

# Effect Of Santri Model Training On Religiosity And Spiritual Care Of Nursing Students

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<https://doi.org/10.58439/jhrt.v4i1.443><https://e-journal.saku.co.id/index.php/JHRT>Iin Aini Isnawati<sup>1,2\*</sup>, Nisha Nambiar<sup>3</sup>, Faridah Mohd. Said<sup>4</sup>

## Abstract

**Introduction:** Spiritual care is one of the nursing services in meeting the spiritual needs of patients and the components of spiritual care and religiosity are recognized as prerequisites for clinical capacity and competence. The current study determined the effect of santri model training on religiosity and spiritual care in nursing students. **Methods:** This pre-experimental study was conducted on 75 nursing students at Hafshawaty Zainul Hasan University in Probolinggo, Indonesia, who were selected through non random sampling. Data collection tools are religiosity scale and spiritual care questionnaire SCCS for nursing students. The data obtained were analysed with SPSS20 using descriptive and inferential statistics. **Results:** The mean scores of students religiosity and spiritual care before and after were 52,4 to 68 dan 89,3 to 119, respectively. The Wilcoxon test results  $p=0.00 < \alpha 0,05$  show that the santri model training has a positive and significant correlation with student religiosity and spiritual care. **Conclusion:** The results showed that the higher the level of religiosity and clinical spiritual care, the more spiritual care competence will be developed. Thus, nursing educators and health system managers should provide santri model training to improve the religiosity and spiritual care in nursing to develop their spiritual care competencies.

**Keywords :** santri model training, religiosity, spiritual care, nursing students

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## Introduction

In recent years, there has been an increasing number of studies showing the positive impact of religious and spiritual approaches on the physical and mental health of patients (de Diego-Cordero et al., 2023). Spiritual care is one of the fundamental aspects of holistic practice in nursing that is not yet standardized across countries

(Goli et al., 2024). Spiritual health has a significant influence on disease management and recovery from illness. Furthermore, mental health indicators are also dependent on spiritual health. Identifying the spiritual needs of patients and applying appropriate care methods can reduce the complications of mental disorders in patients (Najafi et al., 2022). However, findings suggest that nurses consistently report that they feel unprepared to provide spiritual care for various reasons. One of the main reasons is the lack of structured spiritual care education in the undergraduate nursing curriculum (Ross et al., 2022).

In Indonesia, there is no standardized spiritual care service. Both in health services and in the education curriculum. In developing spiritual nursing care that is culturally and religiously appropriate to Islam, more analysis is needed to increase student awareness and impact on spiritual relationships between students, teachers, and patients (Affandi & Mubarok, 2022). online tools that are technically structurally and methodically challenging as this affects the feasibility and applicability of blended learning (Damsma-Bakker & van Leeuwen, 2021). Spiritual care falls under nonpalliative care and may require individual and system level interventions that encourage motivation, SC skill development, and a supportive work environment (Anandarajah et al., 2021). life experiences enhance skills. spiritual self-care/reflection encourages nurse-centeredness and compassion

Developing spirituality and spiritual care competencies in nursing students is an important task. Some of the findings were that the students' spiritual well-being scores were very low (Maglione & Neville, 2021). However, their ratings of competency in providing spiritual care were high. A greater understanding of spirituality, nurses practicing holistic care can improve their spiritual care competencies and implement spiritual care into practice (Panczyk et al., 2021). So that efforts are needed to improve spirituality and spiritual care in students. One way is to monitor worship activities and understanding of religiosity and spirituality nursing (Wibowo & Sujono, 2021).

## METHOD

Pre-experimental study was conducted with a practical sample of 75 nursing students of the Faculty of Health Sciences, Hafshawaty Zainul Hasan University. Sampling was done using simple random sampling. The study sample participated in this survey voluntarily, and all who participated were given a package consisting of a notebook and pencil. The intervention time for each study series was 60 minutes for 1 month. Inclusion criteria were as follows: 18-20 years of age; willingness to participate; and no illness, resulting in 75 respondents (65 females and 10 males). The procedure of this study was that all participants were informed of the purpose of the study and provided written informed consent. After signing the informed consent form, participants were given the santri model intervention, the intervention was conducted using the santri model module that had been compiled previously. The santri model combines the 9 main values of santri with the concept of spiritual care using the 3 H approach (head, hand, and hearth) and has been validated with experts in the form of a module. The intervention was given for 2 months with 8 meetings. The following tools were used to collect data: questionnaires on religious belief and spiritual care that have been tested for validity and reliability.

Demographic and health questionnaires were used to obtain data on gender, and age. The data collection instrument in this study is The Centrality of religiosity Scale (CRS-15) which has been adapted into Indonesian validly, to measure the level of spirituality with a score range of 15 - 75, a high score indicates a high level of religiosity, and a low score indicates a low level of religiosity (Underwood, 2011). Georghe conducted a CRS-15 validation study on a Romanian sample which showed that the measurement model of the 5 dimensions of religiosity was valid with a value of CMIN / DF = 2502;  $p = 0.000$ ; RMSEA = 0.084 [0.069; 0.098]; TLI = 0.921; CFI = 0.94. (Gheorghe, 2019). On the other hand, spiritual care using *The Spiritual Care Competency Scale* (SCCS) questionnaire was used as a measuring tool compiled by Ali H. Abusofia, et al., in 2020 with 27 item questions with 6 areas, namely the assessment and implementation of Spiritual Care, professionalism and quality improvement of

Spiritual Care, Personal support and patient counselling, patient referrals to professionals, attitudes towards patient spirituality, and communication. Using a Linkert scale from 1 strongly disagree to 5 strongly agree. The SCCS score is between 27 – 135. The classification value is < 64 low spiritual competence, 64 – 98 medium spiritual competence, and > 98 high spiritual competence. With simple questions can be done 10-15 minutes. The results of the validity test of the questionnaire with the Cronbach test results were 0.56 – 0.82 (Giske et al., 2023). And has received approval from the KEPK UNHASA with the number 703/KEPK-UNHASA/III/2024.

## RESULTS

The majority of participants were female (n = 87%) (see Table 1). The mean age of the respondents was 19.39 years. Provides the descriptive statistics, including the means and standard deviations of the major study variables. Tabel 1 dan 2.

Table 1 Demographic data intervention group

Variable	Intervention Group
Age, year (Mean ± SD)	19,39
<b>Gender</b>	
Male	10 (13)
Female	65 (87)
<b>Semester level</b>	
IV	37 (49,3)
VI	38 (50,7)
<b>Attaining training of spiritual care</b>	
Yes	0 (0)
No	75 (100)

Source: Processed primary data, 2024

Table 2 Religiosity and spiritual care before and after intervention in intervention group

Variables dan sub variable	Mean ± SD Before	Mean ± SD After	p
<b>Religiosity</b>	52,4 ± 15,59	68 ± 4,86	0,000
a. Intellectual	10,6 ± 3,4	13 ± 2,05	
b. Ideology	11,08 ± 3,8	14,08 ± 1,24	

Variables dan sub variable	Mean ± SD Before	Mean ± SD After	p
c. Public Rituality	10 ± 3,04	13,05 ± 1,69	
d. Individual Rituality	10,5 ± 3,69	14,2 ± 0.85	
e. Implementation/embodi ment	10,2 ± 3,46	13,67 ± 1,39	
<b>Spiritual care</b>	89,3±14,6	119,3±12	0,000
a. Attitude towards patient's spirituality	14±3,3	18,3±2	
b. Communication	7±1,6	8,8±1,2	
c. Assessment and implementation of spiritual care	20,9±3,8	26,6±3,2	
d. Increased spiritual referrals	13,3±2,6	17,5±2,4	
e. Personal support and patient counseling	18,5±3,6	26,6±3	
f. Quality improvement of spiritual care	15,6±2,7	21,6±2,8	

Source: Processed primary data, 2024

Prior to intervention, the mean score for religiosity was  $52.4 \pm 15.59$ ; after intervention, there was an increase with a mean score of  $68 \pm 4.86$  (15 - 75), indicating that the religiosity for intellectuality with a mean score of  $10.6 \pm 3.4$  increased to  $13 \pm 2.05$  (3 - 15), ideology with a mean score of  $11.08 \pm 3.8$  increased to  $14.08 \pm 1.24$  (3 - 15), public rituality with a mean score of  $10 \pm 3.04$  increased to  $13.05 \pm 1.69$  (3 - 15), individual rituality with a mean score of  $13.3$  increased to  $14.2 \pm 0.85$  (3 - 15), and implementation/embodiment with a mean score of  $10.2 \pm 3.46$  increased to  $13.67 \pm 1.39$  (3 - 15).

Before the intervention, the average score for spiritual care with an average score of  $89.3 \pm 14.6$  after the intervention increased to an average score of  $119.3 \pm 12$  (27 - 216), indicating that the spiritual attitude towards spiritual patients with an average score of  $14$  increased to  $18.3 \pm 2$  (4-32), communication with an average score of  $7$  increased to  $8.8 \pm 1.2$  (2-8), assessment and implementation of spiritual care with a mean score of  $20.9$  increased to  $26.6 \pm 3.2$  (6-48), improvement of spiritual care referrals with a mean score of  $13.3$  increased to  $17.5 \pm 2.4$  (4-32), personal support and patient counselling with a mean score of  $18.5$  increasing to  $26.6 \pm 3$  (6-48), professionalism and improving the quality of spiritual care with a mean score of  $15.6$  increasing to  $21.6 \pm 2.8$  (5 - 20).

## DISCUSSION

Students as santri who live in boarding schools must have good attitudes and characters so that they are able to manage emotions and stress well. (Affandi & Mubarak, 2022). The santri model is the first milestone in introducing religious knowledge to strengthen nurses' competence in carrying out nursing care. (Musaddad & Fawaidi, 2023). By practicing and understanding and implementing the 9 main values of santri as a pillar of education at Pondok Zainul Hasan Genggong (Imam Bukhori & Yaqub Cikusin, 2023), with the 3 H approach (*Head, Hand, and Hearth*) which is an interdisciplinary collaborative strategy aimed at a mature curriculum design (Ebeta & Dike, 2024).

Religiosity is the religious appreciation and depth of belief (Gagahriyanto, 2023). In other words, religiosity is the appreciation and belief in the religion that is adhered to, and is manifested in daily attitudes and actions (Elfahmi & Mariyati, 2023). Religiosity can also be defined as the inner relationship between humans and God (Gheorghe, 2019). Religiosity is proven to be able to reduce stress in patients by increasing self-mindfulness (Handayani et al., 2022), influences one's perspective, attitude and character (Wibowo & Sujono, 2021).

Based on the data presented earlier, it can be seen that all indicators in spiritual care improved. Including, self-reported competence, confidence and comfort in providing spiritual care increased significantly after the training (Best et al., 2023). In the aspect of mental health, patients want professionals to be sensitive to their spiritual and/or religious needs, which is a fundamental aspect of a holistic approach to patients (Giske et al., 2023). There is no consensus on the definition of spirituality; however, all believe that religiosity/spirituality has a positive influence on a patient's health in coping with illness (Gagahriyanto, 2023). They believe that their own religiosity/spirituality may interfere with the professional-patient relationship and their attention to spiritual needs (de Diego-Cordero et al., 2023).

In practice, few professionals in nursing care address these needs, citing limitations such as lack of time and lack of specialized training in spiritual care (Best et al., 2023).

More research is needed on spiritual care of mental health professionals to determine the framework, professional training, and associated challenges in spiritual care of patients (de Diego-Cordero et al., 2023). Such acceptance can influence personnel's behavior towards patients, which is also demonstrated by considering patient preferences, including patients' spiritual needs, in the treatment design. There is a positive relationship between attitudes towards spiritual care and the role of communicative competence with the EBP approach (Panczyk et al., 2021).

Strategies to improve spiritual health and social support. Spiritual care should be included in monodisciplinary and multidisciplinary educational settings (Wibowo & Sujono, 2021), and boarding school is one of the representative places to foster the character of students who have better spiritual care skills (Imam Bukhori & Yaqub Cikusin, 2023). The main outcome of spiritual care interventions is to build awareness of spiritual issues and self-awareness (Best et al., 2023). To ensure the availability of spiritual care for patients in healthcare practice, continuing and multidisciplinary education is recommended (Rykkje et al., 2022). Islamic boarding schools as centres of Islamic faith-based education have policy makers and administrators of health care facilities are advised to enhance spirituality among nurses through spiritual care education, by providing a basis for enhancing spirituality and positive attitudes towards it. Nurses who consider spirituality in their life actions are in a state of reduced negative emotions, such as aggression (Harati et al., 2022).

Nurses' perceptions are high, but their competence in spiritual care is at a moderate level (Karaman & Sagkal Midilli, 2022). One component of a healthy life is the fulfilment of spiritual needs that can reduce bad behaviour (Papadopoulos et al., 2021). Spiritual support is a key element of holistic care, and better training of healthcare professionals and stronger strategic guidelines are urgent in light of disasters and health emergencies. Further research should explore innovative practices, particularly the role of digital technology, in the availability of spiritual support (Maglione & Neville, 2021). As the nurses' level of compassion increased, the

frequency of providing spiritual care therapy to patients also increased (Timmins et al., 2022).

Nursing students represent the future of nursing (de Diego-Cordero et al., 2023). In today's increasing complex healthcare environment, nurse leaders must develop different leadership styles based on methodologically sound research to shape future clinical practice (Giske et al., 2023). The results show that nursing students have relatively high levels of spirituality and servant leadership. Students who choose nursing as a professional career may inherently possess servant leadership characteristics and spirituality (Connolly & Timmins, 2022). Nurses are usually dealing with patients at crucial moments in life, such as receiving bad news or death, nurses often understand the need and requirement for spiritual and religious support for patients and families during these times. Developing this confidence and the required competencies is important, especially with an increasingly multicultural society with diverse spiritual and religious needs (Fang et al., 2022).

## **CONCLUSIONS**

Based on these results, The santri model method can increase the religiosity and spiritual care of nursing students. the authors recommend the use of the santri model of spiritual care to improve religiosity and spiritual care in nursing students. Further investigation is needed to add ways to improve communication skills and Attitude towards patient's spirituality to address these deficiencies in this santri model training. Suggestions are made for spiritual inquiry, resources are provided for spiritual care education and training, and complementary methods to increase the self-confidence of nursing students and nurses in health services that have an impact on the ability to meet the spiritual needs and quality of life of patients with chronic diseases.

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