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Spiritual Approach as Nursing Management Strategy to Improve the Quality of Life of Palliative Patients

Adventy Riang Bevy Gulo[1], Rosetty Ria Sipayung[2], Yesta R.F Lase[3]

Department of Nursing, Faculty of Pharmacy and Health Sciences, Sari Mutiara Indonesia University

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Corresponding author:

Name: Adventy Riang Bevy Gulo

Address: Universitas Sari Mutiara Medan. Jl. Kapten Muslim No.79, Helvetia Tengah, Kec. Medan Helvetia, Kota Medan, Sumatera Utara 20124

E-mail: adventygulo68@gmail.com

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Abstract

Background: Spiritual support in nursing management plays a vital role in palliative care by improving patients' quality of life, reducing anxiety, and enhancing emotional resilience in those with progressive, incurable conditions requiring holistic care. **Objective:** To assess the effectiveness of the Spiritual Management Approach in improving the quality of life of palliative patients in hospitals. **Method:** A quasi-experimental pre-test–post-test study was conducted on 50 respondents from two hospitals in North Sumatra, Indonesia, using simple random sampling. Data were collected through the SCCS and SF-36 questionnaires and analyzed statistically. **Result:** The Spiritual Management Approach significantly improved patients' quality of life, with mean scores increasing from 1.24 to 1.44 and a significant correlation (r = 0.381; p = 0.006). **Conclusion:** Spiritual management effectively enhances nurses' competence and patients' well-being in palliative care. **Recommendation:** Integration of spiritual management into nursing practice and further studies with larger samples and longer durations are recommended.

Keywords: spiritual approach, nursing management, quality of life

INTRODUCTION

Nursing management plays an important role in palliative care by integrating the spiritual aspect of the care provided to patients. Research shows that meeting patients' spiritual needs can improve their quality of life, reduce anxiety, and strengthen emotional resilience (1). Palliative (terminal) condition is a condition in which a person suffers from a progressive disease that cannot be cured, with a limited prognosis, that does not respond to curative therapy, results in a decline in physical, psychological, social, spiritual functioning, and experiences a decrease in quality of life and requires comprehensive (holistic) treatment to alleviate suffering (2).

According to WHO, around 56.8 million people in the world need palliative care every year, but only about 14% receive these services (3). Based on the results of basic health research, the prevalence of stroke in Indonesia is 10.9% per 1000 population, chronic kidney disease is 3.8% per 1000 population, DM is 8.5% per 1000 population, and cancer is 1.79% per 1000 population. North Sumatra Province recorded a high incidence rate for seven palliative diseases every year, namely: cancer as many as 3,206 cases, heart disease 9,228 cases, stroke 45,972 cases, HIV/AIDS 1,826 cases, diabetes mellitus 10,347 cases, Parkinson's disease 6,060 cases, and COPD 52,666 cases. (4).

Palliative care is one of the nursing management strategies. Emphasizing spiritual care as a core part of palliative nursing that must be integrated into daily practice to help patients feel meaningful, hopeful and at peace (5). Several studies in Indonesia show that family support is closely related to the quality of life of palliative patients. Pauzia's research (6) found that family motivation has a positive relationship with the quality of life of patients suffering from chronic diseases. In particular, this study showed a positive correlation between family motivation and quality of life in patients with chronic kidney disease, with most patients showing moderate quality of life (QoL).

Decree of the Minister of Health Number HK.01.07/MENKES/2180/2023 that in the context of handling patients with diseases that can be life-threatening or patients, especially with advanced and terminal stages, palliative services are needed to improve the quality of life of patients (7). In this situation, *palliative care* comes with spiritual needs as the strongest method of handling. A study found that spirituality has a significant effect on the psychological resilience of cancer patients undergoing treatment, which is part of psychosocial adaptation after diagnosis (8). Lormans' research (9) also found that patients express spiritual/religious and social needs such as: finding meaning, feeling relationships, facing death, and others. All of this is important in the psychosocial response after diagnosis.

According to the World Health Organization (2), palliative care is an approach that aims to improve the quality of life of patients, both adults and children, as well as their families who face life-threatening diseases. Improving the quality of life is achieved through efforts to prevent and alleviate suffering early, by identifying, thorough assessment, and managing pain and various other problems, both physical, psychological, social, and spiritual. The results of the study found that spiritual interventions/spiritual support had an effect on inner peace and acceptance in the face of death, which correlated with better quality of life (10). Experimental research in advanced cancer patients showed that the spiritual intervention group had an improved quality of life score compared to the control group, and also experienced a decrease in negative-symptoms such as anxiety and depression (11).

Nurses as *care givers* must understand the condition of palliative patients, so that during this phase their lives can be meaningful until they die. Research conducted by Tarberg (12), illustrates that an empathetic presence and open communication provided by nurses from the beginning can help patients and caregivers understand palliative conditions— which then gives space for meaning in the patient's life until the end. According to nursing

philosopher Callista Roy, spirituality is one of the important aspects of interdependence mode, which is an individual's mechanism to adapt to changes that occur due to illness and threats to life. Spirituality empowers patients to accept disease conditions, build meaning, and maintain quality of life in the midst of limitations (13). The survey results were obtained that around 69.8% of patients were dissatisfied with the fulfillment of their spiritual needs during hospitalization; aspects that are not fulfilled, especially in maintaining good relations and worship practices (14). Furthermore, previous research has shown that nurses still have low knowledge and role in palliative care. This is due to a lack of training and understanding of the importance of palliative care, which has an impact on the quality of life of terminal patients.

Spiritual interventions in palliative care and found that they had a positive impact on spiritual well-being and quality of life (1). The components of the spiritual management method are DOA (direction, obedience, and acceptance) spiritual therapy and healthy psychospiritual therapy (Gratitude is always heart and body) (15). Thus, the formulation of this research problem is how effective the application of spiritual management approaches in improving the quality of life of palliative patients in hospitals. International models and new approaches in palliative care that emphasize the importance of spirituality can improve the quality of life of patients (16).

OBJECTIVE

The application of spiritual management as an important aspect of palliative care in helping patients improve their quality of life in the terminal phase is a benefit of this study. Thus, the objective of the study is to identify the effectiveness of spiritual management approaches in improving the quality of life of palliative patients in hospitals.

METHODS

Design

This study uses a quantitative method with a quasi-experimental design as well as a pre-test and post-test approach. Interventions in the form of the implementation of the Spiritual Management Approach in nurses will be analyzed for their effectiveness in improving the quality of life of palliative patients. The research took place in two hospitals in North Sumatra Province, Indonesia in the period from June to August 2025.

Sample size and sampling technique

The population in this study was palliative patients who underwent inpatient treatment in two predetermined hospitals. The research sample was selected using a probability sampling method with a simple random sampling technique. In this approach, every individual in the population had an equal opportunity to be included in the sample. The procedure was conducted by assigning identification numbers to all population members, after which the required number of participants was randomly selected using a computer-generated random number list. This method ensured that the selection process was unbiased and that each participant represented the population equally. This method ensures that every member of the population has an equal opportunity to be selected through an unbiased selection method. This study involved 50 respondents as a sample.

The instrument for data collection

The instruments used in this study included observation sheets, the Spiritual Care Competence Scale (SCCS), and the Short Form-36 Health Survey (SF-36). The SCCS (17) consists of 27 items across six dimensions, rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), with a Cronbach's alpha of 0.89. The SF-36 (18) comprises 36 items covering eight dimensions of quality of life, also rated on a Likert scale, with a Cronbach's alpha of 0.91. Both instruments have been tested for validity and reliability and are widely applied in nursing research

Intervention

The study implemented a Spiritual Management Approach consisting of four core components: spiritual assessment, guided

prayer, reflective dialogue, and relaxation with spiritual affirmation. The intervention was delivered individually, three times per week for two weeks, with each session lasting 30–40 minutes. The detailed intervention schedule is presented in Table 1.

Table 1. Spiritual Management Intervention Program

Session Component	Description of Activities	Duration (Minutes)
Spiritual Assessment	Identifying patients' spiritual needs, sources of meaning, level of distress, and coping mechanisms using brief guided questioning.	5-10
Guided Prayer	Facilitated individualized prayer aligned with the patient's beliefs; encouraging connection, gratitude, acceptance, and strength.	8-10
Reflective dialigue	Therapeutic conversation encouraging patients to express emotions, fears, hopes, and meaning related to illness; nurse provides empathic listening.	10-15
Relaxation with spiritual affirmation	Breathing relaxation combined with repeated spiritual phrases/affirmations providing comfort and peace.	8-10
Total Estimated time per session	-	30-40 minutes

Participants in the control group received standard nursing care based on the hospital's palliative care protocol without the spiritual management components. Both the intervention and control groups were assessed using the same measurement instruments at baseline (pre-test) and after the two-week intervention period (post-test).

Data collection process

Data collection was conducted by the researcher with assistance from trained research staff to ensure accuracy and consistency. The process began with obtaining research permits and ethical approvals, followed by the preparation of workshop modules, observation sheets, and questionnaires (SCCS and SF-36). During implementation, the researcher identified respondents based on inclusion criteria, explained the study's objectives and procedures, and obtained written informed consent. Demographic data were collected using a demographic questionnaire, and pre-test measurements were administered before the intervention using the Spiritual Care Competence Scale (SCCS) and Short Form-36 (SF-36) instruments. The intervention was then implemented according to group assignments, followed by post-test measurements to assess effectiveness. In the final stage, all collected data were checked, coded, and analyzed using computer-based statistical software.

Data analysis

The quantitative data analysis process begins with the stages of editing, coding, processing, cleaning, and tabulating to ensure the quality and feasibility of the data before statistical analysis (19). Univariate analysis was used to describe the characteristics of respondents in the form of frequency distribution tables, including variables of gender, age, marital status, disease diagnosis, and duration of disease and duration of disease. Data were analyzed using the t-test since this study applied a quasi-experimental pre-test and post-test design. The paired t-test assessed changes within each group, while the independent t-test compared differences between groups. A 5% significance level ($\alpha = 0.05$) and 95% confidence level were used, where $p < 0.05$ indicated a statistically significant effect of the Spiritual Management Approach on the quality of life of palliative patients

Ethical consideration

The ethical considerations of the research have passed the ethical review with No. 1533/KEPK/FKUMSU/2025.

RESULT

Demographic Data

Respondents' demographic data included age, gender, last level of education, medical diagnosis, and length of illness in hospital. The results are the frequency distribution analysis revealed that most of the respondents were male (60.0%), with the most common last level of education being elementary (28.0%). The most age group was in the 41–50 age range (34.0%), while most respondents had a history of heart disease (26.0%) and the most frequent duration of medical diagnosis was 3–4 years (32.0%).

Tabel 2. Frequency distribution of respondent characteristic

Category	F	(%)
Gender		
Man	30	60.0
Woman	20	40.0
Final Education		
No school	10	20.0
SD	14	28.0
SMP	9	18.0
SMA	10	20.0
S1	6	12.0
S2/S3	1	2.0
Age (Year)		
<30	5	10.0
30-40	6	12.0
41-50	17	34.0
51-60	14	28.0
>60	8	16.0
Medical Diagnosis		
Cancer	5	10.0
HIV/AIDS	5	10.0
Kidney Failure	7	14.0
Heart Disease	13	26.0
Chronic Lung Disease	10	20.0
Blood and bone marrow	5	10.0
Abnormalities	5	10.0
Diabetes Melitus		
Duration of Enforcement Medical Diagnosis (Year)		
<1	10	20.0
1-2	12	24.0
3-4	16	32.0
4-5	7	14.0
>5	5	10.0

Mean difference of Palliative Patient Quality of Life before and after intervention

Based on the results of the Wilcoxon Signed Rank Test, a value of Z = -3.162 was obtained with a significance of p = 0.002 (p < 0.05). This means that there was a significant difference in the quality of life of respondents before and after the intervention.

Table 3 Wilcoxon signed rank test results

Variable	Width	p-value	Mean	SD
Quality of life Post Test - Quality of life Pre-Test	-3.162	0.002	1.44	0.501

Spearman rank correlation test results between spiritual management and palliative patient hydro-quality

Based on the results of the Spearman Rank correlation test, it was found that there was a significant positive relationship between spiritual management and the quality of life of the respondents (r = 0.381; p = 0.006).

Table 4 Spearman Rank Correlation Test

Variable	Spiritual Management (Post test)	Quality of Life (Post Test)
Spiritual Management (Post test)	1.000 Sig. —	0.381** Sig. 0.006
Quality of Life (Post Test)	0.381** Sig. 0.006	1.000 Sig. —

** Correlation is significant at the 0.01 level (2-tailed)

Simple Linear Regression Analysis the Relationship between Nurses' Competence in Implementing Spiritual Management and the Quality of Life of Palliative Patients

The results of simple linear regression analysis showed that nurse competence had a significant influence on the quality of life of respondents with a regression coefficient value of 0.278 and a significance value of 0.005 (p < 0.05). The value of R = 0.391 indicates a weak– moderate relationship, while R^2 = 0.153 means that 15.3% of the variation in the respondent's

quality of life can be explained by the competence of the nurse, while the remaining 84.7% is influenced by other factors. The F test yielded a value of 8.684 with p-value <0.05 which confirmed that this regression model was significant.

Table 5 Results of the Simple Linear Regression

Variable	B	T	Sig.	R	R^2	F	Sig.F
Constant	0.857	4.111	0.000				
Nurse Competencies	0.278	2.947	0.005	0.391	0.153	8.684	0.005

DISCUSSION

Respondent demographic data

The results of this study showed that most of the respondents were male (60.0%). This is in line with research in Vietnam that found that alcohol consumption has the highest prevalence as a risk factor for non-communicable diseases, especially among men. More than 70% of men consume alcohol, which increases the risk of heart disease, stroke, and other health problems (20). Furthermore, according to the World Health Organization (3), men tend to have lower adherence in conducting periodic health check-ups than women, making them more susceptible to complications of chronic diseases. Based on the last level of education, the majority of respondents had an elementary education (28.0%), indicating that most respondents came from low-educated groups. Research by Qobadi et al. (21) revealed that there was a significant positive relationship between health literacy (related to education level) and adherence to treatment in hemodialysis patients in Iran. Patients with higher health literacy tend to be more compliant in their treatment regimens, recognizing the importance of adherence to controlling disease and preventing irreversible consequences (22). Age characteristics showed that the majority of respondents were in the age group of 41–50 years (34.0%), followed by 51–60 years old (28.0%). Research by Tatsumi (23) found that risk factors such as hypertension, diabetes, dyslipidemia, smoking, and chronic kidney disease have a significant relationship with mortality from cardiovascular disease in young and middle-aged adulthood.

Judging from the medical diagnosis, the respondents suffered the most from heart disease (26.0%), followed by chronic lung disease (20.0%) and kidney failure (14.0%). This is in line with data from the Basic Health Research of the Republic of Indonesia (7) which shows that the prevalence of heart and blood vessel diseases in Indonesia continues to increase every year, with the main risk factors being smoking, obesity, hypertension, and a high-fat diet. Research by Karami et al., (24) also confirms that CKM Syndrome disease includes a combination of heart disease, kidney, diabetes, and obesity. These conditions often occur concomitantly, where one disease can trigger another, especially in middle age. Based on the length of time of medical diagnosis, most respondents had been diagnosed for 3–4 years (32.0%). This is in line with research conducted by Hu et al. (25) which showed that the duration of chronic illness has a negative impact on health-related quality of life (HRQoL) in middle-aged and elderly adult individuals. The study also highlights the importance of physical activity in reducing these negative impacts.

It can be concluded that the majority of patients in this study are in the middle to advanced productive age, are poorly educated, and experience chronic diseases with a fairly long duration of diagnosis. This condition emphasizes the need for health workers' attention in providing health education, supporting psychosocial aspects, and managing chronic diseases optimally to improve the quality of life of patients (7).

Average Quality of Life of Palliative Patients

The results showed an improvement in quality of life, from an average of 1.24 (SD = 0.431) to 1.44 (SD = 0.501) after the intervention. This improvement reflects the positive impact of psychological and spiritual approaches on patient well-being. This study shows that spiritual interventions such as meditation, spiritual support, and cognitive interventions can improve the quality of life of patients with heart failure. The results of

this study are in line with Zhang's study (26) mentioned that a significant increase in life satisfaction in the intervention group compared to the control group. Other research also emphasizes the importance of palliative care in meeting the spiritual needs of patients at the end of life. Spiritual interventions can improve patients' quality of life by providing meaning and coherence in their lives (10). Further a study shows that mindfulness-based interventions can reduce anxiety and improve the quality of life of cancer patients. The results showed a significant improvement in the spiritual quality of life of patients who received mindfulness- based interventions compared to the control group (1).

Results of Pre and Post Stress Level Differences for Palliative Patients

The results of the Wilcoxon Signed Rank Test in the study on quality of life variables were obtained with a value of Z = -3.162 with a significance of p = 0.002 (p < 0.05). This indicates an improvement in the patient's quality of life after the intervention. Improved quality of life is closely related to reduced stress, anxiety, and physical symptoms experienced by patients. A study published in *the Health Journal* shows that spiritual interventions such as SEFT, prayer, and Qur'an murottal can reduce the psychological and physical impact on chronic kidney disease patients undergoing hemodialysis (27).

Theoretically, the improvement in the quality of life of palliative patients can be explained through a holistic care approach. Based on the World Health Organization (2), palliative care should include physical, psychological, social, and spiritual dimensions to support the overall well-being of patients. An approach that emphasizes psychological and spiritual aspects can help reduce emotional distress, increase comfort, and give meaning to life, ultimately contributing to improving the patient's quality of life. A meta-review published in Clinical Practice and Epidemiology in Mental Health evaluated the influence of palliative care on patients' quality of life. The results suggest that palliative care is effective in improving the quality of life of patients with terminal illness or permanent disability, although the diverse quality of studies influenced these outcomes (28). This is in line with the main goal of palliative care, which is to improve the quality of life of patients and families while maintaining the comfort and dignity of patients.

Spearman Rank Correlation Test Results between Spiritual Management and Quality of Life

The results of the Spearman Rank correlation test showed a positive and significant relat

ionship between Spiritual Management and Quality of Life in the post-test phase (r = 0.381; p = 0.006). This means that the better the implementation of spiritual management, the better the quality of life of the respondents. These findings are in line with research by Nagi et al., (29) who found that spiritual interventions can improve the spiritual well-being and quality of life of cancer patients. Spiritual well-being and religious coping are consistently associated with improved quality of life, reduced stress, improved coping, and better treatment outcomes. Likewise, research by Borges (30) confirms that finding a positive relationship between spirituality and health-related quality of life (HRQoL). These results suggest that spirituality can contribute to improving patients' quality of life.

Overall, the results of this study confirm that spiritual management plays an important role in improving the quality of life of patients. Spiritual-based interventions need to be integrated into nursing practice, especially in patients with chronic and palliative diseases. This is in line with the findings of Kang et al., (31) who show that this spiritual guide emphasizes that spiritual care can improve spiritual well-being, overall quality of life, adaptability, physical health, as well as reduce depression and anxiety in patients in palliative care.

Simple Linear Regression Analysis

The results of simple linear regression analysis showed that there was a significant

influence of nurses' competence in carrying out spiritual management on the quality of life of respondents. The value of the regression coefficient (B) of 0.278 with a significance value of $p = 0.005$ ($p < 0.05$) indicates that the higher the competence of the nurse in implementing spiritual management, the higher the quality of life of the respondent. The magnitude of the determination coefficient value $R^2 = 0.153$ means that the competence of nurses is able to explain 15.3% of the variation in quality of life, while the remaining 84.7% is influenced by other factors outside the variables studied. These findings show that nurse competence is not only limited to technical aspects, but also greatly determines how patients feel about their quality of life. Conceptual analysis in palliative care identifies that spiritual care competencies include intrapersonal (awareness, humility), interpersonal (presence, empathy), and transpersonal (spiritual connectedness) dimensions. These competencies are related to improving the patient's quality of life and their spiritual well-being. These findings emphasize the importance of a holistic approach in palliative care (32). This is in line with a previous study (33) which shows that spiritual support has a positive impact on the quality of life of cancer patients by providing a sense of calm and a desire to continue treatment. This study highlights the importance of spiritual support in improving the quality of life of cancer patients. The study found significant relationships between intellectual, emotional, and spiritual intelligence and nurses' quality of work life at Sari Mutiara General Hospital, Lubuk Pakam ($p < 0.05$) (34). Research by Shaha (35) also confirms that spiritual care can help cancer patients find meaning and purpose in life, maintain hope, manage symptoms, and connect with themselves, others, and/or higher powers or nature.

Further studies conducted by Ichihara et. al., (36) assessing the effectiveness of spiritual care for terminal cancer patients by nurses in inpatient rooms. The results show that spiritual care is effective in reducing spiritual suffering and improving the quality of life of terminal cancer patients. Nurses and other health workers need to work together with a religious service team to help patients feel less sick, namely by restoring their thoughts, feelings, emotions and relationships with other people (37). This reinforces that nurse competence in the spiritual aspect is an integral part of holistic nursing practice. Despite this, the relatively low R^2 value (0.153) indicates that there are still many other factors that affect quality of life, such as family support, economic status, physical condition, education level, and psychosocial factors. Therefore, interventions to improve patients' quality of life need to be multidimensional, combining spiritual interventions with medical, psychological, and social approaches. Other research shows that spiritual care training can improve nurses' knowledge and skills in providing spiritual care to patients. This allows nurses to more effectively meet the spiritual needs of patients and improve the quality of care provided (25). Thus, the results of this study emphasize the importance of improving nurses' competence in spiritual management through training, workshops, and the integration of the nursing education curriculum. These efforts enhance nurses' ability to address patients' spiritual needs, thereby improving their overall quality of life.

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