



Spiritual Care Need: The Pediatric Nurses' Perspective

Romdzati Romdzati*, Widya Rachmi Yuliandari

Department of Pediatric Nursing, School of Nursing, Universitas Muhammadiyah, Yogyakarta, Indonesia

Abstract

BACKGROUND: Nurses as health professionals have to provide holistic nursing care that is a bio-psycho-socio-cultural and spiritual aspect. If the spiritual aspects are not met, it will impact the patient's healing process. It requires the role of nurses to meet the spiritual needs of patients.

AIM: This study aims to determine a spiritual care need based on pediatric nurses' perspective.

METHODS: This study used a qualitative method of phenomenology. Participants in this study were all seven nurses working in the pediatric inpatient ward of three private hospitals in Yogyakarta. Data were collected through semi-structured interviews.

RESULTS: The study showed that the meaning of spiritual care need was the need related to pediatric religion and psychology. Nurses can perform spiritual care needs to patients independently or collaborate with the spiritual counselor. Nurses fulfilled patients' spiritual care needs to remind daily prayer, pray for patients, and remind them of prayer before taking medicine or other occasions.

CONCLUSION: Spiritual care needs can be fulfilled by nurses independently or through collaboration with a spiritual counselor.

Edited by: Sasho Stoleski
Citation: Romdzati R, Yuliandari WR. Spiritual Care Need: The Pediatric Nurses' Perspective. Open-Access Maced J Med Sci. 2021 Sep 18; 9(T4):324-326. <https://doi.org/10.3889/oamjms.2021.5811>
Keywords: Child patients; Pediatric nurses; Spiritual care
***Correspondence:** Romdzati Romdzati, Department of Pediatric Nursing, School of Nursing, Universitas Muhammadiyah Yogyakarta, Indonesia. E-mail: romdzati@umy.ac.id
Received: 29-Jan-2021
Revised: 17-Jun-2021
Accepted: 08-Sep-2021
Copyright: © 2021 Romdzati Romdzati, Widya Rachmi Yuliandari
Funding: This study was supported by the Research, Publication, and Community Service Institute of Universitas Muhammadiyah Yogyakarta
Competing Interests: The authors have declared that no competing interest exists
Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Introduction

The primary purpose of pediatric nursing is to improve the quality of health care for children [1]. Children are a significant group in the world since they will become the next generation in a country. If they live prosperously and healthily, they will be a good generation.

Based on the Central Bureau of Statistics in 2019, children are about 35% of Indonesia's total population (268 million). During the life span, children experienced illness exposure so that some children have to admit to the hospital.

In terms of hospitalization, pediatric nurses should take care of children holistically. Nurses' performance in the nursing process includes assessment, diagnosis, planning, implementation, evaluation, and documentation. To set a proper and complete assessment, pediatric nurses have to consider patients' biophysical, psychological, sociocultural, and spiritual backgrounds. Although spirituality has become an essential aspect of nursing practice, nurses lack certitude about the meaning of spirituality and how to perform spiritual care [2]. Conducting spiritual assessment and planning, pediatric nurses should pay attention to developmental stages, life experiences, family, and sociocultural contexts [3]. It is in line with family-centered care in pediatric nursing [1].

Methods

This research used a qualitative method of phenomenology. Participants were selected from pediatric nurses at three private hospitals in Yogyakarta province. Four participants are from PKU Muhammadiyah Yogyakarta Hospital and PKU Muhammadiyah Bantul Hospital, meanwhile, three others are from PKU Muhammadiyah Gamping Hospital. Data were collected through semi-structured interviews. The researcher asked permission to record the process of the interview. After interviewing all seven participants, the data occurred saturation. Then, the researcher analyzed the data in the way of reduction, data display, and conclusion. This study received an ethical license with the number: 33/EC-KEPK FKIK UMY/II/2020.

Results

The characteristic of participants was presented in the table.

Based on Table 1, all participants were female. Most of them are early adult (20–40 years old). All participants worked in the pediatric ward with a range

of 2–4 years, and one worked for more than 20 years. In terms of education level, all of them graduated with bachelor and diploma degrees.

Table 1: The characteristic of participants (n: 7)

Code of participant	Sex	Age (year old)
Participant 1 (P1)	Female	34 years old
Participant 2 (P2)	Female	31 years old
Participant 3 (P3)	Female	43 years old
Participant 4 (P4)	Female	32 years old
Participant 5 (P5)	Female	40 years old
Participant 6 (P6)	Female	31 years old
Participant 7 (P7)	Female	50 years old

Like other Indonesian nurses, the most prominent educational level was a diploma degree and bachelor's degree. The number of nurses presented in this research was suitable for Indonesia Nurses Association databases [4], [5]. Most of the nurses were female (71%); meanwhile, male nurses were the rest of them. A similar phenomenon was also identified that, in this world, there are around 10% of male nurses [6].

This research revealed three themes, namely, the definition of spiritual need, the importance of the spiritual need for a pediatric patient, and staff responsible for providing spiritual fulfillment.

The definition of spiritual care need

The first theme is the definition of spiritual care need. Based on an interview with seven participants, they mentioned that the spiritual care need was a relationship with the Creator or God, religious practices, belief, support provision, encouragement, a reminder of patients' *maghdoh* worship, and motivation. Participant 3 stated that "Spiritual care need is believing in God, it can motivate people," while participant 5 said, "Spirituality is related with religion and God."

The importance of spiritual care need

The next theme was the importance of the spiritual need for pediatric patients. Six participants stated that spiritual needs were fundamental. It can support pediatric patients recovered soon; it also gave motivation and power to them.

"It is important to support pediatric patients so they can recover soon." (participant 1)

"...to recover soon." (participant 5)

"...important to speed up healing." (participant 6)

"...pediatric patient needs power." (participant 7)

Spirituality may impress children's physical, emotional, and psychological [3]. Participants in this study expressed things that were in accordance with that statement.

"...for providing support and motivation." (participant 2)

Staff providing spiritual care need

The last theme explained about staff providing spiritual needs. Nurses have a responsibility to fulfill the spiritual need of pediatric patients. Nurses provide spiritual needs by reminding them to pray, whether it is a 5-time-a-day prayer or praying before and after doing something such as before breakfast or taking some medicines.

"We inform that sick people can pray, do ablution, and tayammum." (participant 1)

"...we motivate them to pray. Here is ustadz (chaplain)." (participant 5)

"...before eating a meal, we remind them to pray." (participant 7)

In providing spiritual needs for pediatric patients, nurses are not alone since spiritual counselors also give spiritual and religious guidance in the hospital.

"We involve spiritual counselors to pray for patients. And if the family asking something, we convey it to the spiritual counselor." (participant 7)

Discussion

Pediatric nurses who participate in this study opined that spirituality is related to religiosity. Spirituality is not limited to the religious dimension or the relationship with God. Spirituality has a broader definition than religiosity [7]. At present, most people in the world involve several forms of religious or spiritual practices [3]. The existing model showed that those two concepts were overlapped [8]. It also was identified by Ramezani *et al.* [3], stating that nurses are still confused with the concept of spiritual care. Lack of training about spiritual care takes effect on the way to understand and to deliver spiritual needs.

Although there are still many different definitions, spiritual needs are still important for pediatric patients. It supports pediatric patients and their families. Moreover, it helps pediatric patients to recover earlier. When pediatric patients meet their spiritual needs, they will have better health conditions. Patients feel motivated and powerful. Spirituality is a positive approach for a better quality of life. Many studies revealed the effects of spirituality on patients' health status. According to a research, spiritual health will bring patients to a meaningful and purposeful life [9]. These findings are in line with another study, revealing that spirituality helped pediatric patients, especially teenagers, faced illness, particularly terminal illness and death threatening illnesses [10].

In terms of providing spiritual care, nurses can attempt to deliver it to pediatric patients. For instance, they can try several ways, such as listening to them with empathy, praying together with children and families, performing non-verbal communication such as touching and conducting religious rituals [7]. Nurses can also try to remind pediatric patients to pray before and after doing some activities. Family and social environment need to be involved in providing spiritual needs [3].

In Indonesia, spiritual counselors have a portion in providing patients services during their stay in the hospital. Each hospital provides spiritual counselors following their religions. Spiritual counselors help the patients reach life balance in the world and hereafter to be mentally healthy. Providing guidance can be done through direct speech, audio, and picture. The purpose of spiritual counselor intervention is to raise patients' mentality to influence their health [11], [12]. Hence, nurses can do it by themselves or by collaborating with spiritual counselors when conducting spiritual care.

Conclusion

The result of this study indicated that spiritual need was significant for pediatric patients. Nurses could fulfill those needs independently or collaborate with spiritual counselors. Nurses delivered spiritual support to them in conjunction with conducting other interventions.

References

1. Hockenberry MJ, Wilson D. *Wong's Essentials of Pediatric Nursing*. St. Louis, Missouri: Mosby, Elsevier; 2013.

2. Ramezani M, Ahmadi F, Mohamadi E, Kazemnejad A. Spiritual care in nursing: A concept analysis. *Int Nurs Rev*. 2014;61(2):211-9. <https://doi.org/10.1111/inr.12099> PMID:24712404
3. Alvarenga WA, Carvalho EC, Caldeira S, Vieira M, Nascimento LC. The possibilities and challenges in providing pediatric spiritual care. *J Child Health Care*. 2017;21(4):435-45. Available from: https://www.researchgate.net/publication/320629243_the_possibilities_and_challenges_in_providing_pediatic_spiritual_care. [Last accessed on 2021 Dec 31]. <https://doi.org/10.1177/1367493517737183>
4. Kementerian Kesehatan (Ministry of Health). Pusat Data dan Informasi Kementerian Kesehatan RI. Indonesia: Kementerian Kesehatan; 2017. <https://doi.org/10.14203/press.298>
5. Badan Pusat Statistik (Central Bureau of Statistic). Jumlah Penduduk Menurut Kelompok Umur dan Jenis Kelamin. Indonesia: Badan Pusat Statistik; 2019. Available from: https://www.bps.go.id/indikator/indikator/view_data_pub/0000/api_pub/58/da_03/2. [Last accessed on 2020 Jul 26]. <https://doi.org/10.31002/rep.v5i2.1919>
6. Institute of Pediatric Nursing (IPN). Men in Nursing: Encouraging Men to Choose Pediatric Nursing; 2016. Available from: <https://www.ipedsnursing.org/men-nursing>. [Last accessed on 2021 Dec 31].
7. Nascimento LC, Alvarenga, WA, Caldeira S, Mica TM, Oliveira FC, Pan R, *et al*. Spiritual care: The nurses' experiences in the pediatric intensive care unit. *Religions*. 2016;7:27. <https://doi.org/10.3390/rel7030027>
8. Feudtner C, Haney J, Dimmers MA. Spiritual care needs of hospitalized children and their families: A national survey of pastoral care providers' perceptions. *Pediatric*. 2003;111(1):e67-72. <https://doi.org/10.1542/peds.111.1.e67> PMID:12509597
9. Hatamipour K, Rassouli M, Yaghmaie F, Zendedel K, Majd HA. Spiritual needs of cancer patients: A qualitative study. *Indian J Palliative Care*. 2015;21:61-7. Available from: https://www.researchgate.net/publication/272843225_spiritual_needs_of_cancer_patients_a_qualitative_study. [Last accessed on 2021 Dec 31]. <https://doi.org/10.4103/0973-1075.150190>
10. Garanito PG, Cury MR. Spirituality in pediatric practice. *Rev Bioet*. 2016;24(1):49-53. Available from: https://www.scielo.br/pdf/bioet/v24n1/en_1983-8034-bioet-24-1-0049.pdf. [Last accessed on 2021 Dec 31]. <https://doi.org/10.1590/1983-80422016241105>
11. Hidayati N. Methods of Islamic Spiritual Guidance in Hospital. *Konseling Religi J Bimbingan Konseling Islam*. 2014;5(2):207-22. <https://doi.org/10.22373/taujih.v1i1.7191>
12. Hamid AS. *Aspek Spiritual dalam Keperawatan (Spiritual Aspect in Nursing)*. Jakarta: Widya Medika; 2008.