



Nurses' Experiences of Providing Spiritual Care for Schizophrenic Patients in Psychiatric Hospital, Magelang: A Qualitative Study

Diyan Yuli Wijayanti^{1*)}, Sri Padma Sari², Widodo Sarjana³

^{1*)},²Department of Nursing, Faculty of Medicine, Universitas Diponegoro, Semarang, Indonesia

³Department of Psychiatry, Faculty of Medicine, Universitas Diponegoro, Semarang, Indonesia

ABSTRACT

Spiritual interventions have received growing attention in recent years as they are evident to reduce psychotic symptoms significantly in patients with mental disorders. However, some nurses neglect patients' spiritual needs as it is not their primary responsibility. In other research, mental health nurses felt uncertain about spiritual issues and anxious to distinguish between spiritual needs and mental illness symptoms. Their concern about spiritual care being inappropriate within their practice setting and lack of knowledge also influence the willingness of nurses to provide spiritual care. This study aimed to explore nurses' experiences of providing spiritual interventions for patients with schizophrenia in Prof. Dr. Soerodjo's psychiatric hospital in Magelang, Indonesia. A descriptive qualitative study with a phenomenological approach was conducted among seven participants who were purposively recruited from different hospital wards. The researchers conducted semi-structured focused-group discussions (FGDs) and employed theoretical triangulation to improve the quality of data analysis. A thematic analysis was used to obtain rich, detailed, complex data reports. The results showed two major themes: (1) nurses' experiences providing spiritual interventions and (2) the importance of spiritual interventions for patients with schizophrenia. Spiritual interventions were crucial to patient care and were implemented in all hospital wards. These interventions varied in form, and their implementation merely relied on nurses' and patients' commitment and motivation. Some barriers to implementing spiritual interventions were reported, including stigma, lack of commitment, and suboptimal fulfillment of spiritual needs for patients other than Moslem. Implementation of spiritual interventions is best based on the prepared modules, which contain spiritual assessment tools, material, and guidelines for fulfilling the spiritual needs and the standard of spiritual intervention that will be provided. Nurses require strong commitment and motivation to carry out spiritual intervention to have a satisfying impact in the form of a decrease in violent behavior, confinement, length of stay, runaway rate, increased communication skills, self-control, and improved appearance. Schizophrenic patients are expected to continue their spiritual activities until they are ready to return to the community. Innovations and institutional support are required to help achieve the goals of spiritual interventions.

Keywords: Nurses' Experiences; Schizophrenic Patients; Spiritual Interventions

Corresponding author: Diyan Yuli Wijayanti
Department of Nursing, Faculty of Medicine, Universitas Diponegoro, Semarang, Indonesia
Email: dywijayanti@gmail.com
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INTRODUCTION

Spiritual needs have received growing attention in recent years (van Nieuw Amerongen-Meeuse et al., 2019), considering that spiritual factors are essential in determining the care of patients with mental disorders (Zagożdżon & Wrotkowska, 2017). People with schizophrenia describe spirituality as a feeling of calmness in the heart even when experiencing psychotic symptoms, a pleasurable transformation following their acute phase, and the love and empathy manifested in religion, while professionals describe it as a means to relieve symptoms, increase social acceptance, and cope with illness experiences (Ho et al., 2016).

Spirituality has been reported to have positive impacts on people with schizophrenia. A previous study indicated that spirituality influences the expression of psychopathology, treatment-seeking behavior, and treatment outcomes (Grover et al., 2014). Providing spiritual care for patients with mental disorders can reduce the average incidence of depression, anxiety, risk of suicide, dementia, schizophrenia, and bipolar disorder (Oman & Lukoff, 2018). (Keliat, 2018) showed that spiritual well-being is significantly correlated with hallucination symptoms, in which the patients with a higher level of spiritual well-being exhibited lower hallucination symptoms. Spiritual interventions are carried out in various forms by health workers at psychiatric hospitals, including nurses.

As healthcare providers, nurses should play an active role in fulfilling the spiritual needs of patients with mental disorders (Baldacchino, 2015). However, many factors may hinder the implementation of spiritual interventions in hospitals. Research shows that some nurses neglect patients' spiritual needs, which is not considered their primary responsibility (Lavorato Neto et al., 2018). A recent study showed that mental health nurses felt uncertain about spiritual issues and anxious about distinguishing between spiritual needs and mental illness symptoms (Elliott et al., 2020). Other factors, such as considering spiritual needs as an essential matter, lack of commitment and support, lack of time allocated to carry out interventions (Koenig, 2014), concern about spiritual care being inappropriate within their practice setting, and lack of knowledge also influence the willingness of nurses in providing spiritual care (Rachel et al., 2019).

Considering findings in previous studies that nurses have concerns about improper spiritual intervention in their practice setting, lack knowledge of spiritual interventions, and even neglect the spiritual needs of the patients, the researchers were interested in investigating nurses' spiritual interventions for patients with schizophrenia in Prof. Dr. Soerodjo psychiatric hospital, Magelang, Indonesia. This research was expected to describe nurses' experiences providing spiritual interventions and the importance of spiritual interventions for patients with schizophrenia and provide baseline data for evaluating the implementation of spiritual interventions in the future.

RESEARCH METHOD

Research design and participants

This study used a descriptive qualitative design with a phenomenological approach. The participants were seven mental health nurses purposively selected from different wards in a psychiatric hospital in Magelang, Central Java, Indonesia. The inclusion criteria were nurses who had worked for at least one year and had given spiritual interventions to Schizophrenic Patients.

Data collection

Data collection was carried out in mid-August 2017. However, a preliminary study has been conducted since July 2017 to determine whether the nursing care provided to schizophrenic patients uses spiritual intervention. The data were collected through semi-structured FGDs to explore participants' experiences of providing spiritual care in the hospital, including the goals of interventions, materials provided for patients, implementation, effects of interventions, and barriers encountered during the provision of spiritual interventions. The meeting was held twice by considering the saturation of the data. At the first meeting, some participants did not provide complete data, and at the second meeting, the data was complete and reached data saturation.

Data analysis

The collected data were analyzed using Colaizzi's approach. Information submitted by the participants was transcribed, and the transcribed interviews were read and reread several times to get insight. Each transcript was analyzed for significant statements that were then transformed into formulated meanings. Narratives were developed using the themes based on the questions asked to the participants. To maintain strictness in data analysis, bracketing was employed in the analysis process to understand the participants' experiences as they truly were. In bracketing, the researcher analyzed the questions that developed more from the participants' answers than the questions in the guide to obtain more in-depth data and fit what they were doing. The researchers reviewed each of the participants' significant statements and assigned meaning to each. The researchers used theoretical triangulation to improve the data analysis quality by observing the implementation of spiritual intervention as a source of supporting data. A thematic analysis was used to obtain rich, detailed, complex data reports. Thus, researchers have confirmed the validity of the data by doing several things, including

purposive sampling techniques, establishing criteria for participants with sufficient experience in spiritual intervention, and theoretical triangulation.

Ethical considerations

This study had undergone ethical review by the Research Ethics Committee of Prof. Dr. Soerodjo Psychiatric Hospital, Magelang. The study was declared feasible, and the permission to conduct the study was granted by considering the benefits for the hospital and the safety and confidentiality of the participants involved in the study.

RESULTS AND DISCUSSION

Table 1. Participant Profile, Prof. Dr. Soerodjo Psychiatric Hospital, Magelang, 2017

Participant	(Name) Initials	Age	Length Of Work
R1.	Mrs. R	54 years old	33 years
R2.	Mr. H	32 years old	8 years
R3.	Mr. J	44 years old	24 years
R4.	Mr. H	44 years old	24 years
R5.	Mr. A	45 years old	25 years
R6.	Mr. W	37 years old	15 years
R7.	Mr. I	34 years old	9 years

The majority of participants in this study were males (n=6; 85.7%). All participants came from different wards. Most participants (n=5; 71.4%) hold a nursing profession education, and the remaining (n=2; 28.6%) obtained a master's degree. All participants had worked at the hospital for one to more than five years.

Nurses' experiences in providing spiritual interventions

The results showed two major themes: (1) nurses' experiences providing spiritual interventions and (2) the importance of spiritual interventions for patients with schizophrenia. The first theme consists of six sub-themes, including: 1.1) the implementation of spiritual intervention by using the application of the Islamic Spiritual Approach Application, 1.2) the implementation of activities in spiritual intervention, 1.3) the purpose of spiritual interventions, 1.4) materials of spiritual interventions, effects of providing spiritual interventions, and 1.6) barriers to providing spiritual interventions. The second theme has no sub-themes.

PPAI assists in implementing the spiritual intervention by applying the Islamic Spiritual Approach Application.

A participant stated that the implementation of spiritual interventions at the hospital was assisted by the PPAI (board of Islamic Supervisors). Other participants reported that the implementation of spiritual interventions, from the assessment to the evaluation, was carried out based on the prepared modules, such as the one in APSI (Islamic spiritual approach application) as one of the spiritual intervention pilot projects they have ever undertaken. Participants also mentioned that the provision of spiritual interventions varied according to the arranged schedules.

"...we have indeed conducted a pilot project.... We also have the tool or the instrument ..." (R4)

"...There are already modules (guidelines for fulfilling the spiritual needs of patients)" (R3, R4, R7)

"...the criteria of the interventions are almost the same as in other rooms, but there are possible differences for patients with delusions." (R7)

"...So we can see the indicators from the rate of confinement and runaway patients." (R4)

"We usually ask that (spiritual assessment) when we are in the ward." (R2)

"APSI stands for Aplikasi Pendekatan Spiritual Islami (Islamic spiritual approach application. We have developed it from the assessment, intervention, to evaluation." (R4)

"... So far, we have received assistance from PPAI in providing spiritual interventions." (R1)

"Every morning, every day, as long as I am in the inpatient ward, ... and the results are well-controlled according to the conditions." (R1)

"It happens that I am a part of PPAI that manages spiritual rehabilitation. It is provided every Wednesday for females and every Thursday for males." (R1)

"The intervention is provided for approximately 30 minutes to 1 hour. It is given, for example, every morning while waiting for the food to be prepared. We usually provide the intervention materials at this time." (R1)

The implementation of activities in spiritual intervention includes salat, studying and discussing spirituality (learning the spirituality, Quran, and hadith), praying (dua), zikr, taharah (ritual purity in Islam), wudu, fasting, taraweeh, reading the Quran, memorize the Quran and carrying out the prophet's sunnah.

Most participants stated the same regarding the form of activities in spiritual intervention. The nurses provide fulfillment of the spiritual needs of schizophrenic patients by carrying out various kinds of worship activities such as salat, studying and discussing spirituality (learning the spirituality, Quran, and hadith), praying (dua), zikr, taharah (ritual purity in Islam), wudu, fasting, taraweeh, reading the Quran, memorize the Quran and carrying out the prophet's sunnah. However, the nurses have different innovations in each ward to fulfill the spiritual needs of schizophrenic patients.

".... Every morning every day, as long as I am in the inpatient ward, all the patients are given spiritual material that is not always related to religion; I train and invite patients to think that whatever happens to us, everything will be fine, instilling a feeling that today we are happy, the religious part is salat, ... taharah for girls, then discussed menstruation according to health and religion". (R1).

"..... there is a standard of intervention to control anger spiritually, including salat and zikr...., exemplifying the patient speaking nicely to people and assertively, learning to express feelings without hurting feelings, and learning to socialize with other friends (R2).

"... the fulfillment of their spiritual needs, mostly done studied and discussed spirituality (kajian Islam), ... pray before eating, salat Duha, salat Zuhr, salat Asr (salat 5 times a day), zikr...., after salat Maghrib (evening prayer) the patients read the Quran, ... memorized the micro or short surah which aimed to improve their memory, there is fasting here around 5-6 patients in each ward, there was even a ward where most of the patients were fasting, especially the women's ward, there are tarawih prayers the nurse was the Imam (R3).

"... there are guidelines for learning the Quran and hadith, which are the same as Group Activity Therapy, the material includes shahada, salat, sunnah, wudu before dzikr, birul walidain, reading and memorizing short surahs, alfatihah, recitation of istigfar, tahlil, and others (R4).

"... dawn prayers, duha prayers, sunnah naps, learn how to apologize to mom, learn the story of the prophet's struggle, learn to be grateful, and be a better person (R5, R6, R7).

Purpose of spiritual interventions

The majority of participants stated that the spiritual interventions aim to make the patients aware that they suffer from mental disorders so that there is an awareness for self-improvement. One participant stated that spiritual interventions aim to prevent anxiety and train to focus on distraction and concentration patterns.

"... Actually, our purpose is to make the patients realize that they suffer from mental disorders. ... So that there is awareness for self-improvement." (R5) (R4) (R2) (R3)

"With these spiritual interventions, patients can feel more relaxed. It is because when the spiritual needs of the patients are not fulfilled, anxiety will arise." (R3)

"... we want to focus more on distraction and concentration patterns." (R3)

Materials of spiritual interventions

Two out of seven participants stated they provided the same intervention for all patients, and three out of seven participants also stated they provided religious materials for patients. One participant revealed that he provided materials about relaxation, practicing concentration, and encouraging positive and happy thinking. Another participant also stated that some patients fasted during Ramadhan month. Most participants stated they carried out prayer and dhikr interventions for their patients.

"Yes, we provide similar and equal interventions for all patients with any problems." (R1) (R4)

"... now I come to the rehabilitation center for providing spiritual materials." (R1) (R7) (R3)

"The specific materials I provide for patients include relaxation techniques, such as taking a deep breath, practicing concentration, and inviting patients to think that whatever happens to us, everything will be fine. I continuously instill the feeling that today we are happy." (R1)

"Some patients here are fasting..." (R3)

"... for example, for a patient with a risk of violent behavior, there is already SOP to control anger by praying or dhikr..." (R1) (R2) (R3) (R4) (R5) (R7)

“Some activities of spiritual interventions that relate to Allah include prayers, Quran recitation, Islamic learning, praying for group activity therapy, and structured activities to support the distraction. There is a break for drug-taking and Maghrib (dusk) prayers. The drug is taken at 7, so there is a break.” (R3) (R7) (R4)

“Yes, we can do dhikrs for distraction for patients with hallucinations.” (R2) (R3)

“... each ward has different innovations.” (R7)

Effects of providing spiritual interventions

One participant stated that the implementation of spiritual interventions went well and gave satisfactory results. One participant mentioned that patient care was more secure, violent behavior decreased, and communication between nurses and patients increased. Two out of seven participants reported that patients had increased tidiness and be more controllable as well as easier to remind. One participant mentioned the rate of runaway patients also decreased. Furthermore, one participant stated that the confinement rate significantly decreased from 90% to 0%.

“... Alhamdulillah, the implementation of spiritual interventions went well, and the results are satisfactory.” (R4)

“... the care is also secure.” “... the patients’ violent behaviors also decrease.” “... the communication between nurses and patients also increase, since patients are more adherent now.” (R1)

“... the tidiness of the patients also increased...” (R3) (R1)

“... it is easier to control or remind the patient.” (R2) (R1)

“... the length of stay has also decreased.... This what makes the rate of runaway patients drop significantly compared to last year.” (R3)

“In the past, the confinement rate was 90%; even most of the female patients were put in confinement. Now none of them are in confinement; the rate is now 0%.” (R3)

Barriers to providing spiritual interventions

Participants stated there was misperceptions about fulfilling spiritual needs and also stigma among hospital staff due to the provision of interventions that contained “Islamic” values. Most participants said that commitment and motivation were highly required by nurses and patients in carrying out spiritual interventions. One participant stated that that fulfilling the spiritual needs of patients other than Moslem had not been completed.

“... at the beginning didn't work, The fulfillment of spiritual need for this schizophrenic patient is very low ..., ... the patient is locked from the outside, making it difficult to access the place of wudu ..., I always offer PPAI what can be helped to carry out spiritual intervention, I changed the nurse's perception pattern ..., we help fulfill its tools, the following year the hospital helped as part of the hospital's services” (R3).

“... the stigma itself is from inside the hospital, for example, there are people who are questioning why there are a lot of Islamic practices while the hospital itself is a public hospital.” (R4) (R3)

“To fulfill the spiritual needs, commitment and motivation (from nurses and patients) are required...” (R2) (R5) (R4) (R7)

“... we are still confused on how to fulfill the spiritual needs of Christian patients or other religions. The simplest way we do so far is inviting the patients to pray according to their beliefs and faith.” (R6)

The importance of spiritual interventions for patients with mental disorders

All participants in this study stated that spiritual intervention is crucial to carry out. One participant revealed the importance of approach with patients, families, and nurses so that after the patients discharge from the hospital, the developed spiritual activities can still be carried out, and the patients are ready to return to the community.

“Very important.” (R1) (R2) (R3) (R4) (R5) (R6) (R7)

“... there is a feeling of worried about the patients at home. Now, the solution is we approach the patients, nurses, and families. Apart from that, during discharge planning, we also inform about the spiritual activities that have been carried out in the hospital..., so that the patients are able to perform spiritual activities that are taught regularly and ready to return to the community.” (R2)

Nurses’ experiences of providing spiritual interventions

In general, spiritual intervention by the nurses at this psychiatric hospital is great. Various forms of spiritual intervention have been tried, although, in schizophrenic patients with all their limitations, they still bring positive and satisfying results. In most hospitals, these spiritual interventions have been carried out but are still not widely implemented

by psychiatric hospitals, where most patients are schizophrenic patients. Compared to other hospitals, one of the different intervention programs from this psychiatric hospital is the APSI (Islamic spiritual approach application), with various forms of Islamic activities applied to schizophrenic patients. However, even though they use APSI, they still consider the concepts and theories in providing mental health nursing care to schizophrenic patients.

The findings of this study showed that spiritual interventions had been carried out in all wards of the hospital. The implementation began with patient assessment, and the nurses assessed according to the prepared spiritual modules. Nurses can use formal and structured assessment tools to help them identify spiritual distress in patients (Timmins & Caldeira, 2017). Nurses need to assess the patients' spiritual needs and determine appropriate interventions based on the nursing diagnoses. Some important aspects of spiritual assessment that nurses should carry out include (1) patient beliefs about mental disorders, substance abuse, recovery, and spiritual care; (2) developing a therapeutic alliance; (3) patients' readiness to discuss spirituality; (4) past and present spiritual power; (5) patient culture; and (6) allowing patients to determine whether and how spirituality can be used in the assessment to develop a care plan (Neathery, 2018). Furthermore, the assessment results determine nursing intervention plans for patients to achieve the desired care goals.

Nurses at the hospital in this study explained that spiritual interventions aimed to make patients aware of their mental disorders so that they could motivate themselves for self-improvement. Spiritual interventions are expected to help patients identify positive things from their treatment, develop self-acceptance of mental illness, improve symptom management, increase self-esteem, and develop positive meanings and life goals (Anthony, 2008, as cited in (Neathery, 2018). Thus, the aim of the spiritual interventions is not limited to helping patients become aware of themselves and develop a willingness for self-improvement, but it is more holistic. The forms of spiritual interventions used to achieve these goals vary, and nurses can implement them according to the patient's needs.

The provision of spiritual interventions at the hospital in this study varied in forms, such as relaxation, religious materials, and worship rituals, depending on the innovation and commitment of health workers or nurses in each ward. (Baldacchino, 2015) states that spiritual care is linked with how nurses recognize, appreciate, and help fulfill patients' spiritual needs, facilitate participation in religious worship rituals, and communicate by listening and talking with patients. It is also linked with how nurses are always present for patients with caring, support, and empathy, support a sense of well-being by helping patients find the meaning and purpose in their illness and life, and refer patients to professional help, including religious leaders. (Gonçalves et al., 2015) described some spiritual interventions, including psychotherapy, meditation, audiovisual, and religious assistance services. Mindfulness is one intervention alternative that increases spirituality awareness in patients with mental disorders (Shonin & Van Gordon, 2016).

(Neathery, 2018) stated that spiritual intervention could be provided in various ways, such as encouraging understanding of health according to the God's will (religious teachings), treating patients with dignity and respect, encouraging participation in religious, spiritual activities, listening to patient personal journey and encouraging expression exploration, acknowledging patients' uniqueness and experiences, encouraging patients' social skills, and connecting patients with the community, support groups, and professional services. These interventions are congruent with the seven positive aspects of "holding" spiritual and religious beliefs, namely meaning and purpose, peace and comfort, prayer, the existence of God, a sense of belonging and community, mutual support, and reasons for living (Swinton, 2007). In addition, other forms of spiritual intervention are carried out with a religious approach based on the Quran values in the Islamic religion, such as prayers, patience, trust (in God), sharing or giving, altruism and kindness (heart), regret, and repentance, gratitude, dhikr, and meditation (Hosseini et al., 2016).

This study revealed that the hospital also developed other programs and system innovations to support the achievement of spiritual interventions, such as APSI applications, modules, pilot projects, and the formation of PPAI. The results obtained from these interventions were also satisfactory. Patients with mental disorders were more controllable, and patient care became more secure. Also, the communication between patients and nurses increased, and the confinement rate significantly decreased from 90% to 0%. The results of this study are similar to a study by (Tokpah & Middleton, 2013), which found that spiritual therapy increased patients' compliance with the treatment, made them more relaxed, and developed hope for recovery.

Furthermore, a study by (Neathery et al., 2020) also reported that spirituality helped patients with mental disorders live well. It increased hope, self-esteem, well-being, satisfaction with care, and social support. Spiritual interventions significantly improve anxiety and depression symptoms (Sankhe et al., 2017). The successful implementation of spiritual intervention at the hospital in this study was also acknowledged because of the PPAI's assistance.

In the hospital where this study took place, PPAI is a special team that focuses on patients' spiritual and religious rehabilitation and consists of nurses or staff and religious leaders. PPAI manages spiritual rehabilitation by providing interventions related to Islamic teachings. Religious leaders in healthcare facilities, such as psychiatric hospitals, are considered "professional spiritual care providers" whose duties include: (1) responding to the religious and spiritual needs of patients, nurses, and staff, (2) providing emotional support for patients, nurses, and staff, (3) acting as an advocate and mediator, (4) providing education and training for both personal and professional development, and (5) advising on ethical issues and implementation of value-based health care (Harrison, 2017).

Although the results were satisfactory, the implementation of spirituality interventions at the hospital in this study was generalized to all patients with mental disorders without specific criteria. According to the assessment results, the intervention should be based on each individual's needs (Judge, 2016). Nurses play a significant role in implementing spiritual interventions, and the diversity of patients' needs is challenging, making it difficult for intervention

implementation (van Nieuw Amerongen-Meeuse et al., 2019). Nurses should have the ability to gain patients' trust by being "real," "congruent," or "present at the moment" with patients. Nurses should also be linked with patients' feelings or the world without prejudice but with empathy and caring for "love."

Furthermore, it is pivotal for nurses to have sufficient knowledge and skills regarding spiritual interventions. These skills include active listening, attentiveness, and genuineness, understanding psychotic experiences of patients' daily life, self-awareness, communication, trust-building, giving hope, and understanding patients' needs and spiritual issues (Thompson, 2002). Nurses also need to prepare patients to return to the community, one of which is through spiritual interventions. Spiritual interventions inevitably play a pivotal role in healing therapy with individuals, families, and groups (Mthembu et al., 2018).

A previous study has identified some barriers to spiritual care, including time constraints, concern about improper spiritual care in their practice setting, and a lack of knowledge (Rachel et al., 2019). Nurses reported that their insufficient knowledge and training in spiritual care, as well as lack of understanding of patients' cultures and religious beliefs, had limited their efforts in fulfilling the patient's spiritual needs, especially when patients had a different religion or were active psychotic (Tokpah & Middleton, 2013). In addition, there are still some other barriers to implementing the interventions, such as stigma, lack of commitment and motivation, and unmet spiritual needs of patients other than Moslem. The nurses' commitment to implementing spiritual interventions is the most dominant factor (van Nieuw Amerongen-Meeuse et al., 2019).

The insight of nurses regarding their spirituality also affects the provision of care (Neathery et al., 2020; Tokpah & Middleton, 2013). Nurses who view themselves as spiritual and religious tend to be more active in providing spiritual care compared to those who do not see themselves as religious (Neathery et al., 2020). Nurses who already received training in the delivery of spiritual care showed more willingness and confidence to provide such care to their patients (Rachel et al., 2019). Interestingly, years of experience also significantly impact the provision of spiritual care (Neathery et al., 2020).

Two approaches to nursing spiritually are described as pragmatic, which focuses on practical aspects such as ways of providing religious practices, and spiritually empathetic, which is defined as the sense of knowing or acknowledging patients' spiritual beliefs. Overlap in the practice of these approaches happens when nurses prefer one approach to another, while in reality, each approach may be more useful in particular circumstances (Elliott et al., 2020). Furthermore, spiritual therapy for people with schizophrenia includes several phases: training, assessing, planning, and implementing (Mizock et al., 2012). Even though nurses are allowed to follow these phases in a different order, a lack of adequate knowledge and skills may influence the treatment as it may result in the client being misled (ERDURAN-TEKİN, 2019). Thus, fostering nurses' knowledge and competence in spiritual therapy through conferences, literature, and training could be an effective strategy to increase their sensitivity to the patient's spiritual issues (Moreira-Almeida et al., 2014).

The importance of spiritual intervention for patients with mental disorders

The results of this study indicated that spiritual interventions are pivotal to be implemented, and an approach is needed with patients, families, and nurses so that after the patients come home, the spiritual activities that have been previously developed are still practiced. The patients are ready to return to the community. Therefore, nurses need to give more attention to discharge planning to ensure the continuity of achieving spiritual intervention goals after the patients return to the community (Gowda et al., 2019). The concern for spiritual needs in health is increasing (van Nieuw Amerongen-Meeuse et al., 2019). Spirituality becomes essential for nurses to fulfill as part of holistic care (Drury & Hunter, 2016). In addition, spiritual therapy is cost-effective and provides positive results when integrated with the usual treatment (Moreira-Almeida et al., 2014). Likewise, it is helpful in the recovery process of people with schizophrenia (Beyer, 2017).

LIMITATION OF THE STUDY

This study describes the implementation of spiritual interventions, which a public psychiatric hospital continuously implements. However, there has yet to be any triangulation of FGD results with secondary data in the form of nursing care records and other relevant documents. Researchers have triangulated the data only by making brief observations about implementing some spiritual interventions by nurses without taking documentation in the form of photographs and pictures. This was because some rules from psychiatric hospitals cannot take pictures to maintain patient confidentiality.

CONCLUSION

Implementation of spiritual interventions is best based on the prepared modules, which contain spiritual assessment tools, material, and guidelines for fulfilling the spiritual needs and the standard of spiritual intervention that will be provided. Nurses require strong commitment and motivation to carry out spiritual intervention to have a satisfying impact in the form of a decrease in violent behavior, confinement, length of stay, runaway rate, increased communication skills, self-control, and improved appearance. Schizophrenic patients are expected to continue their spiritual activities until they

are ready to return to the community. Spiritual interventions are essential and must be integrated with providing care for patients with mental disorders. As healthcare providers, nurses must be highly committed to achieving the goals of the interventions. Also, there needs to be coordination and adequate support from health institutions to promote spiritual interventions for patients with mental disorders. Coordination and adequate support from related health institutions are required to increase the achievement of spiritual interventions' goals. In addition, it is expected that these interventions can be implemented in other psychiatric health institutions.

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