



# The Effect Of Spiritual Support Implementation Based On Transcultural Theory (ISST) On Implementation Of Worship To Patients Of Stroke

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**Abstract: Introduction:** Stroke is generally known as an attacking disease, crippling and even able to kill humans. Besides having physical and psychological problems, stroke patients also have psychospiritual problems. The aim of the study was to analyze the effect of Transcultural Theory (ISST) spiritual support implementation on worship in Stroke Patients.

**Method:** The design of this study was a Quasi-Experimental approach with pre-post-test control group design, the sample was 36 patients, divided into 2, treatment groups and controls were taken by simple random sampling technique. Data analysis using the Mann-Whitney test with  $\alpha = 0.05$ .

**Results and analysis:** The results showed that the difference in the implementation of the intervention group was  $\pm (SD) = 7.22 \pm (4.6)$  and the control group was  $\pm (SD) 0 \pm (0)$ . The results of the Mann-Whitney Test,  $P = 0,000$ , meaning that there is an effect of transcultural theory-based spiritual support implementation (ISST) on the implementation of worship.

**Discussion and Counseling:** Giving the Implementation of spiritual support based on transcultural theory (ISST) can improve the implementation of worship. Nurses can provide spiritual support based on transcultural theory (ISST) in stroke patients as an intervention in spiritual nursing care.

Keywords: Spiritual support, Implementation of worship, Stroke.

## 1. INTRODUCTION

Stroke is generally known as an attacking disease, crippling and even able to kill humans. A person with a stroke has a brain functional disorder in the form of nerve paralysis (deficit neurologic). Besides having physical and psychological problems, stroke patients also have psychospiritual problems.

Stroke is the second sequence of deadly diseases after heart disease. The world stroke incidence rate is approximately 200 per 100,000 inhabitants in a year. More detailed data by the American Heart Association / American Stroke Association (AHA / ASA) in Heart Disease Statistics and Stroke-2017 Update, with reference to Americans averaging every 40 seconds supported by strokes and every 4 minutes caused by stroke (Benjamin ) et al., 2017). Indonesia ranks first in the world based on the Ministry of Health data number of stroke sufferers in Indonesia in 2013. Riskesdas

data year 2018 shows the prevalence of stroke disease increased when compared to the data Riskesdas year 2013 which is 7% to 10.9% (Riskesdas, 2018). Based on the data of Mohammad Zyn Sampang Hospital The number of stroke patients in 2017 as much as 268 stroke patients and in 2018 from January to October the number of patients with the hospitalization of 261 patients. The results of the interview with the head of the room Dahlia stroke patient almost most never carry out the obligation to perform prayers of prayer 5 time, this is also because of the lack of the maintenance of spiritual nursing, nurses only remind Prayer times when the voice of the Adhaan reverb is in the yard of the hospital. (Data of dr. Mohammad Zyn Sampang Hospital, 2018)

Spiritual problems are also often encountered in stroke patients, among others, leaving the obligation of praying five times by reason of the complaint with existing complaints, bother with infusing conditions or other medical therapies that make the patient's movements limited, and Patient ignorance of the ordinance of Prayer when sick (Hidayanti, 2015). The results of the study Phenomenological (Bakar and Kurniawati, 2013), in his research, showed that not all respondents perform worship in accordance with the instructed religion is obligatory prayer five-time. This is due to physical weakness and unholy conditions. This condition is also weakened by the lack of the practice of spiritual nursing.

Cultural influences are particularly noted in carrying out the nursing process. One theory expressed in Middle range theory is the Transcultural Nursing Theory. Leininger assumed that it was important to pay attention to cultural diversity and values in the application of nursing care to clients. According to Leininger culture and social structure dimension of culture care, it is the influence of certain cultural factors (sub-cultures) that includes religion and philosophy of life, social and family bonding, political and legal, economic, educational, Technology and cultural values that are interconnected and serve to influence behavior in different environmental contexts (Alligood, 2017).

Madura majority embrace Islamic religion which then puts religious figures (Kiai) in a very important and central position in the community. In fact, for the Madura, Kiai is seen not only as a subject that teaches the sciences of religion but also as subjects who have more strength (Syamsi, 2013). The implementation of nursing and culture are two things that are interconnected and related. The understanding of culture will make the implementation of nursing become more directional, innovative and in the end can improve health services (Andrews and Boyle, 2018)

Spiritual problems are a self-reliant problem of nursing and resolved by self-intervention (CNA, 2010). Stroke patients need not only medical treatment but also need psychospiritual services to awaken spiritual forces. Actions that can be done to improve spiritual worship of the patient can be done by the theory approaches Transcultural Nursing Leininger by reviewing the religious factors and Cultural value of the patient so that the nurse can perform the implementation Spiritual support, according to Leininger this kind of help is just right – really effective if the background of the patient's culture is also considered, and that the implementation of nursing is always associated with culture. According to (Kozier, 2015) Nurses providing mentoring, providing support for religious practices, helping to pray or pray for patients is one of the actions of nursing spiritual-related patients as well as nurses need to also refer patients to religious leaders. Nurses and religious leaders can cooperate to meet the patient's spiritual needs. The spiritual guidance of Islam for the patient provides spiritual benefit in the form of motivation to be steadfast and patient in the face of trials, by giving the guidance of prayer, holy Way, prayer, and other practices of worship done in a state of sack It (Bukhori, 2008)

Prayer is obligatory for Muslims if it does not work sinful and is the first worship required by Allah SWT. Prayer becomes a cross-dimensional as well as one form of obligation for every Muslim, so it is forbidden to leave it in spite of illness, as long as the understanding is still good (Syamhudi, 2015). Rasulullah said: "Prayer is the first practice in the Day of Resurrection (Hakim. 2017). The exercise of prayer in the sick is to obtain a legitimate or waivers that are appropriate to their capacities. The purpose of this research is to analyze the influence of the spiritual implementation of the Transcultural theory (ISST) on the implementation of worship in Stroke patients.

## 2. METHODS

The design of the research used in this research is Quasy-Experimental with a pre-post-test control group design approach to know the influence of the implementation of Spiritual Support to the implementation of worship.

### 3. POPULATION, SAMPLE, AND SAMPLING TECHNIQUES

#### 3.1 Population

The population in this study is all patient stroke patients who are hospitalized in the district general Hospital of dr. Mohammad Zyn Sampang Regency.

#### 3.2 Research Samples

The samples in this study were some stroke patients who were hospitalized at dr. Mohammad Zyn Sampang Hospital. Samples were taken with the criteria:

##### 3.2.1 Inclusion criteria in this study:

- a. Muslim
- b. Patient with the implementation score of worship < 14 from Pre-test results
- c. Stable vital signs, temperature 36-38 ° C, Pulse 60-100 times per minute, Respiratory 16-24 times per minute.
- d. Composmetic consciousness score GCS (14-15)

##### 3.2.2 Exclusion criteria in this study:

- a. Patients with female gender come into menstruation
- b. Patients who are KRS (out of hospital) before day 5
- c. Critical research patients (coma)

#### 3.3 Sampling Research

Sampling in this study used the Probability Sampling technique with Simple Random Sampling, which was a random sampling (Nursalam, 2013).

## 4. RESULT

### 4.1 General Data

Characteristics of respondents include age, gender, education, work that can be explained in the table below:

Characteristics	Group				Total	
	Intervention		Control		F	%
	F	%	F	%		
<b>Age</b>						
Late adult	1	5,6	0	0	1	2,8
Early elderly	9	50	4	22.2	13	36,1

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Late elderly	4	22,2	8	44,4	12	33,3
Seniors	4	22,2	6	33,3	10	27,8
<b>Total</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>36</b>	<b>100</b>
<b>Gender</b>						
Women	13	72,2	9	50	22	61,1
Man	5	27,8	9	50	14	38,9
<b>Total</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>36</b>	<b>100</b>
<b>Education:</b>						
No School	4	22,2	9	50	13	36,1
basic education	11	61,1	9	50	20	55,5
Junior High School	1	5,6	0	0	1	2,8
High School	1	5,6	0	0	1	2,8
College	1	5,6	0	0	1	2,8
<b>Total</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>36</b>	<b>100</b>
<b>Work:</b>						
Private	8	44,4	9	50	17	47,2
Fishing	3	16,7	3	16,7	6	16,7
Farmers	6	33,3	6	33,3	12	33,3
Civil Servants	1	5,6	0	0	1	2,8
<b>Total</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>36</b>	<b>100</b>

Based on the table above, there is a half patient intervention group (50%) In the age range of 46-55 years (early elderly). In the control group almost half (44.4%) In the age range of 56-65 years (late elderly). The gender of the intervention group largely (72.2%) Female genital patients. In the control group in half (50%) Male sex patients. Based on the level of education gained that the most intervention group (61.1%) Basic educational background. In the control group acquired that half (50%) Patients with the educational background, not school. The job status of the intervention group gained that almost half (44.45) private. In the control group in half (50%) Patient's job status is private.

#### 4.2 Custom Data

##### 4.2.1 The average difference in the implementation score of worship on the group intervention and control group before and after spiritual support is conducted based on transcultural theory (ISST)

Implementation of Worship	Intervention Group				Control Group			
	Pre test		Post test		Pre test		Post test	
	n	%	n	%	n	%	n	%
Never Pray	18	100	5	27,8	18	100	18	100
Sometimes prayers	0	0	0	0	0	0	0	0
Always Pray	0	0	13	72,3	0	0	0	0
<b>Total</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>18</b>	<b>100</b>

<b>Mean ±SD</b>	5±0	12,2±4,6	5±0	5±0
<b>Median</b>	5	155		5
<b>Min–Max</b>	5-5	5-15	5-5	5-5
<b>Z</b>		-3.606		.000
<b>Wilcoxon test</b>		P = 0.000		P = 1.000

Based on the table above, showing the implementation of worship before the spiritual intervention support theory-based transcultural (ISST) in the intervention group or control group never pray that is shown in the intervention group with the value of  $\pm$  (SD) =  $5 \pm (0)$  and control group with value  $\pm$  (SD) =  $5 \pm (0)$ , after given spiritual intervention support based on transcultural theory (ISST) Most of the implementation of worship increased in the intervention group indicated by the value of  $\pm$  (SD) =  $12.2 \pm (4.6)$ . While in the control group remain the same does not perform prayers indicated by the value of  $\pm$  (SD) =  $5 \pm (0)$ . The test result of normality in intervention groups and control groups using Shapiro-Wilk is obtained by normal undistributed data. Thus using a non-parametric test Wilcoxon test where acquired value  $P = 0.000$  means there is a significant difference in the implementation of worship in the intervention group before and after the spiritual support based on transcultural theory (ISST). While in the control group results Analysis Wilcoxon test obtained the value  $P = 1,000$  means there is no significant difference in the implementation of worship before and after the intervention in accordance with hospital standards.

#### 4.2.2 Analysis of differences in the implementation of religious intervention Group (ISST) and control groups

<b>Variable</b>	<b>Group</b>	<b>n</b>	<b>Mean <math>\Delta</math> ±SD</b>	<b>Median</b>	<b>Min–Max</b>	<b>Z</b>	<b>P</b>
<b>Implementation of Worship</b>	<b>Intervention</b>	18	7,22±4,6	10	0-10	-4.448	0.000
	<b>Control</b>	18	0±0	0	0-0		

Based on the table above shows the result of the difference in the implementation of the intervention group's  $\Delta \pm$  (SD) =  $7.22 \pm (4.6)$  and the value of the difference in the implementation of control group worship  $\Delta \pm$  (SD) =  $0 \pm (0)$ . Test results normality using Shapiro-Wilk data is not distributed normally. Thus using the Mann-Whitney Test's nonparametric test obtained the value of  $P = 0.000$ , there is a significant difference in the value of the difference in the implementation of the religious intervention in the group of spiritual interventions based on transcultural theory (ISST) and control group.

## 5. DISCUSSION

Based on the results of the study showed that in the intervention group there is a significant difference in the implementation of worship before and after the spiritual intervention support by Transcultural theory-based (ISST). In the intervention group, there is an increase in the implementation of worship, meaning that patients perform prayers after the intervention. While the control group is equal or settled there is no change in which all patients of the control group before and after the intervention is given in accordance with the hospital standard still do not perform the worship.

Etymologically worship is derived from the Arabic language which means serving obediently, subject, while according to the terminological is worship that is done with a sense of obedience to God, expecting Takwa Allah from Allah (Syarifuddin, 2018). Spiritual is something that is believed by

someone in relation to a higher power (God), which raises a need and a love for God, and apologies for any mistakes that have ever been made ( Hidayat, 2018).

One of the factors that affect the spiritual person is the crisis and the change in which the crisis and change can strengthen into one's spiritual. The crisis is often experienced when a person faces illness, suffering, aging processes, loss, and even death, especially in patients with a terminal illness or with poor prognosis. The change in life and the crisis faced was a spiritual experience that was physical and emotional.

The results of this study were supported by the results of Phenomenological studies (Bakar and Kurniawati, 2013), in his research showed that not all respondents perform worship in accordance with the instructed religion is obligatory prayer five-time. This is due to physical weakness and unholy conditions. This condition is also weakened by the lack of the practice of spiritual nursing by nurses. In this study wherein the control group all did not perform prayers before and after the intervention given by the hospital, this is due to the absence of support from nurses or counseling referrals from the patient hospital Only be reminded when the call of Azan in the home environment in the case of stroke patients unable to doing wudoo ' or do tayammum himself because of the weakness condition so as not to perform obligatory prayers five-time. While in the intervention group of 18 patients as many as 13 patients perform prayers after the implementation of spiritual support based on transcultural theory (ISST). And a total of 5 patients do not perform prayers because the patient said it is incapable and weak to pray and feel hesitant or was in the exercise of prayer and the patient said still installed infuse so it is not maximal in running Despite being given spiritual intervention support based on transcultural theory (ISST).

Spiritual problems are a self-reliant problem of nursing and resolved by self-intervention (CNA, 2010). Stroke patients not only need medical care, but also need psychospiritual services to awaken the spiritual strength of nurses to provide assistance, provide support for religious practice, help pray or pray for patients is one of the patient's spiritual-related nursing actions so that the patient continues to worship even if it is in a sick condition. Because of the sickness suffered by one does not abort its obligation to perform prayers (Syafri, 2018). Prayer is obligatory for Muslims, if it does not work sinful and is the first worship that is obliged Allah SWT, is one form of obligation for every Muslim, so it is forbidden to leave it even in sick condition, s The during is still good (Syamhudi, 2015). Rasulullah said: "Prayer is the first practice in the Day of Resurrection (Hakim. 2017). The exercise of prayer in the sick is to obtain a legitimate or waivers that are appropriate to their capacities. So that the spiritual implementation of Transcultural (ISST) support can be applied in the hospital to improve patient worship.

The results of the study after the implementation of spiritual support based on transcultural theory (ISST) indicate that there is a meaningful difference in the implementation of worship between the intervention group and the control group. Assessment results obtained before the implementation of spiritual support based on the transcultural theory (ISST) of all patients intervention groups are not execute worship and after the implementation of spiritual support based on theory Transcultural (ISST) is obtained data that most patients perform the worship. While the assessment of the overall control group still does not perform the worship before and after obtaining standard intervention in accordance with the standards of. dr. Mohammad Zyn Sampang District Hospital.

Spiritual support is a system given by "a person" as a "tool" to drain a power believed to be sourced from God that can heal the disease by aligning the functioning of the body, mind and human spirit (Simanjuntak, 2017). According to (Kozier, 2015). One is met with Spiritual needs when able to formulate a positive personal meaning about the purpose of its existence in the world/life, developing the meaning of suffering and believing the wisdom of a single incident or suffering, establishing a relationship that Positive and dynamic, cultivating personal integrity and feeling valuable, feeling a directional life visible through hope and developing a positive human relationship. Spirituality is a belief in its relationship to the Almighty. For example, one who believes in Allah SWT as the creator and Almighty, that spirituality is a core part of the individual exceeding religious beliefs and practices, which relate to individual uniqueness and linking the way of mind, body,

emotion, dealing with others and with something outside themselves, as well as an active and positive process relating to the search for meaning, purpose, hopes and principles of life.

The spiritual problems of stroke patients are often experienced, namely the problem of prayer worship during illness. Because the patient is accustomed to using ablution water with no barriers, and during hospitalization should be with tayammum even sprinkled. Regular stroke patients perfectly work on praying from the beginning of the takbeer to the end of the greeting, but now by lying down. Regular stroke patients are free from hadas and unclean things should now be close together and come into contact with urine bags. Because some problems that make the patient be hesitant to perform prayers. The situations and conditions experienced by stroke patients require spiritual intervention support. In order to fulfill the patient's spiritual needs also aims to provide a suggestion, and support, as well as the guidance of worship to patients during illness.

## 6. CONCLUSIONS AND RECOMMENDATIONS

### 6.1 Conclusion

1. There is an increase in the implementation of worship between before and after given the implementation of Spiritual Support based Transcultural (ISST) in the intervention group
2. There is no increase in the implementation of worship between before and after given implementation in accordance with hospital standards in the control group.
3. The implementation of spiritual support based on transcultural theory (ISST) can improve the implementation of worship.

### 6.2 Suggestions

#### 6.2.1 for Nursing Service

The implementation of spiritual support based on transcultural theory (ISST) can be applied in nursing service in improving the implementation of prayers of stroke patients.

#### 6.2.2 for hospital agencies

It needs to be established spiritual guidance structures and spiritual counseling references for hospitals in the Binroh unit to improve the worship of stroke patients.

#### 6.2.3 for further research

Need to be examined about the level of healing of stroke patients from the results of worship after the implementation of Spiritual support based on transcultural theory.

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