





JURNAL AISYAH: JURNAL ILMU KESEHATAN

Online ISSN 2502-9495

Print ISSN 2502-4825

Semarang, 10 January 2024

Dear Reviewers,

Jurnal Aisyah: Jurnal Ilmu Kesehatan (JIKA), with registered number ISSN 2502-4825 (Print) and ISSN 2502-9495 (Online), is an international peer-reviewed journal published two times a year (March and September) 2024 by Universitas Aisyah Pringsewu (UAP) Lampung. JIKA is intended to be the journal for publishing articles reporting the results of research in the Health Science field, especially Nursing and Midwifery, as well as with their development through an interdisciplinary and multidisciplinary approach. The submission process of the manuscript is open throughout the year. All submitted manuscripts will go through a blind peer review and editorial review before being granted with acceptance for publication.

Given your expertise in the field and, particularly, the link between the topics faced in the following submitted manuscripts and your research activities, I am inviting you to be a reviewer for the following article:

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

I would very much appreciate it if you could promptly find the time to give a quick look at this article and decide whether you can accept the invitation to review it. If you kindly accept the invitation, please return your report within 1 week after you accepted the invitation.

If you need any further inquiry related to this request, please do not hesitate to contact us at media_ners@live.undip.ac.id.

Thank you very much for your kind assistance and cooperation.

Sincerely Yours,

Editor in Chief,
Universitas Aisyah Pringsewu (UAP) Lampung
Jalan A. Yani 1A Tambahrejo Gadingrejo Kab. Pringsewu
Email: <https://aisyah.journalpress.id/index.php/jika/index>

ARTICLE REVIEW FORM

TITLE	Nurses' Experiences of Providing Spiritual Care for Schizophrenic Patients in Prof. Dr. Soerodjo Psychiatric Hospital, Magelang: A Qualitative Study
--------------	---

Please fill in the following information with the result of your review on the article.

Does the article:

1. Meet the aims and scope of Nurse Media Journal of Nursing (NMJN)? Yes V No ___

Comments:

2. Follow appropriate conventions for a journal article of its type? Yes V No ___

Comments:

3. Possess a suitable title and an abstract that accurately and concisely summarizes the content? Yes V No ___

Comments:

4. Cite, discuss and critically evaluate relevant international literature? Yes V No ___

Comments:

5. Demonstrate original thought or work? Yes V No ___

Comments:

6. Does the article have a sound theoretical or policy base? Yes V

No ___

Comments:

7. Are conclusions drawn rigorously? Yes_ ___ No V

Comments:

It could be necessary that the author help the reader understand why your study should matter to them after they have finished reading the paper, by summarizing of your points or a re-statement of your research problem or writing a synthesis of key points

8. Are the style and English usage appropriate for the journal? Yes V No ___

Comments:

FOR RESEARCH PAPERS

Does the article: -

9. Outline and justify the overall research design? Yes V No ___

Comments:

10. Adequately discuss ethical issues? Yes V No ___

Comments:

11. Clearly indicate and discuss data analysis/findings? Yes V No ___

Comments:

How does the author ensure rigor in their qualitative study?

12. Accurately display statistical data (if any)? Yes_ No ___

Comments:

OVERALL COMMENTS ON THE ARTICLE

Thank you for submitting interesting study on mental health nursing, our readers will find

this article of interest. Overall the manuscript reads well but it need revision for some points to be clarified. Please refer to the comment manuscript below

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

ABSTRACT

Background: Spiritual interventions have received growing attention in recent years as they are evident to reduce psychotic symptoms significantly in patients with mental disorders.

Purpose: This study aimed to explore nurses' experiences of providing spiritual interventions for patients with schizophrenia in Prof. Dr. Soerodjo psychiatric hospital, 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 utilized to obtain rich, detailed, and complex data reports.

Results: The results showed two major themes: (1) nurses' experiences of providing spiritual interventions and (2) the importance of spiritual interventions for patients with mental disorders. Spiritual interventions were crucial parts of patient care and had been implemented in all wards in the hospital. These interventions varied in forms, and their implementation merely relied on nurses' and patients' commitment and motivation. Some barriers in implementing spiritual interventions were reported, including stigma, lack of commitment, and suboptimal fulfillment of spiritual needs for patients other than Moslem.

Conclusion: Spiritual interventions were crucial parts of the patient care and had been applied in all wards. Innovations and institutional supports are required to help achieve the goals of spiritual interventions.

Keywords: Nurses' experiences; schizophrenic patients; spiritual interventions

BACKGROUND

Spiritual needs have received growing attention in recent years (Amerongen-Meeuse, Schaap-Jonke, & Anbeek, 2019), considering that spiritual factors play an essential role in determining the care of patients with mental disorders (Zagożdżon & Wrotkowska, 2017). People with schizophrenia describe spirituality as a feeling of calmness in 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, Davuluri, & Chakrabarti, 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). Fadly and Keliat (2017) 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.

Nurses as healthcare providers 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 as it is not considered as their primary responsibility (Neto, Rodrigues, Rozendo da Silva, Turato, & Campos, 2018). A recent study showed that mental health nurses felt uncertain about spiritual issues and felt anxious to distinguish 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 (Harrad, Cosentino, Keasley, & Sulla, 2019).

Considering the significant role of spiritual care, the researchers were interested in investigating spiritual interventions for patients with mental disorders in Prof. Dr. Soerodjo psychiatric hospital, Magelang, Indonesia. This research was expected to give a detailed description of spiritual interventions in the hospital to provide baseline data for evaluating the implementation of spiritual interventions in the future.

METHODS

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 patients. Meanwhile, the exclusion criteria were nurses who were not on duty or on a leave during the study period.

Data collection

The data were collected through in-depth interviews 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.

Data analysis

The collected data were analyzed using Colaizzi's approach. Information submitted by the participants were 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 to 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 experiences

Comment [U1]: In the section of method, it is unclear that when or how long the author collected data

Comment [U2]: How does the author ensure rigor in their qualitative study?

of the participants as they truly were. The researchers reviewed each of the participants' significant statements and assigned meaning to each. The researchers conducted semi-structured FGDs and used theoretical triangulation to improve the data analysis quality. A thematic analysis was utilized to obtain rich, detailed, and complex data reports.

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

Characteristics of participants

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 the nurse 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

Implementation of spiritual interventions

One participant stated that the implementation of spiritual interventions at the hospital was assisted by the *PPAI* (board of Islamic supervisors). Three out of seven participants reported that the implementation of spiritual interventions starting from the assessment to the evaluation was carried out based on the prepared modules. One participant also reported the presence of *APSI* (Islamic spiritual approach application) and a pilot project on spiritual interventions. One participant mentioned that the provision of spiritual interventions varied in time 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)

Comment [U3]: The meaning of subthemes are unclear. The purpose of qualitative study is to find meaning of the phenomenon or to find meaning in participant's statement. In each theme of the study, it should be explained in narrative statement instead of quantitative statement. The meaning of each sub themes need to be written. The author need to illustrate the meaning of subthemes based on participant's significant statement. The hint is "What is implementation of spiritual intervention in your study?" What is purpose of spiritual intervention in your study?"

Quantitative statement. "One participant stated..."

“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)

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

Two out of seven participants stated there was 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.

“... 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)

DISCUSSION

Nurses’ experiences of providing spiritual interventions

The findings of this study showed that spiritual interventions had been carried out in all wards in the hospital. The implementation began with patient assessment, and the nurses carried out the assessment according to the prepared spiritual modules. Nurses can use formal and structured assessment tools to help them identify spiritual distress in patients (Timmins & Caldera, 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 should be carried out by nurses include: (1) patient beliefs about mental disorders, substance abuse, recovery, and spiritual care; (2) developing a therapeutic alliance; (3) patients’ readiness in discussing 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 results of the assessment are used to determine nursing intervention plans for patients to achieve the desired goals of care.

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 the treatment they have undergone, develop self-acceptance of mental illness, improve symptom management, increase self-esteem, and also 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 willingness for self-improvement, but it is more holistic. The forms of spiritual interventions used to achieve these goals vary, and nurses can implement it according to the patients’ 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 from 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. Furthermore, Gonçalves, Lucchetti, Menezes, & Vallada (2015) described some forms of spiritual interventions, including psychotherapy, meditation, audiovisual, and religious assistance services. Mindfulness is one of the intervention alternatives that increase awareness of spirituality 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

Comment [U4]: It would help reader if the author can add the novelty of the study or a “new findings that can be found in the study?”

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 Islamic religion, such as prayers, patience, trust (in God), sharing or giving, altruism and kindness (heart), regret, and repentance, gratitude, dhikr, and meditation (Hosseini, Lotfi, Akbari, Akbari, & Sarafranz, 2016).

This study revealed that there were also other various programs and system innovations developed by the hospital to support the achievement of spiritual interventions, such as *APSI* application, 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 had significantly decreased from 90% to 0%. The results of this study are similar with a study by Tokpah and Middleton (2013), which found that spiritual therapy increased patients' compliance with the treatment, as well as made them more relaxed and developed hope for the recovery. Furthermore, a study by Neathery, He, Taylor, and Deal (2019) also reported that spirituality helped patients with mental disorders live well as it increased hope, self-esteem, well-being, satisfaction with care, and social support. Spiritual interventions provide a significant improvement in anxiety and depression symptoms (Sankhe, Dalal, Save, & Sarve, 2017). The successful implementation of spiritual intervention at the hospital in this study was also acknowledged because there was assistance from the *PPAI*.

In the hospital where this study took place, *PPAI* is a special team that focuses on spiritual and religious rehabilitation of patients, and consists of nurses or staff and religious leaders. *PPAI* is responsible for managing 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. The intervention should be based on each individual's needs according to the assessment results (Judge, 2016). Nurses play a significant role in implementing spiritual interventions, and the diversity of patients' needs is such a challenge, making it difficult for the intervention implementation (Amerongen-Meeuse, Schaap-Jonke, & Anbeek, 2019). Nurses should have the ability to gain patients' trust by being "real" or

“congruent” or “present at the moment” with patients. Nurses should also be linked with patients’ feelings or 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, genuineness, understanding psychotic experiences of patients’ daily life, self-awareness, communication, trust-building, giving hope, and understanding the needs and spiritual issues of patients (Thompson, 2002). Nurses also need to prepare patients to return to the community, one of which is through spiritual interventions. It is inevitable that spiritual interventions play a pivotal role in healing therapy with individuals, families, and groups (Mthembu, Wegner, & Roman, 2017).

A previous study has identified some barriers to the provision of spiritual care, including time constraints, concern about improper spiritual care in their practice setting, and a lack of knowledge (Harrad, Cosentino, Keasley, & Sulla, 2019). Nurses reported that their insufficient knowledge and training in spiritual care, as well as lack of understanding in patients’ cultures and religious beliefs, had limited their efforts in fulfilling the patients’ spiritual needs, especially when patients have a different religion or were in active psychotic (Tokpah & Middleton, 2013). In addition, there are still some other barriers in implementing the interventions, such as stigma, lack of commitment and motivation, and unmet spiritual needs of patients other than Moslem. In fact, the nurses’ commitment to paying attention to the implementation of the spiritual interventions is the most dominant factor (Amerongen-Meeuse, Schaap-Jonke, & Anbeek, 2019).

The insight of nurses regarding their spirituality also affects the provision of care (Tokpah & Middleton, 2013; Neathery, He, Taylor, & Deal, 2019). 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, He, Taylor, & Deal, 2019). Nurses who already received training in the delivery of spiritual care showed more willingness and confidence to provide such care to their patients (Harrad, Cosentino, Keasley, & Sulla, 2019). Interestingly, years of experience also have a significant impact on the provision of spiritual-care (Neathery, He, Taylor, & Deal, 2019).

Two approaches to nursing spiritually are described as pragmatic, which focus 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 of the approaches may be more useful in particular circumstances (Elliot, Wattis, Chirema, & Brooks, 2019). Furthermore, the process of performing spiritual therapy to people with schizophrenia, including several phases, such as training, assessing, planning, and implementing (Mizock, Millner, & Russinova, 2012). Even though nurses are allowed to not following these phases in the correct order, a lack of adequate knowledge and skills may influence the treatment as it may result in the client being misled (Erduran-Tekin, 2019). Thus, fostering nurses’ knowledge and competence in applying spiritual therapy through conferences, literature,

and training could be an effective strategy to increase their sensitivity to the patients' spiritual issues (Moreira-Almeida, Koenig, & Lucchetti, 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, and the patients are ready to return to the community. Therefore, nurses need to give more attention to discharge planning to ensure the continuity of the achievement of spiritual intervention goals after the patients return to the community (Gowda, Gajera, Srinivasa, & Ameen, 2019). The concern for spiritual needs in health is increasing (Amerongen-Meeuse, Schaap-Jonke, & Anbeek, 2019). Spirituality becomes an essential aspect 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, Koenig, & Lucchetti, 2014). Likewise, it is helpful in the recovery process of people with schizophrenia (Beyer, 2017).

Strengths and limitations

This study describes in detail the implementation of spiritual interventions, which is continuously implemented by a public psychiatric hospital. However, there has not been any triangulation of FGD results with secondary data in the form of nursing care records and other relevant documents.

CONCLUSION

Spiritual interventions are essential and need to be integrated with the provision of care for patients with mental disorders. Nurses as healthcare providers need to be highly committed so that the goals of the interventions can be achieved. Also, there needs to be coordination and adequate support from the health institutions to promote spiritual interventions for patients with mental disorders.

The 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.

ACKNOWLEDGMENT

The researchers would like to thank all nurse participants in Prof. Dr. Soerodjo psychiatric hospital, Magelang, and other parties who provided support and assistance in this study.

CONFLICT OF INTEREST

None

REFERENCES

Amerongen-Meeuse, J., Schaap-Jonke, H., & Anbeek, C. (2019). Patients' needs of religion/spirituality integration in two mental health clinics in the Netherlands. *Issues in Mental Health Nursing, 40*(1), 41-49.

Comment [U5]: In conclusion part.

It could be necessary that the author help the reader understand why your study should matter them after they have finished reading the paper, summarizing of your points or a re-statement of your research problem or writing a synthesis of key points

- Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions*, 6(2), 594-613.
- Beyer, A.C. (2017). An alternative, spiritual and new age interpretation of schizophrenia. *Curr Res Integr Med*, 3(S1), 1.
- Drury, C., & Hunter, J. (2016). The hole in holistic patient care. *Open Journal of Nursing*, 6(9), 776-792.
- Elliot, R., Wattis, J., Chirema, K., & Brooks, J. (2019). Mental health nurses' understandings and experiences of providing care for the spiritual needs of service users: A qualitative study. *J Psychiatr Ment Health Nurs*, 00, 1-10.
- Erduran-Tekin, Ö. (2019). The impact of spirituality and spiritually-oriented therapeutic interventions on schizophrenia patients. *Spiritual Psychology and Counseling*, 4, 309-320.
- Fadly, M., & Keliat, B.A. (2017). Relationship between spiritual well-being and hallucination in patients with schizophrenia in a mental health hospital. *UI Proc Health Med*, 3, 26-31.
- Gonçalves, J. P. B., Lucchetti, G., Menezes, P. R., & Vallada, H. (2015). Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomized controlled clinical trials. *Psychological Medicine*, 45(14), 2937–2949.
- Gowda, M., Gajera, G., Srinivasa, P., & Ameen, S. (2019). Discharge planning and Mental Healthcare Act 2017. *Indian J Psychiatry*, S706-S709.
- Grover, S., Davuluri, T., & Chakrabarti, S. (2014). Religion, spirituality, and schizophrenia: A review. *Indian Journal of Psychological Medicine*, 36(2).
- Harrad, R., Cosentino, C., Keasley, R., & Sulla, F. (2019). Spiritual care in nursing: An overview of the measured used to assess spiritual care provision and related factors among nurses. *Acta Biomed for Health Professions*, 90(4), 44-55.
- Harrison, Guy. (2017). *Psycho-spiritual care in health care practice*. Philadelphia: Jessica Kingsley Publishers
- Ho, R.T.H., Chan, C.K.P., Lo, P.H.Y., Wong, P.H., Chan, C.L.W., Leung, P.P.Y., & Chen, E.Y.H. (2016). Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental-health professionals: A qualitative study. *BMC Psychiatry*, 16(86), 1-11.
- Hosseini L, Lotfi Kashani F, Akbari S, Akbari M E, Sarafranz Mehr S. (2016). The Islamic perspective of spiritual intervention effectiveness on bio-psychological health displayed by gene expression in breast cancer patients. *Int J Cancer Manag*, 9(2), e6360. doi:10.17795/ijcp-6360.
- Judge, D. (2016). Holistic care: Are you recognizing a need for spiritual care? *The Journal for Nurse Practitioners*, 12(10), e439–e440. doi:10.1016/j.nurpra.2016.06.018
- Koenig, H. G. (2014). The spiritual care team: Enabling the practice of. *Religions*, 1161-1174.
- Mizock, L., Millner, U.C., & Russinova, Z. (2012). Spiritual and religious issue in psychotherapy with schizophrenia: Cultural implications and implementation. *Religions*, 3, 82-98.
- Moreira-Almeida, A., Koenig, H.G., & Lucchetti, G. (2014). Clinical implications of spirituality to mental health: Review of evidence and practical guidelines. *Brazilian Journal of Psychiatry*, 36(2).

- Mthembu, T. G., Wegner, L., & Roman, N. V. (2017). Guidelines to integrate spirituality and spiritual care in occupational therapy education: A modified delphi study. *Occupational Therapy in Mental Health, 34*(2), 181–201. doi:10.1080/0164212x.2017.1362367
- Neathery, M., He, Z., Taylor, E. J., & Deal, B. (2019). Spiritual perspectives, spiritual care, and knowledge of recovery among psychoatric mental health nurses. *Journal of the American Psychiatric Nurses Association*, 1-9.
- Neathery, M. (2018). Treatment and spiritual care in mental health. *Journal of Christian Nursing, 35*(2), 86–93. doi:10.1097/cnj.0000000000000475
- Neto, G.L., Rodrigues, L., Rozendo da Silva, D.A., Turato, E.R., & Campos, C.J.G. Spirituality review on mental health and psychiatric nursing. *Rev Bras Enferm, 71*(Suppl 5), 23-33.
- Oman, D., & Lukoff, D. (2018). Mental health, religion, and spirituality. *Why religion and spirituality matter for public health, 225-243*.
- Sankhe, A., Dalal, K., Save, D., & Sarve, P. (2017). Evaluation of the effect of Spiritual care on patients with generalized anxiety and depression: A randomized controlled study. *Psychology, Health & Medicine*, 1186-1197.
- Shonin, E., & Van-Gordon, W. (2016). The mechanisms of mindfulness in the treatment of mental illness and addiction. *International Journal of Mental Health and Addiction, 14*(5), 844–849. doi:10.1007/s11469-016-9653-7
- Swinton, John. (2007). Spirituality, values, and mental health: Jewels for the journey. London and Philadelphia: Jessica Kingsley Publishers.
- Thompson, I. (2002). Mental health and spiritual care. *Nursing Standard, 17*(9), 33–38. doi:10.7748/ns2002.11.17.9.33.c3296
- Timmins, F & Caldera, S. (2017). Assessing the spiritual needs of patients. *Nursing Standard, 31*(29), 47-53. doi:10.7748/ns.2017.e10312
- Tokpah, M.M., & Middleton, L. (2013). Psychiatric nurses' understanding of the spiritual dimension of holistic psychiatric nursing practice in South Africa: A phenomenological study. *Africa Journal of Nursing and Midwifery, 15*(1), 81-94.
- Zagożdżon, P., & Wrotkowska, M. (2017). Religious beliefs and their relevance for treatment adherence in mental illness: A review. *Religions*.



ACCEPTANCE CERTIFICATE OF SCIENTIFIC ARTICLE

Date : 29 January 2024

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

Name of Author(s) : Diyan Yuli Wijayanti, Sri Padma Sari, Widodo Sarjana

Dear Mrs. Diyan Yuli Wijayanti and colleague

Thank you very much for your submission to our journal. We are pleased to inform you that your paper (ID number #2710) has been accepted for publication on Jurnal Aisyah: Jurnal Ilmu Kesehatan (JIKA) corresponding to Vol 9 Issue 1, March 2024. This letter is an official confirmation of acceptance of your research paper.

Thank you for considering this journal as a venue for your research interests.

Yours sincerely,
Jurnal Aisyah: Jurnal Ilmu Kesehatan



Hardono, S.Kep., Ns., M. Kep
Editor in Chief