



Assessing Spiritual Distress in Post-Operative Orthopedic Patients: A Descriptive Study at dr. Soebandi Regional Hospital, Jember

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Abstract

Background: Spiritual distress is a problem with the patient's response to health. Spiritual distress is a disturbance in the meaning of life about oneself, others, and God. Spiritual distress occurs due to spiritual needs not being met. **Purpose:** This study aims to determine spiritual distress in post-operative orthopedic patients in the surgical room at dr. Soebandi Regional Hospital Jember. **Methods:** This study employed a descriptive, consecutive sampling method involving 150 respondents from both major and minor post-operative orthopedic patients in 2023. **Results:** The majority of respondents in this study were men with varying ages and types of surgery, 80.7% experienced major surgery, and 19.3% underwent minor surgery. Data collection was conducted using the Spiritual Distress Scale questionnaire, and the results showed a median value of 74.00, with a minimum value of 33 and a maximum value of 103. This indicates that the resulting value is close to the maximum value of the questionnaire, suggesting a high level of spiritual distress. This can be caused by the high value placed on self-relationship, which encompasses the strengths that exist within a person, including knowledge and attitudes about oneself. This high value can occur due to a lack of knowledge about oneself and a lack of confidence in the future, leading to a loss of peace of mind. **Conclusion:** This research provides additional data and knowledge regarding spiritual distress in post-operative orthopedic patients. Patients with spiritual distress require maintenance of spiritual well-being, which helps them find meaning in life and experience a sense of peace. The results of this research make it possible for nurses to develop and understand the importance of spiritual care for patients

Keywords: Spiritual distress, Post-operation, Orthopedic, Spiritual distress scale

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1. BACKGROUND

Spiritual distress is a problem with the patient's response to health. Spiritual distress is a disturbance in the meaning of

life about oneself, others, and God. Spiritual distress arises when spiritual needs are not met (Martins & Caldeira, 2018). Individuals are strengthened by

"spirit," which has a profound impact on their overall well-being and health. The influence of spirituality is significant, especially during times of illness (Clark et al., 1991). Inpatients not only suffer from physical illnesses but also experience mental and spiritual disorders ranging from severe to mild (Priyanto, 2009). Patients experience anxiety, fear, and sadness if it is not being treated immediately, resulting in despair and frustration, especially in patients who are about to face or have had surgery (Majid et al., 2011). Spiritual problems that can occur in patients after surgery are spiritual distress (Potter et al., 2020). Qualitative research on an 82-year-old woman deconditioned after nonoperative treatment of a bimalleolar fracture at risk of experiencing spiritual distress (Mundle, 2015). Research by Rangki et al. (2014) showed that post-colostomy patients experienced spiritual distress due to changes in religious behavior patterns and conflicting beliefs. Apart from that, Mundle (2015) stated that more quantitative research studies are needed to demonstrate that problems exist in the spiritual dimension during illness. A gap in research on spiritual distress was found, most of which was only carried out on patients with cancer, advanced disease,

and dying (palliative) (Roze des Ordons et al., 2018).

Patients not only need medical services but also need spiritual help (Talindong & M, 2020). According to Darwis & Syaipuddin (2022), the greater the degree of unmet spiritual needs, the greater the level of spiritual distress. This is because individuals with emotional stress tend to experience spiritual health problems (Fitria Wahyuni et al., 2020). This emotional pressure arises as a result of anxiety and fear. This feeling arises because of fear of the pain of a surgical wound, fear of anesthesia, fear of the unknown or other threats that can cause anxiety, fear of a failed operation, and fear of death (Darma S., P., Rosmaharani, S., and Nahariani, 2017). Emotional stress affects both physical and psychological aspects, activating the sympathetic autonomic nerves and increasing heart rate and breathing frequency, while generally reducing the patient's energy (Potter & Perry, 2005). When energy levels decrease, the patient's spirituality is affected, and they are unable to carry out the worship activities/rituals that are typically performed (Clark et al., 1991). Then, a disturbance arose in his beliefs (Rangki et al., 2014), and his spiritual needs were not met (Hutagulung, 2019).

The results of this research enable nurses to develop a deeper understanding of the importance of spiritual care for patients. In spiritual matters, specific points or indicators play a significant role, including relationships with oneself, others, and God, as well as attitudes toward death. The success of spiritual care can be seen from awareness, intervention (structured), and the direct presence of nurses on spiritual indicators. This research can also serve as a basis for healthcare institutions to implement policies that support patient welfare, such as enhancing therapeutic relationships between nurses and patients. Patients with spiritual distress require maintenance of spiritual well-being, which helps them find meaning in life and experience a sense of peace.

2. METHODS

This study employed a consecutive sampling technique with a descriptive analysis design to investigate the spiritual distress of post-operative patients. The population of this study consisted of all post-operative minor and major orthopedic patients in the Seruni ward at dr. Soebandi Regional Hospital Jember. The population in this study consisted of 389 patients from January to May 2023, with an average of 4

respondents per day. Priority in sampling was given to respondents who had undergone surgery for an extended period of time. The sample in this study consisted of 150 respondents, with calculations performed using the principal component analysis formula. Data collection was conducted from October 2023 to December 2023 in the Seruni room at dr. Soebandi Regional Hospital Jember. A total of 150 questionnaires were distributed to respondents in hospitals by researchers. In this research, two questionnaires were used, namely the demographic questionnaire and the Spiritual Distress Scale (SDS). The demographic questionnaire contains the respondent's data. Meanwhile, the Spiritual Distress Scale consists of 30 questions with 4 indicators, namely the relationship between oneself and oneself, the relationship between oneself and other people, the relationship between oneself and God, and attitudes toward death. The final results of this questionnaire indicate that a higher score corresponds to greater spiritual distress. This questionnaire uses a 1-4 Likert scale. Value 1: never; 2: sometimes; 3: quite often; 4: often, with a minimum score = of 30 and a maximum score of 120. This questionnaire has never been used in Indonesia. Hence, researchers need to conduct a content validity test

(CVI) to improve each measuring item in the instrument, ensuring it is relevant to the researcher's objectives. The results of the CVI test on the Spiritual Distress Scale questionnaire showed that the CVI was 0.95. This result is considered valid because the I-CVI value is 0.95 (greater than 0.78). The reliability of this questionnaire has been tested by the owner, yielding a Cronbach's alpha of 0.95, which indicates that the 30 questions are reliable.

3. RESULTS

Respondents Demography

In this study, there were 150 respondents from post-major and minor orthopedic surgery patients. The data

obtained regarding the respondents consisted of age, religion, gender, educational history, and type of operation, as shown in Table 1. Based on Table 1, the data indicate that the age of most respondents falls within the 18-40 years old range. In the adult group, there are 76 respondents (50.7%) who adhere to the largest religion, namely Islam, with 144 respondents (96%). The largest gender is male, with 103 respondents (68.7%). The majority of respondents in this study had at least a high school education, with 129 respondents (86%), and the majority performed major surgical procedures, with 121 respondents (80.7%).

Table 1. Distribution of Respondents Based on Age, Religions, Gender, Education, Type of Operation

Demographic Data	Frequency	Percentage (%)
Age		
18 – 40 years (Mature)	76	50.7
41 – 65 years (Elderly)	57	38
>65 years (Seniors)	17	11.3
Religions		
Moslem	144	96
Christian	6	4
Bludldha	0	0
Hiindul	0	0
Others	0	0
Gender		
Male	103	68.7
Female	47	31.1
Education		
Uneducated	1	0.7
Elementary school	14	9.3
Junior high school	6	4
Senior high school	129	86
College	0	0
Type of Operation		
Minor	29	19.3
Major	121	80.7

Description of Spiritual Distress

Based on the research results presented in Table 2, the spiritual distress value has been calculated using the Spiritual Distress Scale (SDS). The median score is 74.00, with a mean value (average value) of 68.72 (± 13.043), a minimum value of 33, and a maximum value of 103. In Table 3, the indicator value of self-relationship is known. The median value of respondents was 33.00, with a mean (average) value of 31.16 (± 5.230) and a minimum value of 14 and a maximum value of 50. Regarding

indicators of self-relating to other people, it was found that the median value was 7.00 with a mean value (average) of 7.10 (± 1.464), a minimum value of 5, and a maximum value of 13. The indicator of self-relationship with God shows a median value of 20, with a mean (average) value of 18.13 (± 4.108) and a minimum value of 7, and a maximum value of 24. The attitude indicator towards death shows a median value of 14, with a mean value of 12.33 (± 3.51), a minimum value of 4, and a maximum value of 16.

Table 2. Descriptive Analysis of Respondents' Spiritual Distress

Variable	Mean \pm SD	Median	Min-Max
Spiritual Distress	68.72 \pm 13.043	74,00	33-103

Tabel 3. Descriptive Analysis of Indicator Spiritual Distress

Category	Mean \pm SD	Median	Min-Max
Self-relationship with self	31.16 \pm 5.230	33.00	14-50
Relationship with others	7.10 \pm 1.464	7.00	5-13
Personal relationship with God	18.13 \pm 4.108	20.00	7-24
Attitudes towards death	12.33 \pm 3.510	14.00	4-16

4. DISCUSSION

The results of research related to spiritual distress in post-operative orthopedic patients in the Seruni Room, dr. Soebandi Regional Hospital, Jember was assessed using a questionnaire the Spiritual Distress Scale (SDS) has a mean (median) value of 74.00 with a mean (average) value of 68.72 (± 13.043), a minimum value of 33 and a maximum value of 103, this shows that the resulting value is close to the maximum value of the questionnaire.

Meanwhile, research conducted on 332 respondents with breast cancer obtained a mean of 56.60 (± 13.39) with a minimum value of 31 and a maximum value of 98. Overall, 9.6% of respondents had a high level of spiritual distress (Martins, 2021). From this research, it is evident that the mean value in studies on postoperative orthopedic patients is also high.

Research conducted on breast cancer patients showed that most respondents were not religious, so 9.6% experienced

high spiritual distress (Martins, 2021). Similar things were also found in research on post-operative patients, 100% of whom were religious, but the majority did not show any attitudes or behavior in the respondents that reflected their religious observance. Therefore, the individual's ability to understand or recognize religious values and apply them as guiding principles in their attitudes and behavior does not exist. This is due to suffering, which makes it challenging to find meaning in life, especially during difficult times (Wahyuni, 2011). The author assumes that the high median value, which is close to the maximum value of the questionnaire, is due to respondents struggling to find meaning in life during difficult times.

Spiritual distress in post-operative orthopedic patients was measured using the Spiritual Distress Scale (SDS), which has 4 indicators, namely (Ku et al., 2010):

Self-Relationship with Self

The research results indicate that respondents have a median score of 33, ranging from a minimum score of 14 to a maximum score of 50. The univariate test results of the question items on indicators of self-relationship show that the highest frequency is for question item number 1, "I feel shocked/hit by the current situation," with a median value of 4, ranging from a

minimum value of 1 to a maximum value of 4. These results indicate that the relationship between oneself and oneself in post-operative orthopedic patients is high (median value 33) because it is close to the maximum value.

Indicators of self-relationship are a crucial characteristic in fulfilling the spiritual needs of individuals experiencing spiritual distress. Because the relationship between oneself and oneself is a strength that exists within a person, including knowledge and attitudes about oneself, this knowledge can strengthen their beliefs about themselves and what they will do in the future (Putri, 2023). A person's self-attitude is related to confidence or trust in oneself, a belief in the future, and a sense of inner peace and well-being. At a young age, they are generally in the search stage (spiritual development stage), where individuals are still questioning themselves regarding various matters related to principles and beliefs (Sejati, 2019). This finding aligns with research on post-operative patients, specifically data indicating that the majority of respondents were adults (18-40 years old) and that young patients tended to still be in the stage of spiritual development.

Based on the results of research on post-operative patients, researchers concluded that the age characteristics of

the respondents partly influenced the high level of self-relationship.

Relationship with Others

The research results regarding indicators of self-other relationships show a median value of 7 out of a minimum score of 5, with a maximum score of 13. The univariate test results for question items on indicators of self-relationship with others show that the highest frequency is in question item number 1, "I feel disappointed when interacting with other people," with a median value (middle value) of 2, ranging from a minimum value of 1 to a maximum value of 3. This indicates that the self-relationship with other people in post-operative orthopedic patients is low (median value 7), as it is close to the minimum value.

Self-relationships with others are formed due to the need for justice, kindness, respect, and care for them. The domain of self-relationship with other people is a domain that can indicate someone is experiencing spiritual problems, as it is a necessity for someone who is religious (Yani, 2006). At a young age, awareness of spirituality is still very lacking. Young age groups tend to prefer social groups that share the same hobbies and activities. However, currently, young people prefer to interact with others

through social media and act individually. Slowly the young age group will experience spiritual decline and feel that spirituality is not important (Putra & Firmanto, 2022). This finding aligns with research on post-operative patients, which revealed that the majority of respondents were young adults (18-40 years) who were individualistic and preferred to communicate via social media rather than in person.

Based on the research results, the researcher concluded that the respondents' age characteristics can influence their low self-perception of relationships with others.

Personal Relationship with God

The research results regarding the indicator of the relationship between oneself and God show that the mean (median) score of respondents is 20, out of a minimum score of 7 and a maximum score of 24. The univariate test results of question items on the indicator of the relationship between oneself and God show that the item has the highest frequency. Question number 7, "I cannot attend religious activities," has a median value of 4, with a minimum value of 1 and a maximum value of 4. This indicates that the relationship between oneself and God in post-operative orthopedic patients is

high (median value 20), as it is close to the maximum value.

Indicators of one's relationship with God can reveal that an individual is experiencing spiritual issues, as a religious person is expected to have a meaningful relationship with God (Yani, 2006). Individuals, as religious creatures, are encouraged to seek a strength that can protect and guide them in times of challenging conditions. Spiritual emptiness or religious feelings will give rise to psychosocial problems in a person's life. Individuals who believe in and feel a bond with God will experience feelings of calmness and stability (Nazri et al., 2020). However, each individual with a religious background has a different level of religious maturity. An individual's ability to understand and recognize religious values and apply them in their attitudes and behavior is a characteristic of religious maturity. Therefore, beliefs will be reflected in religious attitudes and behaviors that demonstrate obedience to one's religion (Wahyuni, 2011). This theory aligns with the findings of research on post-operative patients, specifically that the majority of respondents reported adhering to a religion 100%. However, their attitudes and behaviors did not reflect this adherence.

Based on the research results, the researchers concluded that sociocultural, religious, or belief factors influence sociocultural relationships with God.

Attitudes towards death

The research results related to the indicator of attitudes toward death have a mean (median) value of 14 out of a minimum score of 4, with a maximum score of 16. The univariate analysis of question items on the attitude indicator for facing death reveals that the highest frequency is associated with question item number 1, "I feel shocked/devastated by the current situation," with a median value of 4, ranging from a minimum value of 1 to a maximum value of 4. This indicates that respondents have a generally positive attitude towards death (median value 14), as it is close to the maximum value.

Indicators of attitudes toward death serve as a form of assessment and understanding of what a death event entails (Yuwono, 2021). Someone who has difficulty understanding attitudes toward death will be vulnerable to experiencing spiritual distress (Rohman, 2022). As religious beings, individuals are driven to seek a force that can protect and guide them during times of difficulty. A spiritual or religious void can lead to psychosocial problems in a person's life. Individuals who

believe in and feel a bond with God will experience a sense of calm and stability (Nazri et al., 2020). However, each individual with a religious affiliation has a varying level of religious maturity. An individual's ability to understand and recognize religious values and incorporate these values into their attitudes and behavior is a hallmark of religious maturity. Therefore, religious beliefs are reflected in the attitudes and behaviors that demonstrate devotion to one's religion (Wahyuni, 2011). This theory aligns with the results of a study on postoperative patients, which found that the majority of respondents (100%) identified with a particular religion. However, in practice, their attitudes and behavior did not reflect a devotion to their religion.

Based on the research results, researchers concluded that sociocultural, religious, or beliefs influence high levels of death attitudes.

5. CONCLUSION

Spiritual distress in post-operative orthopedic patients obtained a mean score of 74.00 with a minimum score of 33 and a maximum score of 103. The results of this research enable nurses to develop a deeper understanding of the importance of spiritual care for patients. The success of spiritual care can be seen from

awareness, intervention (structured), and the direct presence of nurses on spiritual indicators. This research can also serve as a basis for healthcare institutions to implement policies that support patient welfare, such as enhancing therapeutic relationships between nurses and patients. Patients with spiritual distress require maintenance of spiritual well-being, which helps them find meaning in life and experience a sense of peace.

AUTHOR CONTRIBUTIONS

The author contributes in conceptualization, data collection and analysis Mulia Hakam, Lula Apriliya Puteri Bintari, Jon Hafan Sutawardana. Writing and manuscript revisions: Mulia Hakam

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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