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Spiritual needs and quality of life of patients with heart failure

Ekky Puspita Sonia Putri, Dian Hudiyawati*

Universitas Muhammadiyah Surakarta
Corresponding author: *E-mail: dian.hudiyawati@ums.ac.id

Abstract

Background: Patients with heart failure often experience physical problems that disrupt daily activities. These problems have an impact on the patient's spiritual needs and quality of life.
Purpose: To find out the relationship between spiritual needs and the quality of life of patients with heart failure.
Method: Descriptive quantitative. The research was carried out at the heart clinic at Dr. Moewardi Hospital, Surakarta from January to August 2023. The number of samples was 100 respondents using the method purposive sampling. Data collection was carried out using the SpNQ and MLHFQ questionnaires.
Results: Based on data analysis, it was found that the average respondent was 60% male with a maximum age distribution of 61-70 years (39%). Regarding the description of spiritual needs, the majority of respondents had a high level of spiritual needs (79%). In the quality of life variable, the majority of respondents have a good level of quality of life (55%). Based on the results of cross tabulation, a picture of the level of spiritual needs and quality of life of respondents shows that a high level of spiritual needs, in fact, a moderate level of quality of life is greater than a high level of quality of life with a result of 55%.
Conclusion: The majority of respondents have a high level of spirituality with levels of good quality of life and moderate quality of life which are not much different.

Keywords: Heart Failure; Patients; Quality of Life; Spiritual Needs.

INTRODUCTION

Heart failure is a cardiovascular problem with a high prevalence and high morbidity and mortality rates. The incidence of heart failure in the world reaches more than 20 million people per year, while the death rate from heart failure reaches 17.5 million people per year (World Health Organization, 2016). The prevalence of heart failure is predicted to increase to 46% in 2030, which is estimated to reach more than 8 million cases in people aged 18 years and over. Developing and low-income countries are the largest contributors to heart failure death rates in the world, including Indonesia. Data from the Indonesian Ministry of Health's Basic Health Research in 2018, the prevalence of heart failure in Indonesia based on doctor's diagnosis is estimated at 1.5% or around 1,017,290 people. And the prevalence of heart failure based on doctor's diagnosis in Central Java Province is in the third highest position in Indonesia with a prevalence of 132,565 people or around 1.6% (Ministry of Health of the Republic of Indonesia, 2019).

Patients with heart failure will experience physical problems with signs and symptoms such as shortness of breath, activity intolerance, fatigue, and swollen ankles. The decreased cardiac output causes insomnia and weight loss in cases of severe heart failure. Physical problems disrupt daily activities in patients with heart failure, so that patients with heart failure cannot carry out activities that the patient usually did before being sick. Physical problems and restrictions
activity in patients with heart failure has an impact on

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the patient's spirituality (Harris, Jacoby, Lampert, Soucier, & Burg, 2021). The spiritual impact experienced is very complex and will trigger negative emotions. Spiritual needs are a basic need for every individual to find a purpose in life, to give meaning to life, to love and be loved. Spirituality is the relationship between humans and God. A person who experiences anxiety and stress due to the problems they face will usually draw closer to the Almighty by praying, this can reduce anxiety and help a person get healing. Not all diseases can be cured but there is always room for "healing". Healing can be interpreted as acceptance of illness and peace in life and spirituality is the essence of healing.

Quality of life is subjective and multidimensional. Subjectivity means that the quality of life can only be determined from the patient's own perspective, while multidimensional means that the quality of life is viewed from all aspects of a person's life in a holistic manner which includes physical or biological, psychological, spiritual and sociocultural aspects. Social support can make a person calmer and the patient can become emotionally calm (Cella, 1992; Panthee & Kripracha, 2011). So spiritual needs and a good quality of life are very necessary for patients with heart failure, because they can maintain optimal physical function or ability and can maintain their best health status for as long as possible.

RESEARCH METHOD

This research design is descriptive research. Held from January to July 2023, at the heart polyclinic of Dr. Moewardi General Hospital, Surakarta.

The population in this study were all heart failure sufferers at Dr. Moewardi General Hospital Surakarta numbered 118 people. The sample used in this research was based on sample calculation using the Slovin formula, namely 100 respondents. Meanwhile, the technique used in sampling in this research is technique *purposive sampling.* The sample criteria desired in this study take into account aspects of affordability, namely: age over 18 years, patients with heart failure, stating their willingness to become research respondents by signing *Informed Consent,* the respondent is undergoing routine control at the heart clinic, does not have any disease comorbid and congenital diseases.

Data collection was carried out using a questionnaire. In this study, researchers used 2 questionnaires, namely the spiritual needs questionnaire and the quality of life questionnaire for patients with heart failure. The first questionnaire is the Spiritual Needs Questionnaire (SpNQ) with 27 questions with spiritual needs using 2 options, namely 23 positive questions and 4 negative questions. For positive questions, a score of 0 = no, a score of 1 = somewhat, a score of 2 = strong and a score of 3 = very strong and for negative questions a score of 0 = somewhat, strongly, very strongly and a score of 3 = no. Low spiritual level assessment with a score = 0-27, medium spiritual level with a score = 28-54 and high spiritual level with a score of 55-81. The second questionnaire, namely, the MLHFQ quality of life questionnaire uses 27 questions regarding 12 physical questions and 8 psychological questions with a score of 0 = never, score 1 = rarely, score 2 = often and score 3 = always with analysis of the results of a poor quality of life value > 40, moderate quality of life score 20-40 and good quality of life score <20.

The data processing technique in this research is divided into four stages, namely *editing, coding, data entry and tabulating.* The processed data is then analyzed using the univariate analysis method. Univariate analysis is an initial data collection step that is still abstract and random which is then used as informative information. Research data is presented in table form with numerical and percentage data contents.

This research has been declared ethically appropriate by the Health Research Ethics Committee of Dr. Moewardi General Hospital with number 1537/XII/HREC/2022.

Ekky Puspita Sonia Putri, Dian Hudiyawati*

Universitas Muhammadiyah Surakarta
Corresponding author: *E-mail: dian.hudiyawati@ums.ac.id

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RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=100)

Variables	Results
Age (Mean±SD)(Range)(Year)	(60.49±9.113)(41-80)
Gender (n/%)	
Male	60/60
Female	40/40
Education (n/%)	
Elementary School	10/10
Junior High School	22/22
Senior High School	47/47
Diploma Degree	10/10
Bachelor Degree	11/11
Marital Status (n/%)	
Married	76/76
Widow	14/14
Separated	10/10
Occupation (n/%)	
Private Sector Employee	23/23
Teacher/Lecturer	12/12
Civil Servants	9/9
Other	56/56
Duration of Illness (n/%)	
< 1 Year	58/58
2-5 Years	36/36
6-10 Years	6/6
Score NYHA (n/%)	
Class I	37/37
Class II	47/47
Class III	16/16
Class IV	0/0

In table 1 above, it is known that the average age of respondents is 60.49 with a standard deviation of 9.113 and an age range of 41 to 80 years. The majority of respondents are male, namely 60%. with high school education status of 47%. Marital status is married as much as 76%. Respondents' occupations are categorized into four categories, namely private employees, teachers/lecturers, civil servants and others, and the most respondents work other than those categories as much as 56%. The duration of suffering from heart failure is mostly less than 1 year as much as 58%. and the majority of respondents suffer from heart failure with a NYHA class II score of 47%.

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Table 2. Spiritual Needs and Quality of Life Domain Levels (N=100)

Category	Results
Spiritual Needs Domain	
Religious (n/%)	
Moderate	19/19
Height	81/81
Inner Peace (n/%)	
Moderate	18/18
Height	82/82
Existential (n/%)	
Moderate	9/9
Height	91/91
Giving/Generativity (n/%)	
Moderate	14/14
Height	86/86
Spiritual Needs Level (n/%)	
Moderate	21/21
Height	79/79
Quality of Life Domain	
Physique (n/%)	
Moderate	25/25
Good	75/75
Social (n/%)	
Moderate	29/29
Good	71/71
Psychology/Emotional (n/%)	
Moderate	48/48
Good	52/52
Total Quality of Life level (n/%)	
Moderate	55/55
Good	45/45

Based on the table of spiritual needs levels above according to the religiosity domain, most respondents have a high level of religiosity of 81% and the remaining 19% have a moderate level of religiosity. According to the inner peace domain, most respondents have a high level of inner peace, 82% of respondents have a high level and the remaining 18% have a moderate level of inner peace. According to the existential domain, most respondents have a high level of existentiality of 91% and the remaining 9% have a moderate level of existentiality. According to the active giving domain, most respondents have an active level of giving, 86% of respondents have a high level and the remaining 14% have a moderate level of active giving.

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According to the description of spiritual needs, the majority of respondents stated that they had a high level of spiritual needs, namely 79%, while 21% of respondents stated that they had a moderate level of spiritual needs, and there were no respondents who stated that they had a low level of spiritual needs.

Regarding the description of quality of life based on domains, according to the physical domain, the majority of respondents have a good level of physical quality, namely 75% and the rest are at a moderate level, namely 25%. According to the social domain, the majority of respondents have a good level of social quality, namely 71% and the rest are at a moderate level, namely 29%. According to the psychological/emotional domain, the majority of respondents have a moderate level of psychological/emotional quality, namely 52% and the rest are at a moderate level, namely 48%. According to the description of quality of life, most respondents stated that they had a moderate quality of life, namely 55%.

Table 3. Cross Tabulation Results for Quality of Life and Spirituality Needs Level Variables (N=100)

Variables	Quality of Life	
	Good (n=45)	Moderate (n=55)
Spirituality Needs (n/%)		
Moderate	9/20	12/21.8
Height	36/80	43/78.2

Analysis results from table 3 regarding the description of the results of cross tabulation of levels of quality of life and spirituality based on domains, according to the domain respondents with a medium spiritual level have a level of quality of life moderate as much as 21.8% and good quality of life as much as 20%. According to the domain, respondents with a high spiritual level had a moderate quality of life as much as 78.2% and a good quality of life as much as 80%. According to the description of the results of the cross tabulation of variables for the level of quality of life and spirituality, the majority have high spirituality with a moderate quality of life, 78.2% of respondents.

DISCUSSION

Description of the Spiritual Needs of Patients with Heart Failure

Spirituality is a person's needs which include the core of a person's existence in this world and his beliefs about the meaning and purpose of life. Spiritual refers to belief in God or something considered higher, religious practices, a person's beliefs and cultural practices, and relationships with the environment (Videbeck, 2018). According to research results regarding general spiritual needs, the majority of respondents stated that they had a high level of spiritual needs.

Religion is an organized system of beliefs and practices. This belief system shows a way of spiritual expression that provides guidance to each adherent in responding to life's questions and challenges. Individual religious development refers to the acceptance of certain beliefs, values, implementation guidelines, and rituals. The research results showed that almost all respondents had a high level of spiritual needs. Respondents with high spiritual needs have excellent physical condition, without experiencing limitations in their activities which means they can still carry out worship/prayer activities with other people, participate in religious activities, and want to be more aware of the existence of the Creator. Spirituality comes into focus when a person faces emotional stress, physical illness or death. Spiritually based activities such as prayer and meditation reduce fear of death, increase comfort and support a positive perspective of death among very seriously ill patients (Himawan, Anggorowati, & Chasani, 2019).

The need for peace consists of aspects, namely hoping to be in a calm and quiet place, enjoying the beauty of nature, finding peace from within, talking to other people about fears, worries, and obedience (Büssing & Koenig, 2010). Based on the results of observations during the research, respondents' need for peace was in the high category because the majority of respondents felt their need for peace was fulfilled, felt they had a place to talk about their fears and worries and lived in a calm and peaceful place. This is in line with the Plaskota theory which states

Ekky Puspita Sonia Putri, Dian Hudiyawati*

Universitas Muhammadiyah Surakarta
Corresponding author: *E-mail: dian.hudiyawati@ums.ac.id

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that everyone always hopes to live in peace and tranquility. This need for the meaning of peace is manifested in the form of openness with other people, expressing feelings to others regarding fears and worries, enjoying the beauty of nature, finding inner peace, feeling safe and being a loving person. Talking to other people about fears and worries is one way of fulfilling the need for the meaning of peace. By telling stories, someone will feel like they have a trusted person who can help them in difficulties (Saman & Kusuma, 2017).

Existence will give strength to individuals to achieve a more meaningful life and has a function as motivation for individuals to be able to overcome all the problems they experience. Meaning and purpose are represented by three items that are important to the patient, namely reflecting on previous life, finding meaning in the illness and suffering experienced, talking to others with questions regarding the meaning of life (Büssing & Koenig, 2010).

Based on the research results, the majority of respondents have a high level of existence, this is influenced by several respondents' statements from the results of the researcher's interviews when filling out the questionnaire where several respondents stated that they hoped to be given healing from God Almighty and always draw closer to Allah to obtain sincerity and gain meaning. from the pain experienced and what life is like after death. When experiencing stress due to an illness, individuals will seek support from religious beliefs, family and the surrounding environment. Belief in what happens after life is what gives human spirituality value, so that he can assess the quality of behavior in life for the afterlife. Belief in the value of life will provide a special spirit, become a motivator of perception in interpreting health and illness, and become a source of strength in the healing process that can defeat all pain and suffering in the world (Himawan, Anggorowati, & Chasani, 2019).

Giving is giving active and autonomous attention to someone as an outlet, to share one's own experiences with others, and to ensure that life is meaningful and valuable (Büssing & Koenig, 2010). Spiritual aspects can help raise the patient's enthusiasm in the healing process. When illness, loss or pain attacks a person, spiritual power can help a person towards healing or the development of spiritual needs. Based on the research results, the majority of respondents have a high level of active giving. This is confirmed by the results of interviews between researchers and respondents when filling out the questionnaire that respondents feel close (connected) to their family, and are willing to share stories or experiences with other people. Apart from that, respondents also become solace in other people's pain. This statement is strengthened by Walton's theory (2002) which states that spirituality is balance, after someone gets help, assistance from other people when experiencing a crisis, there will be a desire to be able to give or be useful to other people, so that he or she can get balance (Nuraeni, Nurhidayah, Hidayati, Sari, & Mirwanti, 2015).

Description of the Quality of Life of Patients with Heart Failure

Quality of life is a subjective matter that can only be determined from the patient's own perspective and is multidimensional, meaning that quality of life is viewed from all aspects of a person's life holistically, including physical or biological, psychological, spiritual and sociocultural aspects (Septiana, 2020). People with congestive heart failure show a lower quality of life than the general population due to progressive symptoms, disability, and frequent hospitalization (Krisnita, Widaryati, & Enaryaka, 2021). According to research results describing the quality of life in general, the majority of respondents stated that they had a moderate quality of life, namely 55%. Based on the physical domain, the majority of respondents have a good level of physical quality of 75%, in the social domain the majority of respondents have a good level of social quality of 71% and in the psychological/emotional domain the majority of respondents have a moderate level of psychological/emotional quality of 52%.

Physical well-being, the ability of body parts to function optimally so that they can carry out daily activities independently to meet their needs. Heart failure attacks vital body organs, namely the heart, which functions to send oxygen and nutrients to all body organs. In severe conditions, patients will experience shortness of breath, decreased exercise tolerance and fatigue due to the heart's inability to send sufficient oxygen and nutrients. Based on the results of analysis in the physical domain, as many as 75% stated they had a good level of physical

Ekky Puspita Sonia Putri, Dian Hudiyawati*

Universitas Muhammadiyah Surakarta
Corresponding author: *E-mail: dian.hudiyawati@ums.ac.id

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quality. These results are also supported by the results of observations made by researchers when collecting data, namely that the physical quality of the respondents is still in the good category, supported by several factors such as the duration of heart failure being less than 1 year and not being accompanied by congenital diseases. Physical health has an impact on an individual's quality of life. An individual's ability to carry out activities is a factor that causes an increase or decrease in the quality of life (Ramadhanti, Rokhayati, Tarjuman, & Sukarni, 2022).

Psychological or emotional well-being, the ability to create feelings of joy and satisfaction with something that happens in life. The decreased activity tolerance experienced by patients with heart failure puts the patient in a helpless position. This helplessness triggers depression in patients with heart failure. Based on the results of the analysis in the psychological or emotional domain, as many as 52% stated that they had a moderate level of psychological or emotional quality. In this study the majority of respondents fell into the elderly category. Age is related to a person's tolerance for stress. In the elderly and children, people generally cannot control stress and emotions well compared to adults (Safetyka, 2019). Psychological or emotional reactions that occur in respondents in general are feelings of worry or anxiety about the disease they suffer from and feelings of stress due to not being able to perform physical activities optimally. The results of this study are in line with research conducted by Sani which states that anxiety experienced by patients has several causes, including anxiety due to shortness of breath, anxiety about the condition of the disease, anxiety if the disease cannot be cured, anxiety and fear of death, worry (Hasibuan, 2018).

Social well-being, a person's ability to build interpersonal relationships with other people. The relationships that are built have closeness and harmony. Patients with heart failure experience obstacles in carrying out their social functions because of the physical helplessness they experience. This helplessness triggers depression in patients with heart failure. Based on the results of analysis in the social domain, as many as 72% stated they had a good level of social quality. In this case, the researcher assumes that as many as 72% have good social qualities because the majority of respondents stated that they did not feel difficulties when doing work, doing recreation, sports or hobbies and did not feel like they were a responsibility or burden on family or friends. Several respondents also stated that they received full support from their family and environment when carrying out therapy and treatment. This is in line with previous theories stating that the environment greatly influences a person's quality of life. Individuals with certain diseases need an environment that accelerates the healing process, not an environment that worsens their condition (Perry & Potter, 2005).

CONCLUSION

The majority of respondents have a high level of spiritual needs in the existential category. Regarding the description of quality of life, the majority of respondents have a good quality of life in the physical and social categories as well as problems in psychological/emotional factors. Overall, the majority of respondents have a high level of spirituality with a good level of quality of life and a moderate level of quality of life that are not much different.

LIMITATIONS

The limited number of respondents is certainly still not enough to describe the actual situation. This study includes other factors that influence spiritual needs. In the data collection process, the information provided by respondents through questionnaires sometimes does not show the respondents' true opinions. Therefore, it is hoped that further researchers can look for other factors that influence spiritual needs such as family, daily support and others in more detail so that further research can link spiritual needs with the quality of life of patients with heart failure.

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Ekky Puspita Sonia Putri, Dian Hudiyawati*

Universitas Muhammadiyah Surakarta
Corresponding author: *E-mail: dian.hudiyawati@ums.ac.id

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