# Similarity - Spiritual care on quality of life patients exposed to COVID-19 in the city area of Semarang

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# Spiritual care on quality of life patients exposed to COVID-19 in the city area of Semarang

Tri Hartiti[1*], Arief Yanto[1]

## ABSTRACT

**Introduction:** Caring is a basic professional character that nurses must have in providing nursing care, including patients exposed to COVID-19, where nurses play an important position in maintaining their quality of life. This study aimed to find out the spiritual caring of nurses in this case is altruistic caring and humanistic caring on the quality of life of patients exposed to COVID-19 in the physical, psychological, social, and environmental dimensions.

**Methods:** This research was correlational using a cross-sectional approach to 118 respondents, namely patients exposed to COVID-19, both those being treated in isolation at the hospital, as well as independent isolation using the purposive sampling method. The instrument used in this study is the quality of life questionnaire which consists of 4 dimensions and a spiritual care questionnaire given by nurses.

**Results:** The research showed the characteristics of the sample were mostly women 83 (70.33%), the age of the respondents was at least 23 years and a maximum of 65 years, the most with undergraduate education as many as 53.38%; employment status 80.51% private employees, marital status 83.89% married; treatment status 82.20% hospitalized; length of hospitalization between 2 to 40 days with an average of 12.26 days; Most of the respondents are Muslim 95.76%. The value of altruistic caring is good (63.56%), humanistic caring is good (68.64%). The quality of life of respondents who were exposed to COVID-19 was mostly good, 66.94%.

**Conclusion:** There was a relationship between spiritual caring, both altruistic caring and humanistic caring, on the quality of life of patient respondents exposed to COVID-19, where the better the perception of spiritual caring the better the quality of life. This research can be used as evaluation material for nursing care providers to cultivate caring character to improve the quality of life of patients.

**Keywords:** spiritual caring, quality of life, patient exposed, COVID-19.
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## INTRODUCTION

COVID-19 is a contagious infection by the SARS-Cov-2 virus, attacks the respiratory system through droplet infection by direct contact with patients and can cause death, only patients who are calm, do not panic, are not afraid and are not stressed, have a better quality of life, so patients really need support by nurse (caring).[1,2]

Caring is a basic professional character that nurses must have in providing nursing care, including patients exposed to COVID-19, where nurses play an important position in maintaining their quality of life.[3,4] Patients exposed to COVID-19 have high hopes of being able to recover from their condition. This hope can appear as a hope for God, because God is the source of the highest substance/strength.[5-7] Spiritual caring is the development of Caring theory with the addition of spiritual characters according to the needs of Covid 19 patients, this is because caring supplies alone are not enough. Spiritual and religious dimensions are the most chosen and felt aspects and the most needed by patients.[8-10]

The number of people exposed to COVID-19 in Indonesia is updated on June 8, (covid 19 task force, 2020) as follows; person under monitoring 38,791, patient under monitoring 14,010, positive 32,003, recovered 10,904, died 1,883. data from 34 provinces, and 422 regencies/cities. Nurses are required to be able to provide holistic and comprehensive services, one of which includes the patient's spiritual-religious needs. Nursing pioneer Florence Nightingale recognized the spiritual dimension of nursing care. According to him, the spiritual dimension is the deepest and most essential source of healing to overcome patient problems.[11]

Spiritual caring is one of the professional characteristics of nurses in the process patient management. Patients exposed to COVID-19 will have a better quality of life if have calm, resignation, sincerity, and low stress levels. Spiritual care is very necessary for patients exposed to COVID-19 to maintain a physical, psychological, social balance and spirituality.[10] Growing spiritual caring is not easy, it requires motivation and leadership support. In order for nurses to have this spiritual caring character, a pattern is needed leadership that leads to a spiritual pattern, therefore nursing leaders must can initiate spiritual leadership within himself, due

to the application of spiritual leadership will cause a high sense of appreciation for others, improve the quality of good relationships, thereby fostering feelings of purpose and meaning.[12] Leadership is able to increase the personal personality of the individuals they lead to feel peace, pleasure, serenity and satisfaction so that it can be transmitted to others who around him, especially the nurses. Caring for patients exposed to COVID-19 requires attention greater size, so that the achievement of spiritual caring is expected to be formed in nurses managed by using spiritual leadership.[13] The specifications of this research are the generation of a model of achieving spiritual caring.

The importance of the spiritual aspect for patients exposed to Covid 19 is one way to increase the meaning and life expectancy, improve the quality of life, and increase self-confidence and can reduce patient anxiety.[13,14] therefore it is necessary to develop the spiritual caring character and spiritual leadership of nurses in improving the quality the lives of patients exposed to COVID-19 in maintaining their lives. The purpose of this study was to find out the spiritual caring of nurses in this case is altruistic caring and humanistic caring on the quality of life of patients exposed to COVID-19 in the physical, psychological, social, and environmental dimensions.

## METHODS

### Study Design

This research method used a correlational method with a cross-sectional approach, by measuring the spiritual caring of nurses and the quality of life of patients exposed to COVID-19. Spiritual caring was measured by using a questionnaire to determine the altruistic caring and humanistic caring of nurses. The quality of life of patients exposed to COVID-19 was measured using the WHO QOL questionnaire and what was measured were the physical dimensions, spiritual dimensions, social dimensions and environmental dimensions.

### Population of the Study and Data Collecting

The population in this study were patients who had been exposed to COVID-19 and were hospitalized or who were undergoing self-isolation, while the sampling technique was carried out purposively with inclusion criteria 1. Patients who tested positive for rapid antigen, 2. Patients who were hospitalized or who in independent isolation, 3 Willing to be a respondent, 4. Can communicate well, 5. Not in a severe condition. The number of samples obtained as many as 118 respondents. The research ethics used are informed consent, anonymity and confidentiality, human of dignity, and ethical clearance.

### Data Analysis

Data were entered and stored in Microsoft Excel 2016. Frequency, rates, and percentages were used to summarize categorical variables, the proportions of which were compared using Pearson's correlation. Statistical analysis was carried out using the SPSS statistical program version 22.

## RESULTS

The results of the study can be presented with tables and descriptive descriptions of the characteristics of respondents, spiritual caring, namely altruistic and humanistic caring and quality of life as follows:

The age of the respondent had a mean of 33.68 (± 8.78) years, with the youngest age being 23 years old and the oldest being 65 years old. Based on the 95% Confidence Interval value, it can be predicted that the value of the Age variable in the sample is in the range of 32.08 - 35.28 years.

Gender of respondents 35 (29.67%) are male and 83 (70.33%) are female.

The education level of 118 respondents (100%) has a higher education background, with a description of D3: 15 (12.71%) respondents, Bachelors: 63 (53.38%) respondents, Masters: 32 (27.11%) respondents, and doctoral 8 (6.80%) respondents

The results showed that 23 (19.49%), worked as civil servants, and 95 (80.51%) as private employees.

The results showed that 99 (83,89%) married status, and 19 (16,11%) not married.

The results showed that 21 (17,80%), get self isolation treatment and 97 (82,20%) hospitalized

The results showed that the length of illness (days) had an average of 12.26 (± 7.15) days of illness being 2 days and the highest length of illness being

The results showed that 113 (95,76%) respondent are Muslim, 4 (3,39%) respondent are christian, and 1 (0,85%) respondent are chatolic

The results showed that altruistic caring had an average of 39.75 (± 10.79) with the lowest altruistic caring being 10 and the highest altruistic caring being 50. Based on the 95% Confidence Interval value, it can be predicted that the value of the altruistic Caring variable in the population is in the range of 37.79 - 41.72. The category of Altruistic Caring that was received

**Table 1. Characteristics of Respondents exposed to Covid 19 by Age (n=118).**

| Variabel | N | Min | Maks | Mean | Sd |
|---|---|---|---|---|---|
| Age | 118 | 23 | 65 | 33.68 | 8,78 |

**Table 2. Characteristics of Respondents exposed to covid 19 by gender (n=118).**

| No | Gender | Amount (f) | Percent (%) |
|---|---|---|---|
| 1 | Male | 35 | 29.67 |
| 2 | Female | 83 | 70,33 |
| | Total | 118 | 100 |

**Table 3. Characteristics of Respondents exposed to covid 19 based on level Education (n=118).**

| No | Level Education | Amount (f) | Percent (%) |
|---|---|---|---|
| 1 | D3 | 15 | 12.71 |
| 2 | Bachelor | 63 | 53,38 |
| 3 | Master | 32 | 27,11 |
| 4 | Doctoral | 8 | 6,80 |
| | Total | 118 | 100 |

Good by the respondents based on their perception was 75 (63.56%) respondents, and 43 (36.44%) perceived the altruistic caring they received was not good.

The results showed that humanistic caring had an average of 40.35 (± 10.29) with the lowest humanistic caring being 10 and the highest humanistic caring being 50. Based on the 95% Confidence Interval value, it can be predicted that the value of the Humanistic Caring variable in the population is in the range of 38.47 - 42.22. The category of Humanistic Caring received by respondents was good based on their perceptions as many as 81 (68.64%) respondents, and 37 (31.36%) perceived the humanistic caring they received was not good.

The results showed that the average physical dimension was 27.58 (± 3.33) with the lowest physical dimension being 19 and the highest physical dimension being 35. Based on the 95% Confidence Interval value, it can be predicted that the value of the physical dimension variable in the population is in the range of 26.98 - 28.19. Categorical analysis of respondents with good quality of life in physical dimensions as many as 61 (51.69%) respondents, and poor physical dimensions as many as 57 (48.31%) respondents.

The results showed that the psychological dimension had an average of 26.23 (± 2.55) with the lowest psychological dimension being 19 and the highest psychological dimension being 30. Based on the 95% Confidence Interval value, it can be predicted that the value of the psychological dimension variable in the population is in the range of 25.76 - 26.69. The categorical analysis of respondents with good quality of life on the psychological dimension was 45 (38.13%) respondents, and the psychological dimension was not good as many as 73 (61.87%) respondents.

The results showed that the social dimension had an average of 12.38 (± 1.54) with the lowest social dimension being 9 and the highest social dimension being 15. Based on the 95% Confidence Interval value, it can be predicted that the value of the social dimension variable in the population is in the range of 12.1 - 12.66. The categorical analysis of respondents with quality of life on the social dimension is good as many as 43 (36.45%) respondents, and the social dimension is not good as many as 75 (63.55%) respondents.

The results showed that the environmental dimension had a mean of 32.91 (± 3.78) with the lowest environmental dimension being 24 and the highest environmental dimension being 40. Based on the 95% Confidence Interval value, it can be predicted that the value of the environmental dimension variable in the population is in the range of 32.22 - 33.6. The categorical analysis

**Table 4. Characteristic of respondents exposed to covid 19 based on Employment Status (n=118).**

| No | Employment status | Amount (f) | Percent (%) |
|---|---|---|---|
| 1 | civil servant | 23 | 19.49 |
| 2 | Private employees | 95 | 80,51 |
| | **Total** | 118 | 100 |

**Table 5. Characteristics of respondents exposed to covid 19 based on marital status (n=118).**

| No | Marital status | Amount (f) | Percent (%) |
|---|---|---|---|
| 1 | Married | 99 | 83.89 |
| 2 | Not Merried | 19 | 16,11 |
| | **Total** | 118 | 100 |

**Table 6. Characteristics of respondents exposed to covid 19 based on treatment status (n=118).**

| No | Treatment status | Amount (f) | Percent (%) |
|---|---|---|---|
| 1 | Self Isolation | 21 | 17.80 |
| 2 | hospitalized | 97 | 82,20 |
| | **Total** | 118 | 100 |

**Table 7. Characteristics of respondents exposed to covid 19 based on length of hospitalization (n=118).**

| Variabel | n | Min | Maks | Mean | sd |
|---|---|---|---|---|---|
| length of hospitalization | 118 | 2 | 40 | 12.26 | 7,15 |

**Table 8. Characteristics of respondents exposed to covid 19 based on religion/ belief (n=118).**

| No | Religion /belief | Amount (f) | Percent (%) |
|---|---|---|---|
| 1 | Muslim | 113 | 95,76 |
| 2 | Christian | 4 | 3,39 |
| 3 | Chatolic | 1 | 0,85 |
| | **Total** | 118 | 100 |

**Table 9. Nurses' spiritual caring perceived by respondents exposed to covid 19 (n=118).**

| Variabel | n | Min | Maks | Mean | sd |
|---|---|---|---|---|---|
| *Caring altruistik* | 118 | 10 | 50 | 39.75 | 10,79 |
| *Caring humanistik* | 118 | 10 | 50 | 40,35 | 10,29 |

**Table 10. Quality of life respondents exposed covid 19 (n=118).**

| Variabel | n | Min | Maks | Mean | sd |
|---|---|---|---|---|---|
| Physical Dimention | 118 | 19 | 35 | 27.58 | (±3,33) |
| Psychological Dimention | 118 | 19 | 30 | 26,23 | (±2,55) |
| Social Dimention | 118 | 9 | 15 | 12,38 | (±1,54) |
| Environtmental Dimentio | 118 | 24 | 40 | 32,91 | (±3,78) |
| Over all quality of life | 118 | 78 | 129 | 107,38 | (± 10,41) |


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of respondents with good quality of life on environmental dimensions was 54 (45.76%) respondents, and 64 (54.24%) respondents in poor environmental dimensions.

The results showed that the patient's quality of life had an average of 107.38 (± 10.41) with the lowest patient's quality of life being 78 and the highest patient's quality of life being 129. Based on the 95% Confidence Interval val it can be predicted that the value of the patient's quality of life variable in the population is in the range of 105.48 - 109.28.

The categorical analysis of respondents with good quality of life was 79 (66.94%) respondents, and 39 (33.06%) respondents had poor quality of life.

### Relationship between Caring Nurses and Respondents' Quality of Life

The results of the correlation test are known that there is a significant relationship between the altruistic aring variable and the quality of life of COVID-19 patients ($p = 0.0001$, $P < 0.05$), and the value of $r = 0.413$. Based on the value of the correlation coefficient between the two variables, it can be seen the strength the relationship between the two variables is in the moderate category, with a unidirectional relationship, it can be concluded that the better the altruistic caring given by the nurse to the respondent, the better the quality of life when exposed to COVID-19.

The results of the correlation test showed that there was a significant relationship between the humanistic caring variable and the quality of life of COVID-19 patients ($p = 0.0001$, $P < 0.05$), and the value of $r = 0.429$. Based on the value of the correlation coefficient between the two variables, it can be seen that the strength of the relationship between the two variables is in the medium category, with a unidirectional relationship, it can be concluded that better humanistic caring, the better quality of life of patients exposed to COVID-19

## DISCUSSION

Quality of life is a perso perception as an individual related to their position in life seen from the context of the culture and value system in which they live and its relationship to goals, expectations, standards, and her things that concern the individual. Quality of life is directly affected by positive parenting experiences, negative parenting experiences, and chronic stress. Economic resources and social resources have a rect impact on the quality of life. The results of the analysis in this study showed that spiritual caring affects the quality of life of patients exposed to COVID-19. value of r = 0.429. Based on the value of the correlation coefficient between the two variables, it can be seen that the strength of the relationship between the two variables is in the medium category, with a unidirectional relationship, it can be concluded that the better humanistic caring, the better the quality of life of patients exposed to COVID-19.

This is supported by Ghozally that the factors that affect the quality of life include self-recognition, adaptation, feeling the suffering of others, feelings of love and affection, being optimistic, developing an attitude of empathy. as a recipient of nursing services. Quality of life of patients exposed to COVID-19, whether self-isolated or treated in an inpatient room (covid isolation) for physical dimensions. Respondents admitted experiencing physical discomfort due to infection with the SARS-CoV-2 virus, which causes fever, runny nose, chills, anosmia, to shortness of breath so that there is a decrease in activity, physical condition and weakness, limited muscle strength so easily tired.[15] The psychological dimension is due to high anxiety as a result of exposure to viral infections and the prognosis of diseases that increase anxiety, the social dimension is due to having to be separated from family and social conditions, because as social beings, respondents as patients exposed to this virus experience social problems, even loneliness and isolation due to isolation. independence and isolation treatment, environmental dimensions that must be out of the environment that has been in the comfort zone in their environment.[16]

Several factors can affect a patient's quality of life such as age, gender, level of education, occupation, marital status, finances and reference standards, but in this study all these factors did not directly correlate with the quality of life of patients exposed to COVID-19. Quality of life consists of physical, psychosocial, social and environmental dimensions.[17]

Factors that influence the quality of life in this study are altruistic caring and humanistic caring, indicated by statistical analysis with p value 0.05 and have a relationship pattern that is directly proportional to the closeness of the relationship, which means the better the uistic caring of the nurse, the better. the quality of life of respondents exposed to COVID-19, and the better the nurse's humanistic caring, the better the quality of life of the respondent exposed to COVID-19.[18] This is because humaniastic caring as a reflection of attention, feelings of empathy and compassion for others, and is carried out by providing concrete actions caring with the aim of improving the quality and living conditions of respondents exposed to COVID-19. altruistic caring is the provision of help by nurses to respondents exposed to COVID-19 which is given purely, sincerely, without expecting any return (benefit) for him, with the main goal solely eyes to improve the welfare of others (respondents who are helped), and altruistic behavior is a voluntary action by nurses and helping others selflessly, because they only want to do good deeds.[19]

## CONCLUSION

Nurse altruistic caring was perceived as good as much as 63.56%, while humanistic caring was perceived as good as much as 68.64%. There was a relationship between altruistic caring and the quality of life of patient respondents exposed to covid 19, where the better the p eption of altruistic caring, the better the quality of life. There was a relationship between humanistic caring and the quality of life of patient respondents exposed to COVID-19, where the better the perception of humanistic caring, the better the quality of life. Further study with larger sample size and more comprehensive design are needed to support these findings.

## FUNDING

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## CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

## AUTHOR CONTRIBUTION

All authors were responsible for data gathering, supervision, and writing the original draft. All authors had reviewed the final version of the manuscript.

## ETHICAL CONSIDERATION

The investigators agreed to conduct this study in full agreement with the principles of the Declaration of Helsinki' and its subsequent related amendments. This study was approved by the Ethics Committee of the Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Semarang, Semarang, Indonesia. Letter of exemption Ref. No. 1288/EC.KEPK/UMS/2020.

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