
**Nurses' Experiences In Providing Spiritual Care For Patients
In Islamic Hospital Banjarmasin**

M Fahrin Azhari

Muhammadiyah University Banjarmasin
Email : lisdafahrin@gmail.com

ABSTRACT

Spiritual need is a basic human need that must be fulfilled. Spirituality is a basic human need that inevitably fulfills, 90% of clients in some areas of America rely on religion as part of the spiritual aspect to gain comfort and strength when they feel seriously ill. This study aims to obtain a picture of the experience of nurses in fulfilling the spiritual needs of patients at Banjarmasin Islamic Hospital. The method used in this research is qualitative method with phenomenology design. The data were collected by involving six participants with in-depth interviews. The participants are the room nurses from the head of the room, the team leader to the nurses who work in the inpatient room of Banjarmasin Islamic Hospital with the age range 32-47 years, and the working period for 5-10 years.

The results of the research There are four themes identified in this study: (1) the nurse's efforts to fulfill the spiritual needs, (2) the obstacles of spiritual fulfillment, (3) the nurse's expectation toward the fulfillment of spiritual needs, (4) the support given by the management Hospital.

The conclusion of this research is that the nurses' spiritual needs are in the form of efforts to foster the spirit of the patient and help the patient to practice spiritual spirituality in increasing faith in God by collaborating with religious spiritual counselors.

Keywords: Nurse Experience, Spiritual Needs, Religious.

Introduction

Man as a client who is a bio-psycho-socio-spiritual creature is a unity of physical and spiritual aspects that have unique properties with different needs according to their respective levels of development (Hamid, 2008). A sick person seeks to seek healing and restoration of quality health and quick response to client complaints, as well as the provision of convenient health services. When illness, loss or pain attacks a person, spiritual power can help a person toward healing or on the development of spiritual needs and concerns.

JCHAO (the joint commission for accreditation of Healthcare Organizations) recognizes the importance of religious and spiritual beliefs and traditions for people suffering from illness and disability. Revealed in the JCHAO guidelines relating to spiritual assessment with care both for inpatient hospitals and those living in care homes (O'Brien, 2009). There are also clients who have a spiritual sense of tranquility that enables them to face death without fear.

A US study showed that 94% of clients visiting hospitals believe spiritual health is as important as physical health (Anandarajah, 2001). Koeng (2001 in Clark, 2008) found that 90% of clients in some areas of the United States awaken to religion as part of the spiritual aspect to gain comfort and strength when feeling seriously ill. In Rohman (2009), states that the study conducted Broen (2007) showed 77% of patients wanted to talk about their spiritual grievances as part of their care. The core of nursing is a commitment to love (caring). The theory of caring nursing in the context of Arab culture can mean the actions of nurses to facilitate the patient to worship and in turn, the nurse receives the reward of Allah for his actions (Lovering, 2008 in Abu Bakr & Ninuk). Reviewing the patient's religious practice is not enough to provide information to the nurse to understand the patient's beliefs to overcome the illness. The application of the nursing process from a patient's spiritual needs perspective is not simple because success in providing spiritual care is gaining an

understanding of the patient's spiritual dimensions (Perry & Potter, 2005).

Spiritual need is a basic human need that must be fulfilled. Spirituality is a basic human need that inevitably fulfills, improves the spiritual aspect of the environment in the healing process aimed at maximizing the benefits of experience, treatment, and feelings of peace for the patient (Joseph, 2015). Spiritual need or spirituality is something that a person believes in relation to a higher power (God), which raises a need and a love for the existence of a god, and apologies for any mistakes ever made (Hidayat, 2014).

Some studies suggest that most nurses feel unable to provide spiritual care to clients (Piles, 1990 in Carpenito, 2000). The nurse considers that spirituality is a personal matter which is an individual relationship with his creator and the nurse considers that the fulfillment of the client's spirituality needs is not his responsibility but the responsibility of the family and religious leaders Boyle & Andrews, 1989 in Carpenito, 2000). Some studies suggest that most nurses feel unable to provide spiritual care to clients (Piles, 1990 in Carpenito, 2000).

Turan & Alya (2012) research on the perception and level of implementing spiritual care to patients in Turkey shows the result that nurses' perception of spiritual care is better than their spiritual practice practice. In addition to their physiological, psychological and social needs, nurses should also address the spiritual needs of inpatients. In this case, the nurse has an important responsibility. Despite their awareness of the patients' need for good spiritual care, nurses can not reflect this awareness in their practice because of the intense work environment of performing work routines. Therefore, nursing work conditions should be improved, and training in spiritual care should be implemented. Providing essential spiritual needs for all patients; Therefore, the nurse's perception and practice of spiritual care in helping the patient's spiritual needs should be evaluated in the clinic. Referring to the nurse's role as a comprehensive nursing carer then helping the

fulfillment of spiritual needs in patients with ill health is of paramount importance. Given the condition of illness can result in the patient experiencing spiritual distress. The condition of spiritual distress in people with both acute illness and terminal jutsru will complicate the condition of the illness, because most sufferers will feel frustrated and succumb to the condition so that therapy obtained from the outside such as drugs can not heal therefore belief and belief greatly affect the success of management disease.

Spiritual support from a nurse is necessary and the nurse should be able to pay attention and meet the spiritual needs of the patient because the nurse is always present for 24 hours accompanying the patient. The results of Daaleman Et Al (2008) The presence of nurses in addition to the patient is very important related to the role of the caregiver of spiritual needs, characterized by physical proximity and intentionality. Opening the eye in terms of attendance beside the patient is the process the nurse realizes how the patient's current life and the experience of the disease they are currently experiencing. The importance of spiritual needs that nurses present to clients who are treated in the inpatient room as a source of strength and will provide a sense of security when the client faces emotional stress, physical illness, and even death due to illness in his pain.

The hospital that became the research area is the Islamic Hospital of Banjarmasin which is a hospital that has mission of Islamiyah da'wah which aims to form mental spiritual patient with 113 number of beds, 134 people the number of nurses, and 7 units of Inpatient Room. The importance of spiritual needs for clients who are treated in the inpatient room as a source of strength and will provide a sense of security when clients face emotional stress, physical illness, and even death due to illness in his pain. One of the impacts of non-fulfillment of the patient's spiritual needs is that the patient loses the meaning, hope and purpose of his life, causing the patient to reject the therapeutic regimen as a result of the loss of value and meaning so that it will affect the nursing care process given and

will affect the quality of nursing care. Therefore, the fulfillment of the spiritual needs of patients is very necessary, especially by nurses. Based on the above exposure researchers interested in deeper review of the experience of nurses in fulfilling the spiritual needs clients at the Islamic Hospital Banjarmasin?

The aim of this research to get a qualitative description of the experience of nurses in performing the spiritual needs of clients at the Islamic Hospital of Banjarmasin 2016

Research methods

This study began in November 2016 - January 2017 located in the inpatient room at the Banjarmasin Islamic Hospital.

This research uses qualitative research approach with phenomenology design. Phenomenology contributes to an understanding of the behavior, actions and ideas of each individual towards the existing phenomenon through its known and accepted point of view (Afiyanti & Rachmawati, 2014). Nursing Experience in Helping the Fulfillment of Spiritual Needs The patient in the hospital can not be described quantitatively because it is experienced differently by each individual. Factors affecting the nurse will also affect the meaning and meaning of a person to the phenomenon in helping the fulfillment of the patient's spiritual needs.

Determination of participants in this study using purposive sampling technique also called theoretical sampling or judgment sample (Marshall 1996; Ahmadi 2014). The sample or purposive participant is the selected participant oriented to the research objectives. Individuals are selected or deliberately chosen because they have experience in accordance with the phenomena studied (Afiyanti & Rachmawati 2014). Certain considerations in determining samples or participants such as the person who is considered most know about what we expect, or maybe he as a ruler that allows researchers to explore the object / social situation under study (Sugiyono, 2012). Participants in this

study were nurses who worked in the inpatient wards of RS Islam Banjarmasin. Criteria that included a participant is a nurse who has worked at least 5 years, has experience in meeting the spiritual needs of patients who are hospitalized in RS Islam Banjarmasin.

Criteria that included a participant is a nurse who has worked at least 5 years, has experience in meeting the spiritual needs of patients who are hospitalized in RS Islam Banjarmasin. To get the data of the name of the participants who have been working for at least 5 years, the researcher asked the old data to work with the field of nursing RS RS Banjarmasin. Participant in this study amounted to 6 people, adjusted to the inclusion criteria as described above and has adjusted to the data saturation (saturation) Obtained.

Data collection of this research with this research using in-depth review data collection method and using field note tool and recording tool which is useful for recording voice from participant.

In this research the analysis is done by structured and specific analysis method from Moustakas (1994) with 9 step approach made by Creswell with 3 main step that is, intuiting, analyzing and describing in analyzing data that have been got from nurse participant in Inpatient Room Islamic Hospital Banjarmasin.

Results

In this study participants are nurses who work in space inpatient wards Banjarmasin Islamic Hospital. The total number of participants was 6 persons, and all participants were female in the nurse working in the Banjarmasin Islamic Hospital on average in all inpatient rooms dominated by female and female nurses who met the inclusion criteria also in almost all women.

There are 4 (four) themes and 24 (twenty four categories) identified from the results of qualitative data analysis collected through in-

depth interviews of 6 participants. The main theme that describes the various experiences of nurses in fulfilling the spiritual needs of patients in the Inpatient Room of Banjarmasin Islamic Hospital as described below:

Themes 1. Nurses' efforts to fulfill their spiritual needs

How has your experience and efforts been made in fulfilling the patient's spiritual needs? This question is the first question asked to every participant in this study. According to the statement of the participants the efforts that have been made in fulfilling the spiritual needs include fostering the spirit of meaning and purpose of life which consists of reminding the patient's role in life and Explaining the disease, the solution of action and the success of the action. On increasing belief in the god (god) which includes submitting to god (god) and endeavor with confidence to god (god). The following is the outcome of the interview with the participants

"Every visit to my patient's patient always reminds the patient, pian (you) as a young mother of the child's mother (patient) 2 people." (P1) "Usually if you want to take medication we ask (to the patient), this medicine is not the only healer of the mediator, We ask the same god while taking medicine. "(P6)" There are some families of patients who ask us to call the religious "Guru" or spiritual officer to do that, usually we facilitate and invite "(P2)" Assisted his patients to contact their children or close family if Patient wants "(P3).

Theme 2. Constraints of Spiritual Needs fulfillment

The second theme that can be found in this research by the participants of P1, P2 and P5 are obstacles of the nurses in fulfilling the spiritual needs with 2 sub themes namely obstacles on the recipients of service and constraints on the service providers in this case

the nurses who fulfill the spiritual needs in describing the participants below this

"Spiritual, especially spiritual ministry, the patient because there is someone who wants to be unwilling, annoyed spiritualnya it" (P2). "Not in accordance with their beliefs may be, it so sometimes finally ,, oh already know like that's the privacy of the patient asked not to be interfered" (P1).

Theme 3. Nurses' Expectations on the Patient's Spiritual Needs

In this third theme, get the theme of hope of nurse who work in Inpatient Room of RS Islam Banjarmasin toward the fulfillment of spiritual need. Hope here according to the participants is a thing to be done as well as their hope in order to increase the implementation of the fulfillment of the spiritual needs of patients in the hospital. Participants' descriptions of P1, P2, P4 and P6 get some expectations ranging from training and education to spiritual needs, spiritual officers who help fulfill their spiritual needs in a 24-hour stand-by context, the MOU with Local formal religious Department Ministry and guidance to nurses in carrying out spiritual needs as described in each participant.

"Actually it is suggestion (me) as a nurse ,who is involved with many patients, the nurse must have training education" (P1) "Visiting hours can be added for the spiritual officer because as far as I know, "(P4)" is proposed what the MOU already done, or is walking less know, there must be an MOU with Local Religion Department Ministry, because it has never happened (there is no MOU) "(P6)" More directed (to spiritual needs) again For the nurse because all this has been done is just action "(P4)

Theme 4: The support that Hospital Management has provided for spiritual needs

The fourth theme was obtained from the analysis of verbatim transcripts from participants of all P1-P6 participants, some related categories of support that had been given by hospital management. Participants stated that the availability of spiritual counselors who assist the nurses in the fulfillment of spiritual spiritual needs (religious dimension), has available the format of spiritual education of patients, there has been support in the form of chanting of the Holy Qur'an (murottal) verses for patients through audio media (Speakers) installed near the patient's room in the picture in an interview with participants as below

"So far from the management of the hospital there are already prepared spiritual counselors (religious) which is prepared by the management to do spiritual guidance" (P1) "we have the education sheet so pack spiritual education pages included in it." (P4) We have the speakers playback the Koran (holy verses of the Qur'an) every nine o'clock in the morning at patient rooms"(P5).

Discussion

The findings of this study attempts made by nurses in fulfilling the spiritual needs of patients in the inpatient room of Banjarmasin Islamic Hospital in this study illustrates that nurses with education Ners have more experience in fulfilling the spiritual needs of patients as did P1 and P2, Who work over 10 years also do more fulfillment of the spiritual needs of patients than those who have a working life under 10 years as described by P6. Education is very closely related to the nurse's own knowledge of the actions taken, the duration of the work affects the experience of a nurse in performing the patient's spiritual fulfillment. Constraints in the fulfillment of the

spiritual needs of patients such as rejection of patients and in accordance with the issue between nurse-patient in Hamid (2008) which is nurses "confused" because of differences in religious concepts and spiritual concepts that are not easily understood by the nurse itself, Fear "because of the inability to overcome the problem of rejection and violate the" privacy "of the patient. The concept of Comfort Care described by Kolcaba & Kolcaba (in Alligood, 2014) illustrates the behavior of Relief, Ease and Transcendence performed by nurses by communicating patient complaints, developing patients, explaining and reassuring as well as ensuring patient care when uncertainty in the prognosis Natural patients that cause stressor levels in high patients by doing so can calm the patient and provide comfort and support patients to deal with spiritual problems that are in the natural, but spiritual intervention by a participant has not been thorough of the three things are just a few who have Done as well as other participants, so there is spiritual intervention that is not done by participants but done by other participants. When spiritual needs are fulfilled in addition to his soul being calm, spiritually healthy and affecting the patient's patient's physical discomfort (Potter & Perry, 2005).

Conclusions and recommendations

Based on the result of the research, it can be concluded that the experience of nurses in the fulfillment of the spiritual needs of the patients at the Islamic Hospital of Banjarmasin resulted in the findings of 4 themes: the nurse's efforts to fulfill the spiritual needs, the constraints of spiritual needs, the expectation of the nurses on the fulfillment of spiritual needs, Pain to the patient's spiritual needs

Researchers suggest several things:

1. For Health Service Manager in Hospital

Should conduct training on the fulfillment of the spiritual needs of patients in accordance with the concept of spiritual care to nurses in the hospital equally, comprehensively and sustainably and also do the provision of nurses with the values of religious spirituality by holding lectures / studies of Al-Islam kemuhammadiyah, so the two concepts had Bias synergize in the service at the Hospital. Hospital management should also promote the fulfillment of spiritual needs by immediately socializing and directing the nurse with the aim to improve the quality of spiritual services adequate in support of the achievement of vision and mission of a professional and quality hospital by helping patients to obtain health not only physically (physically) But also spiritual (spiritual) Islam as part of the vision AUM (charity efforts Muhammadiyah) as a medium of Islamic da'wah. Hospital nursing management also needs to immediately prepare / reform the format of assessment, intervention, SOP (Standar Operasional Procedure) implementation of spiritual fulfillment and evaluation tools to meet the spiritual needs of patients.

2. For Educational Institutions

As the first place of soft skill formation a professional nurse needs an understanding, learning, education and character formation for nurse student about caring attitude in fulfillment of spiritual requirement should educational institution pay attention Nursing education should be able to form and instill the values of nursing professionalism To students as prospective nurses who have a very big role to improve the quality of health services, especially nursing, in this case educational institutions should review the curriculum of nursing education on basic human needs, especially on the spiritual needs of patients. Educational institutions should also add and update the curriculum of education with the material content of spirituality and spirituality needs, as one of the institutional efforts in

shaping a holistic mindset to students who later become nurses working in various order of health services, especially hospitals.

REFERENCES

- Abu Bakar & Ninuk Dian Kurniawati. (2013). *The study Fenomenologi Worship Experience patients hospitalized in Islam with Islamic Spiritual Approach in Hospital Aisyiah Bojonegoro and Haji Hospital Surabaya*. The Journal. Unair Fkp. In publish.
- Aeni, Nurul. (2008). *The comparative study of spiritual guidance Model in motivating cure patients in Hospital Islam Sunan Kudus and House SakitMardi Rahayu Holy Years 2008, bachelor theses* (not published), Semarang: Faculty Of Dakwah IAIN Walisongo
- Afiyanti, Y. & Rachmawati, I.N., 2014. *Qualitative Research Methodology in nursing research*. 1st ed., Jakarta: Rajawali Press.
- Ahmadi, R., (2014). *Qualitative Research Methodology*, Yoryakarta: Ar-Ruzz Media.
- Diponegoro, A.M. (2011), *Islamic Counselling Complete Guide to be Muslim that happy*, Yogyakarta: Gala the science of the Universe
- Amankwaa, L., Jenkins, M., Trent, B., & Wikoff, K. (2009). *The positive effects of spirituality of health, well being, and life satisfaction*. Nursing Center Journal Issue, 40, 29-36.
- Anandarajah, G. & Thursday, E. (2001). *Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment*. American Family Physician, 63, 81-92.
- Alligood & Tomey. (2006). *Nursing theory utilization & application*. 6 th Edition Missouri: Mosby, Inc
- Alligood. (2006). *Nursing theorist and their work*. 8 th Edition, Missouri: Mosby, an Imprint of Elsevier Inc
- Asmadi, (2008). *The Basic Concept of nursing*. Jakarta: EGC
- Atkinson, (2000). *Introduction Psychology Volumes 11 Edition 2*. Jakarta: Interaksara
- Bungin, B., (2012). *Qualitative research ; Communication, Economic Public Policy and other Social Science*. Both., Jakarta: Kencana Prenada Group.
- Cavendish, R., Konecny, L., Mitzeliotis, C., Donna, R., Luise, B, K., Lanza score, M., et al. (2003). *Spiritual care activities of nurses using heading Nursing Interventions Classification (NIC) labels. International Journal of Nursing Terminologies and Classification, 14, 113-122.*
- Cetinkaya Bengu, et al, (2013). *Nurses' Perceptions of Spirituality and Spiritual Care. Australia : The Australian Journal of Advanced Nursing (AJAN). Volume climbed 31-1*
- Crewell, J. L. (2008). *An analysis of the spiritual dimension within nursing curricula of the National League for Nursing centers of excellence and matched baccalaureate nursing programs. Ph.D. at the University of Northern Colorado.*
- The Ministry OF THE REPUBLIC OF INDONESIA. (2009). *Implementation guidance Services at hospital. The mold to -1*. Jakarta: Ministry of RI
- Daaleman Et Al. (2008). *An Exploratory Study of Spiritual Care at the end of life. Annals of Family Medicine Annfamed Journal. Volume. 6, No. 5.*
- Dover, K., Bacon, R., & Jane, T. (2001). *Spiritual care in nursing practice: A close-up view*. The Journal of Education and Practice, 5, 150-159.

- Baldacchino, D.R. (2006). Nursing competencies for spiritual care. *The Journal of Clinical Nursing (JCN). The volume of 15 Issues*.7
- Govier (2000). *Spiritual care in nursing: A systematic approach*. Nursing Standard, 14, 32-35.
- Hamid A.Y. (2008). *The Flower Nursery Rampai Nursing Mental Health*. Jakarta: EGC
- Hamid, A. Y. (1999). *The Book instructed the Spiritual aspects in nursing*. Jakarta: Widya Medika.
- Hawari, A. A. (2006). *The dimension of the religious aspects in the practice of Psychiatry and Psychologist*. Jakarta: New Style
- Haynes Et Al. (2007). Spirituality and Religion in Health Care Practice A person centred resource for the staff at the Prince of Wales Hospital in Sydney. *Australia: South Eastern Sydney Illawarra NSW Health Icompr Health Unit*
- Hawari, D (1997). *The Prayer and remembrance of Allah as a complement medical treatment*. Yogyakarta: Funding Bhakti Primayasa
- Hanson et al (2008). Providers and Types of Spiritual Care te serious illness. *The Journal of Palliative Medicine Volume 11, Number 6. USA: the University of North Carolina*
- Hartono and Aziz, Arnicum. 2008. *MKDU: Basic Social Science*. Jakarta: PT Earth Characters
- Hidayat, A. A. & Uliyah M (2014). *Introduction to the basic human needs Ed.2 Book 1*. Jakarta: Salemba Medika
- H. Wijayakusuma. (1997). *The wisdom of the Prayer for the treatment and health*. Jakarta: single library together Kartini
- Hodge., David, R., Horvath., & Violet, E. (2011). Spiritual needs in health care settings: A qualitative meta-the whole populace threw of clients' perspectives. *Social work, 56, 16-30*
- Hubbel., Saral, L., Elizabeth, K., Barksdale, B., Debra, J., & Parker, J. S. (2006). Spiritual care practices of nurse practitioners in federally designated non metropolitan areas of North Carolina. *The Journal of the American Academy of Nurse Practitioners, 18, 85-91*.
- Ida Iyasa. (2016). *Spiritual Advisor efforts in patients give you the confidence of patients in the Hospital'Aisyiyah Holy*. Bachelor theses. The Holy STAIN. In publish
- J.B Suharjo B. Cahyono (2011). *To attain the strength of the self-healer is not limited to the Book of Jakarta: PT Gramedia Pustaka Home*
- Karina my sister Kinasih & Aries Wahyuningsih (2012). *The role of the Spiritual Mentoring against the motivation healing in elderly*. *The Journal Stikes*. Saline STIKES Kediri Baptists
- Kozier, B. (2004). *The fundamentals of nursing seventh edition*. Volume 2. Jakarta: EGC.
- Masfiah. (2007). *The influence of religious guidance for the health of the soul of Cancer Disease patients in Hospital Cancer Dharmais Jakarta, bachelor theses* (not published), Semarang : Faculty Of Dakwah IAIN Walisongo
- McSherry, W., Cash, K., Ross, L. (2004). *Meaning of spirituality: Implication for nursing practice*. *The Journal of Clinical Nursing, 13, 934-941*
- Meehan, T. (2012). Spirituality and spiritual care from a careful nursing perspective. *Journal of Clinical Management, 4, 1-11*.

- Monod, S., Brennan, M., Rochat, E., Martin, E., Rochat, S., & In, C. (2010). The instrument measuring spirituality in clinical research: A systematic review. *Journal of General Internal Medicine*, 26, 1345-1357.
- Mubarak, W.I, dkk. (2009). *Nursing science community*. Jakarta: Salemba Medika.
- Mubarak, W. I. (2005). *Introduction to the nursing Community 1*. Jakarta: SAGUNG SETO.
- Murwani, A. (2008). *Introduction to the Basic Concept of nursing*. Yogyakarta: Fitra Maya.
- Murray, R. P. (2010). Spiritual care section and practices of special care and oncology RNs molecules at variability' end of life. *Journal of Hospice & Palliative Nursing*, 12(1), 51-58. doi: 10.1097/NJH.0b013e3181c72d36
- Narayanasamy, A. (2004). Responses to the spiritual needs of older people. *The Journal of Management Nursing*, 48, 6-15.
- Andrew Newberg. (2009). *How God changes your brain : Breakthrough findings from the leading neuroscientist*. New York, NY: Ballantine. xii + 348 , pp.
- Norah Al-Rowais, et al (2010) The extent prevalence of Complementary and Alternative Medicine (CAM) flags among Saudis. *Riyadh : King Saudh University Journal*
- Nunung Sintianti. (2004). *The handling of the case of apprehension with prayer therapy*. Bachelor theses. The faculty of Dawah UIN Sunan Kalijaga. In publish
- O'Brien, E. (2009). *The guidelines nurses for spiritual services stand in the holy land*. Medan : Bina Media Pioneer
- Potter, P. A. & Perry, A. G. (2005). *The Fundamental Lesson book nursing: Concept, Process and Practices. The Edition 4. Volume 1*. Jakarta: EGC
- Puspita, I. (2009). *Nursery application Nursing Muslim Spiritual In R. Paradise Iii Rs. Al-Islam Bandung*. Bachelor theses. Akper Aisyiah Bandung.
- Salbiah. (2006). The concept of the Holistic Approach in nursing through the Adaptation Model Approach 'sister Callista Roy. *The Journal of Nursing Rufaidah Vol.2-No.1: North Sumatra University*
- Salim Samsudin (2005). *Spiritual guidance Efforts Mensinergritaskan Patients Medical Services and Spiritual in Hospital*. Semarang : collection of papers National Seminar. RSI Sultan Agung and the Medical Faculty Unisula.
- Sugiyono. (2012). *quantitative research method, qualitative and R & D*. Bandung: Alfabeta Cv
- Sartori, P. (2010). Spirituality 2: Exploring how to address variability' spiritual need in practice. *Nursing time*, 106, 5-23.
- Sales Monica, Sipayung. (2014). *Spirituality Elderly The Bataks lost the couple live in the village of Fence Sub-district Silinda Beks Serdang Bedagai*. Taken from <http://repository.usu.ac.id/handle/123456789/43704>. On November 15 2016.
- , R.M Steers and Porter, L.W. (1991). *Motivation and Work Behavior*. New York: McGraw Hill Book Co
- Taylor, E. J. (2003). Nurses caring for the spirit: variability with cancer and family care expectations. *Oncology Nursing Forum*, 30(4), 585-590. doi: 10.1188/03.ONF.585-590

-
- Turkan Turan and Ayla Yavuz Karamanoglu. (2012). Determining intensive care unit Nurses' perceptions and practice levels of spiritual care in Turkey. *British Association of Critical Care Nurses Journal*
- Patelarau, A. E. (2012). Nurse manager and nurse leader synonyms or complementary belonged?: *Review. Nursing Reports*, 9, 42-46.
- Young, C., Koopsen, C. (2007). *Spirituality, Health and healing*. Medan: Bina Media Pioneer.
- Joseph AH et al (2015). *The Book Instructed Nursing Mental Health*. Jakarta: Salemba Medika.
- Watson, J. & Smith, M.C. (2002). The Caring Science and The Science of Unitary Human beings: A Trans Theoretical Discourse [for Nursing Knowledge Development. *Journal of Advanced Nursing*.
- Zohar Danah. (2007). *SQ (Spiritual Intelligence)*. Bandung : PT Mizan Library