiyah Bandung on Bachelor of Nursing program. Institutions are required to continue to develop learning strategies so that the graduates produced are in accordance with market needs. Increasing spiritual competence is necessary to be carried out with a learning method that is not limited to theoretical explanations, but must achieved a learning outcome able to comprehensively apply spiritual nursing care by the nursing process.

Cooperative learning and case-based learning is form of learning process using student-centered learning, which allows students to work together to solve problems by case study. Case-based learning is a systematic learning that engages students in knowledge and skill learning through the inquiry development to obtain a product.(Bi et al., 2019; Qin et al., 2022) Cooperative learning is a systematic teaching method that engages students in learning through assignment and authentic case-based learning and enhances the students' critical thinking,

The results of the 2021 learning achievement of students showed that as many as 45% of students are still below the average score (< 68). Employee class students in the bachelor of nursing program are students who have difficulty distinguishing various types of nursing diagnoses and the development of a nursing care plan about spiritual care. The learning method used at that time is traditional methods like lectures. The purpose of this research is to find whether cooperative learning and case-based learning strategies

can improve competency in spiritual care of employee class students.

METHODS

Study design

Design research used the classroom action according to the Spiral Model of Kemmis and McTaggart (Figure.1) (Sumarni et al., 2016b) where there are four important stages, which include planning, actions, observation and reflection. This study was carried out in three cycles (Figure.1)

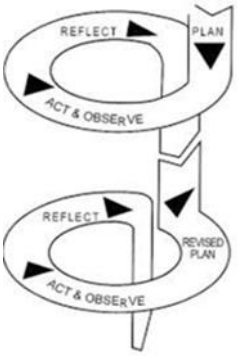


Figure 1. Class Action Research Cycle from Kemmis and McTaggart

Population and Sample

This research was conducted in collaboration with lecturers at a nursing college in Bandung which holds on course about Advanced Islamic Spiritual Care. Subjects were nursing students of second grade of employee class as many as 19 nursing students with total sampling. These students are taking advanced Islamic spiritual nursing care lectures.

Procedure

Cooperative learning was a compulsory and structured model of the Advanced Islamic Spiritual Care course for second-semester students of the Bachelor Nursing Program at Universitas Aisyiyah Bandung. It consisted of three cycles – 1.5 hour lessons on eight topics (Table 1) and delivered weekly. Each lesson was led by a lecturer assisted by one lecturer as part of the research team.

Table 1. Topic Organization of Cooperative Learning

Topic
Spirituality and religiosity basic concept
Spiritual Assessment concept
Nursing diagnosis of spiritual care
Intervention of spiritual care
Skill of spiritual Assessment
Skill guidance praying , shalat during illness

The first cycles include planning, action and reflection. Planning is design of learning activities according to the topics, designing the test instrument, and lecturers preparing case stimuli to support learning outcome. **Implementation of Actions and Observations:** Lecturers carry out learning activities according to the originally plan. The lecturer gives pretest questions before starting lecturing. The research team made observations during the learning activities and the results were discussed with the lecturers. The observation sheet can be seen in the appendix. Both advantages and disadvantages during the learning processes were recorded as a basis for improving the learning process in the second cycle.

The research team documented learning activities. **Reflection stage:** the lecturer provides opportunities for students to express their opinions about the material that has been given, the obstacles faced in understanding the concept and opinions about how to convey the material so that it is easy to understand. The lecturer also provides learning in the second cycle. In the second cycle, the action stage implements case-based learning with assignment to

create a nursing care plan in the group based on case simulation. In the second cycle, observations and reflections are still carried out after the action stage. The lecturer gives posttest questions after finishing the second cycle. In the third cycle, this is the same, only when the action is carried out it involves cooperative learning activities on aspects of psychomotor mastery.

Nursing students' achievement of this study was measured with at least 80% of the number of nursing students reaching the minimum criteria of cognitive aspect, and achieving very good criteria on psychomotor and affective aspects.

Data Analysis

Data analysis technique used quantitative methods and qualitative methods. Quantitative method used frequency distribution for demographic data, level of knowledge, psychomotor, and affective. Analysis of paired t-test was used for comparative mean level of knowledge before and after following case-based learning in pre-cycle and post-second cycle.

Ethical Clearance

Ethical clearance approval was number 176/KEP.01/UNISA BANDUNG/VII/2022. The respondents had the right to withdraw anytime without any consequences on their learning activities. Data were used only in the research and were stored in the researchers' repository.

RESULTS

Characteristic of respondents involved in the study were 19 nursing students, who were transfer class bachelor nursing program with an age range of 21 – 38 years with an average age of 26 years. Most of the students are female (78.9%), they are unmarried (55.5%), and all students are Islam religion (Table 2).

Table 2.Demographic Data Characteristics of Nursing Students (n=19)

Characteristics	**n**	**%**
Age		
17-25 Years	10	52.6
26-35 Years	7	36.8
36-45 Years	2	24.5
Spiritual care training experience		
Yes	9	47.4
No	10	52.6
Work place		
Hospital-based	6	31.5
Community healthcare	8	42.10
Not yet working	5	26.3
Marital status		
Married	9	45.5
Single	10	55.5

This research was conducted from pre-cycle to the third cycle. We obtained the cognitive and psychomotor learning outcome as shown Table 2, Table 3 and Table 4. From Table 2, it appears that in the pre-first cycle, cognitive learning outcomes of nursing students about nursing process of spiritual care has not reached the good category (5%). However, then it was achieved in the second cycle with increase to 58%.

The result of the reflection in first cycle found several themes of student opinions including difficulty in initiating an approach when assessing the spiritual aspect of the patient, students have had an unpleasant past experience exploring the spiritual needs of patients, and then students find it difficult to distinguish nursing diagnosis labels related to spiritual problems. In addition, half of the participants felt that the material provided was very interesting because they had never received the material before during their education at the Diploma III Nursing level.

Table 3.Cognitive learning outcome of nursing students in pre-cycle and second cycle in classroom action research

Cognitive learning outcome	Pre-cycle		Post-second cycle		P value
	n	%	N	%	Paired t-test
Good	1	5.0	9	63	< 0.001
Poor	18	95.0	10	37	

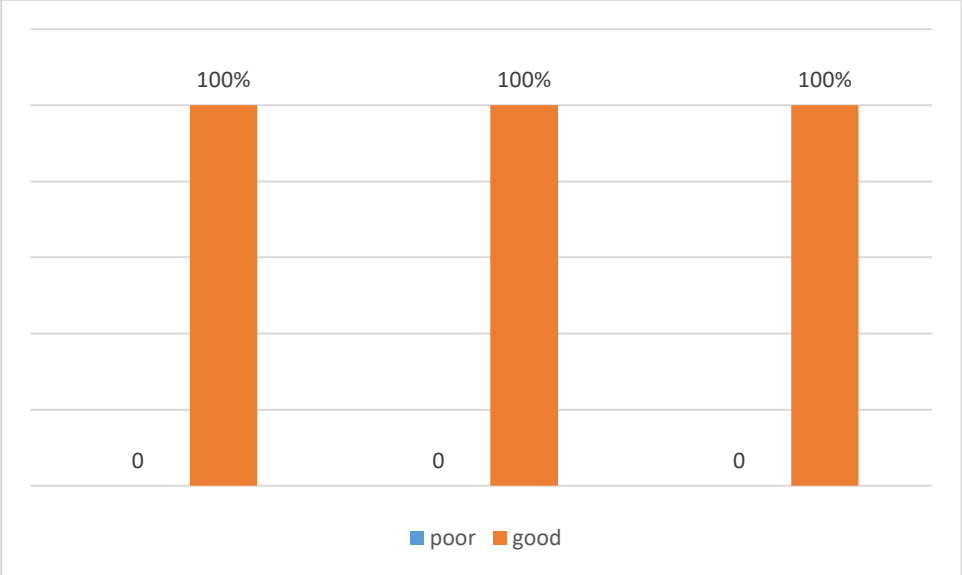


Figure 2. The result of cognitive, psychomotor, affective at the end of the cycle

Based on the result of reflection in cycle 1, the learning cycle 2 was conducted by providing assignment for students to make a nursing care plan based on case study. Case study assignments given in groups focus on the impact of fulfilling spiritual needs and the grieving phase experienced by patients during chronic illness.

However, action still needs to be continued to the third cycle, because the indicator of psychomotor skills was not achieved in the second cycle. The result of psychomotor skill achievement of nursing students after the third cycle is 100% of students have very good scores with an average value of 90.4. The successful research was indicated by 100% of students achieving mastery in learning of concept understanding and psychomotor aspects.

DISCUSSION

In the first cycle, the knowledge about spiritual care was low because students were not accustomed to prepare learning materials independently. This result was in line with the statement that cognitive aspect— the ability of students—tends to be low due to unpreparedness of students in subject participation and experiments independently (Bruneau and Pehrsson, 2014; Musdalifah, 2021). Although most students already have work experience, because the workplace does not have the habit of implementing the spiritual nursing care process, students are unable to work on pre-test assessment.

Improved cognitive scores of nursing students from cycle 1 to cycle 2 was caused by students having an

assignment to implement the material concepts in the first cycle by case study in patients who experience spiritual needs fulfillment disorders in the second cycle. Besides that, the lecturer gave instructions to carry out orderly and purposeful learning In addition; most nursing students were excited to learn the course of Advanced Islamic Spiritual Care.

Giving assignments in groups to achieve learning objectives is one of the characteristics of cooperative learning which aims to build an active learning atmosphere in the group (Tambak, 2017). The assignment will stimulate students and their groups to complete the expected learning objectives through literature study (discovery learning). This is in line with previous research that student activities to study literature independently will increase learning motivation and understanding of the material (Musdalifah, 2021). Good learning motivation in this study was shown through the results of good group paper assignments and active question and answer discussion activities during the second cycle meeting. This is the driving force for increasing the level of knowledge of students in the good category when given a post-test in the second cycle by 58%.

The assignment of preparing nursing care reports based on case stimuli will assist students in internalizing material concepts at previous meetings with the condition of chronic disease patients with specific spiritual needs. The results showed that there was a significant change with p value <0.001 in the level of student knowledge before and after being given cooperative learning and case-based learning. This is in line with the expert opinion that case-based learning trains students' ability to think critically about a problem and being trained in patient-focused clinical decision-making (Daher, Singh and Kutty, 2017) Clinical decision-making trained during learning is that students are trained to formulate nursing diagnosis labels and determine nursing intervention plans that must be given to patients.

The formulation of spiritual nursing diagnoses that were raised in cases given to students included barriers to religiosity, spiritual distress, risk of spiritual distress and readiness to increase spiritual well-being. The results of the second cycle showed that there were still errors in labeling nursing diagnoses among the groups, especially in the aspect of differentiating the risk of spiritual distress and barriers to religiosity. This finding is in line with other studies which show that the diagnostic labels for barriers to religiosity and the risk of spiritual distress are still used as the same label (Dewi, Nurrohmah and Fikri Rizki Fadlurrahman, 2020). The lack of labeling of the diagnosis of religious barriers in the Indonesian Nursing Diagnosis Standard makes students confused in establishing a diagnosis.

Obstacles to religiosity are impaired ability to practice dependence on espoused beliefs and/or impaired to participate in rituals of certain religious traditions The risk of spiritual distress is the risk of experiencing disruption of beliefs or value systems in individuals or groups in the form of strength, hope and meaning in life (PPNI, 2017). Based on the above understanding, there are two things that must be emphasized in students' understanding regarding religious activities and spirituality activities when conducting the spiritual assessment. Religious activities are related to daily worship activities and the impact of illness on the routine of worship, while spiritual activities are more toward the meaning of the patient's life and sources of strength that the patient uses during illness.(Cotton et al., 2006; Xu, 2016). These two aspects are used as the basis for analyzing spiritual needs data. To assist students in assessment and intervention skills, the third cycle focuses on learning of skill spiritual care.

Activities in the third cycle carried out cooperative learning strategies on spiritual assessment learning. The results of the psychomotor assessment of spiritual assessment at the end of the cycle found an average value of 90.4. This shows that cooperative learning does not only improve cognitive aspects but plays a role in improving students' skills and positive

behavior. The success of cooperative learning strategies in group learning needs to be supported by inculcating the character values of a culture of cooperation and mutual respect that must be built in groups (Sumarni et al., 2016). In addition, the academic atmosphere and support for library materials to encourage students to be active in solving problems in groups. Through case-based learning, it will increase confidence in the ability to think for yourself, seek information from various sources, and learn from fellow group members (Wilandika, 2017). Case learning strategies can develop students' ability to think critically, test their own ideas and understanding, and receive feedback so that it will support the professionalism of nurses in developing their knowledge. Case learning strategies can improve the ability of nursing students to use information and abstract learning skills to become real.

CONCLUSION

This study concludes that there is a significant effect of cooperative learning strategies and cased-based learning methods in improving students' spiritual competence. The results of the research will contribute to the nursing education system, especially in developing a variety of learning strategies. The researcher recommends for further research to be carried out in larger class groups to see the effectiveness of the class actions given

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CONFLICT OF INTEREST

The author(s) declare(s) that there is no conflict of interest.

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