



Spiritual Quotient in a Clinical Nursing Perspective: A Concept Analysis

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Abstract. Nurses have an important role in providing health services to service users in hospitals, their job is to be ready within 24 hours, demanding a guarantee of service that meets the expectations of patients and families, so they need good knowledge, skill and attitude in serving. The development of science and technology not only requires IQ (Intelligent Question) and EQ (Emotional Question), but the Spiritual Question (SQ) element is also needed to further perfect the "appearance" of nurses in serving. The purpose of creating the concept of Spiritual Quotient Analysis according to Danah Zohar and Ian Marshall in a Nursing Perspective is to find out that the concept of Spiritual Quotient which has been introduced by Danah Zohar and Ian Marshall can be adopted in a nursing perspective in providing nursing services. The method used in this concept analysis uses a conceptual approach Walker and Avant. Attribute Antecedents in this analytical concept consists of the ability to be flexible (spontaneously adaptive), a high level of self-awareness, the ability to face and utilize suffering, the ability to face and overcome pain, the quality of life inspired by vision and values, the resentment that causes unnecessary losses Tendency to see connections between things (holding a "holistic" view), real tendency to ask "why?" or how?" to search for fundamental answers, Becoming what psychologists call an "independent field" that has the ease of defying convention. If the attributes in this concept are actualized, they will give birth to values that will improve the level of IQ and EQ, so that nurses will be more.

Keywords: Concept Analysis, Spiritual Quotient, Clinical Nursing.

1. Introduction

Nurses are individuals who have a profession based on scientific knowledge, skills and work attitudes that are based on a sense of responsibility and dedication to provide nursing care services to clients in the form of professional services aimed at helping patients to recover and improve their abilities [1]. In carrying out their responsibilities, nurses must be able to use their roles in accordance with the mandate of Law No. 38 of 2014 article 29 paragraph 1; nursing care providers, educators and counselors, researchers, nursing service managers, delegates of authority and duties in situations of limitations.

Advances in science and technology are directly proportional to the demands of service users in services and academics in the world of education. This requires a nurse to increase their competence by enriching their knowledge, knowledge, skills and soft skills. The influence of modernization which prioritizes intellectual intelligence (IQ) creates a rational and systematic way of thinking, so that little by little spiritual values are eroded and the meaning of life is lost [2]. A nurse's spiritual maturity influences her ability to meet the patient's spiritual needs. The spiritual care provided by nurses in their professional practice departs from the spiritual strength and experience of nurses in everyday life. Feeling comfortable with the nurse's own spirituality is important for developing awareness and sensitivity towards the patient's spirituality [3].

Spirituality is known as a form of intelligence. Spiritual intelligence is intelligence for solving problems of meaning and value, intelligence for positioning behavior and life in a broader context of meaning [2]. A person who is spiritually intelligent feels peace of mind and lives life wisely which has implications for his interactions in daily life in the form of humble behavior, full of compassion, empathy, showing feelings of calm and peace, patience, warmth and inner strength [4].

This behavior is needed by nurses in their interactions with patients in providing spiritual care. Spiritually intelligent nurses are able to place the provision of nursing services in a greater context, namely on the basis of worship and help for people in need

We often read and see news about complaints of dissatisfaction due to the services provided by a nurse on social media, at RSUD Dr. Soeadjati Soemardiardjo reported patient complaints regarding the infrastructure and services of health workers, throughout 2019, out of 10 complaints, 7 of them were directed at health workers. and 6 of them focused on nurses. This means that 83% of complaints are related to services provided by nurses. From the Public Relations section of Kardinah Hospital, there were 20 complaints in September 2023, 11 of which were complaints about the attitude of officers, both health workers and non-health workers.

Competency is the application of knowledge, interpersonal, decision-making, abilities and psychomotor skills to optimize work performance [5]. in this interpersonal section nurses are able to present themselves with skills, scientific communication and touch the spiritual side of patients and their families with the hope of achieving The maintenance goal, namely excellent service, can be achieved. In studying spiritual intelligence (SQ), Zohar and Marshall did not provide definitive limits. However, they provide descriptions and explanations, all of which are related to the essence of spiritual intelligence. According to them, spiritual intelligence (SQ) can help humans solve various problems related to issues of meaning and value. The concept of spiritual Quotion (SQ) according to Zohar and Marshall [2] in an educational perspective is intelligence to be able to adapt human life

behavior in a state of broader and higher insight, intelligence that can assess a person's actions in life as more meaningful than other things, then Therefore, spiritual intelligence will guide humans to have a wise and wise attitude, which will give humans the enthusiasm to live a life that is true and to think holistically. Based on this explanation, it becomes the basis for thinking about a Spiritual Quotion concept in a Clinical Nursing perspective with the hope that it will complement the competence of a clinical nurse at work.

2. Objective

The aim of creating the concept of Spiritual Question (SQ) analysis according to Danah Zohar and Ian Marshall which can be applied in clinical nursing in more depth using the attributes used in case, borderline, related and opposite case models, explaining antecedence and consequences, considering empirical references with more information which is stated as a theoretical, operational definition of the Spiritual Question.

3. Method

The analytical concept that will be used to explain the meaning of a concept uses the Walker and Avant concept approach which consists of eight steps, namely: 1) determining the concept to be analyzed, 2) determining the purpose of the analysis, 3) identifying all uses of the concept used, 4) defining attribute definition, 5) identifying case models, 6) identifying borderline, related, contradictory, artificial, and invalid cases, 7) Identifying antecedents and consequences, 8) Defining empirical references [6]. The literature used comes from articles published within a period of 5 years in the form of Indonesian and English texts written in full.

4. Results and Discussion

4.1. Concept Analysis

The concept chosen is the Spiritual Question (SQ) concept by Danah Zohar and Ian Marshall which is expected to be an important instrument in building the character of clinical nurses who are more mature and ready to be used in carrying out tasks and resolving problems that have the potential to become complaints and complaints from service users. Nurses think they need more competence and practical guidance in practicing spiritual aspects [7].

4.2. Spiritual Question (SQ) Concept

The concept of humans in the nursing paradigm is a whole or complex individual and can also be called a holistic creature consisting of bio, psycho, social and spiritual [3]. In the world of education, the concept of humans is seen as a complete creature consisting of physical, spiritual, and spiritual elements. soul, reason, nafs- qolb [8]. According to Zohar and Marshall, spiritual intelligence is "ultimate intelligence," the highest intelligence possessed by humans as an important requirement for being able to function intellectual intelligence (IQ) and emotional intelligence (EQ) effectively. In the nursing paradigm, components in nursing are a form of health service consisting of science and art which includes activities, concepts, skills and is related to other scientific disciplines.

It is said that spiritual intelligence is intelligence that is outside the self which has a relationship with wisdom outside the ego or conscious mind. Awareness that not only recognizes existing values but creatively discovers new values because spiritual intelligence does not depend on culture and values that already exist within humans, spiritual intelligence makes it possible to create the values themselves, so that in practice Nursing will foster an innovative side that is able to face various challenges that may arise as time progresses.

4.3. Attribute Definition

According to Zohar and Marshall [2], signs of spiritual intelligence that have developed well are:

- a. Ability to be flexible (adaptive spontaneously)
- b. High level of self-awareness
- c. The ability to face and exploit suffering
- d. The ability to face and transcend pain
- e. Quality of life inspired by vision and values
- f. Reluctance that causes unnecessary losses
- g. The tendency to see the interrelationships between various things (holding a "holistic view")
- h. A real tendency to ask "why?" or "how?" to find basic answers
- i. Becoming what psychologists call an "independent field" that has the ease of going against convention.

In general, the attributes in the SQ concept introduced by Danah and Marshall already exist conceptually in nursing theories. The theories discussed were chosen because they represent the development of scientific thinking in nursing. Nursing theories describe several important goals that enhance scientific knowledge of nursing. Some theorists, such as Levine and Roy, show how their theories complement the nursing process [9].

The ability to be flexible (adaptive) is in line with Roy's theory [10] Adaptation Model of biopsychosocial creatures interacting with a dynamic environment, internal and external conditions that surround and influence individuals Status or process of becoming an integrated and complete person through adaptation To support individual adaptation, in line

with attributes 2nd, namely having high awareness as a nursing profession which must understand basic human needs, this is in line with the concept introduced by Henderson, The basic needs of biological creatures, the unity of mind and body, which has 14 basic needs, in line with the 14th need, with the SQ attribute, namely the tendency to ask why? And how? It is a question of someone trying to learn something.

The third and fourth attributes, namely the ability to face and utilize suffering and pain, the fifth attribute, the reluctance to cause unnecessary harm, are already implied in Jean Watson's theory of caring theory which explains the first conceptual theory that combines spiritual dimensions and is described in providing services to patients.

Levinem [10] Conservation Theory People who know become themselves Contexts in which people live their own lives Responses from people to the environment Using conversations aimed at optimizing the person's resources, in line with the 9th attribute, namely being an independent field, as a profession that have autonomy in making decisions.

According to Roger [10], the theory of science and unitary being explains that living patterns in harmony with the environment are influenced by culture, in line with the 5th attribute which states that quality of life is inspired by values and culture. Meanwhile, the tendency to see the relationship between various things in the 6th attribute is explained in Orem's theory [10], which views nursing as an interrelated system.

4.4. Case Models

A 35 year old nurse worked in a hospital for more than 10 years, with a nurse education level and using all the attributes in the SQ, tasked with dealing with the patient's family who felt anxious because their child had fallen and had to undergo a pelvic X-ray examination. The patient's mother was worried about the effects of radiation which will arise because 2 days ago her child had an X-ray of the femur due to complaints of pain. The officer advised the patient's mother to calm down and consult first with the doctor who ordered the procedure and whether it was true that she was worried about the effects of the radiation causing infertility. With an in-depth explanation, the patient's mother understands and is patient enough to consult about the action plan first.

4.5. Borderline Case

Old nurse, working for 4 years, faced complaints from patients who asked for their IV line to be repaired immediately because it was stuck and painful. At the same time, the nurse heard the telephone sound in the room ringing several times, her shift mate was taking action, so the nurse immediately ran to pick up the telephone at the nurse station, did not carry out several attributes such as not being flexible, spontaneously carrying out good communication before leaving the patient, p. This gave rise to complaints from the patient's family about the services provided.

4.6. Related Cases

A 30-year-old nurse on duty at night received a report directly from a patient who came to the officer and said that the oxygen being given did not feel short of breath, the nurse tried to calm the patient, took the patient back to the patient's room, then checked the oxygen central flow, put it back on and tried it on his back . The hand can feel the flow of oxygen, then put it back on the patient. The patient was still not comfortable and said he preferred tube oxygen, so that night he also asked for tube oxygen to be provided, but at the hospital the tube oxygen was no longer provided and the nurse explained again about the advantages of central oxygen in this case the nurse tried to further intensify the spiritual attributes of the question by independent fields work against convention.

4.7. Contrary Cases

A nurse on duty during the day, 42 years old, 15 years of work experience, received a report from the patient's family stating that the patient wanted to have the catheter tube removed because it was uncomfortable, even though the purpose of installing the catheter tube was to measure fluid output and limit the patient's mobility because the patient had heart failure, without using the SQ attribute the nurse removes the catheter tube according to the patient's wishes.

4.8. Antecedents and consequences

According to [11] antecedent is an event or event that has occurred before the concept and consequence is an event that occurs after the attribute, in this analytical concept it can be described as follows.

Antecedence in the concept of Spiritual Quotient analysis is several factors that influence spiritual intelligence according to Yusuf [3], namely internal factors which are natural and external factors which come from the family, school and community environment. Included in the internal factors which are natural are; age , knowledge, experience and character.

The consequences of the concept of spiritual question analysis according to Danah Zohan and Ian Marshall [2] include an attitude of responsibility, more honesty, more courage, problem solving, so that if the consequences of the application of spiritual questions are applied in nursing practice, they will be able to provide excellent service so that the goal of care is achieved according to the expectations of the patient and the patient's family.

4.9. Empirical References

Reference Empirical is how someone recognizes or determines the existence of a concept And used For develop instrument And measure draft in Researchers according to Avan and Walker [12], the spiritual question concept which has been developed in the world of education by Danah Zohan and Ian Marshall [2] will see its attributes to be adopted in nursing practice, so that the consequences obtained and proven in the field of education will also be achieved. when applied in nursing services.

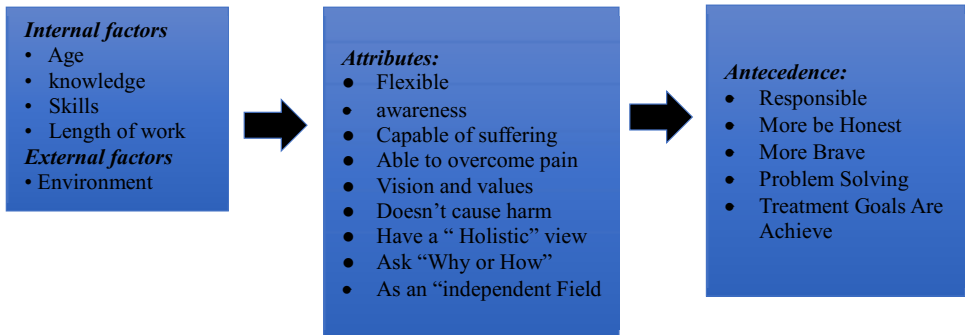


Fig 1. Analysis model of spiritual quotient

5. Conclusion and Suggestions

Efforts to develop and improve the quality of nursing services will continue to be developed in accordance with advances in science and technology. Starting from the idea of a concept from another field that can be adopted to become part of quality improvement efforts, so that the nursing theoretical concept model that has been discovered previously can be proven and developed with the application of discovered concepts and theories from the field.

References

1. Wahyu Hapsari R. Hubungan Peran Perawat sebagai Edukator dengan Pemenuhan Kebutuhan Rasa Aman Pasien di Ruang Rawat Inap RSUD dr. H. Koesnadi Kabupaten Bondowoso (The Correlation Between Nurses' Role as an Educator with Patients Safety Needs Fulfillment in Inpatient Wards 2013. <https://repository.unej.ac.id/handle/123456789/60679>.
2. Shaari S. Emphasizing the Concept of Spiritual Intelligence from Islamic and Western Perspectives on Multiple Intelligence 2019.
3. Merianti L, Andhika SL. Kecerdasan Spiritual Perawat dalam Melaksanakan Kompetensi Perawat Melakukan Asuhan Spiritual Kepada Pasien Rumah Sakit Islam Ibnu Sina Yarsi Padang Panjang Tahun 2015. *Jurnal Ilmu Kesehatan 'Afiyah* 2016;3:60–8.
4. Muflichatul M. A. Spiritual Quotient Zohar dan Marshall Perspektif Pendidikan Islam. *Journal of Islamic Education Research* 2021;2:77–86. <https://doi.org/10.35719/jier.v2i1.106>.

5. Gunawan J, Aunguroch Y, Fisher ML, Marzilli C, Nazliansyah, Sukarna A. Identifying and understanding challenges to inform new approaches to improve vaccination rates: A qualitative study in Indonesia. *Journal of Nursing Scholarship* 2023;55:11–21. <https://doi.org/10.1111/jnu.12793>.
6. Hodgson AK, Scanlan JM. A Concept Analysis of Mentoring in Nursing Leadership. *Open Journal of Nursing* 2013;03:389–94. <https://doi.org/10.4236/ojn.2013.35052>.
7. Yazdani S, Hosseini F, Ahmady S. System based practice: a concept analysis Yazdani S et al. System based practice: a concept analysis. *J Adv Med Educ Prof* April 2016;4:45–53.
8. Fajriana AW. Tantangan Guru Dalam Meningkatkan Mutu Pendidikan Agama Islam Di Era Meleneal 2019.
9. Juanamasta IG, Aunguroch Y, Preechawong S, Gunawan J. Factors Related to Professional Self-Concept of Nursing Students and Nurses: A Systematic Review. *Iranian Journal of Nursing and Midwifery Research* 2023;28:642–8. https://doi.org/10.4103/ijnmr.Ijnmr_222_20.
10. Rofli M. Teori dan Falsafah Keperawatan. *Paper Knowledge Toward a Media History of Documents* 2021;5:40–51.
11. Yazdani S, Hosseini F, Ahmady S. System based practice: a concept analysis Yazdani S et al. System based practice: a concept analysis. *J Adv Med Educ Prof* April 2016;4:45–53.
12. Abdolrahim M. Komunikasi terapeutik pada mahasiswa keperawatan: Analisis konsep Walker & Avant 2017. https://www.ncbi.nlm.nih.gov.translate.google/pmc/articles/PMC5614280/?_x_tr_sl=en&_x_tr_tl=id&_x_tr_hl=id&_x_tr_pto=tc.

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