Development of Holistic Health Care (HHC) Service Model for Hospital Patients in General Hospitals

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Abstract: Humans are physical as well as psychological creatures that are interrelated with one another and influence each other. Human physical condition will affect the psychological condition, so that every physical illness experienced by someone not only attacks humans physically, but also can bring problems to their psychological condition. The psychological condition of humans is influenced by their spirituality. Therefore, service to patients in hospitals also needs to pay attention to various aspects, both bio-psycho-social and spiritual, that is holistic health care (HHC). This study aims to find a model of holistic health care services in public hospitals. As a place of research is PKU Muhammadiyah Hospital Yogyakarta. This research is a survey using interview, observation and questionnaire methods. Data analysis was carried out both by descriptive qualitative and statistical descriptive. This study concludes that: Spiritual services have been carried out for a long time in PKU Muhammadiyah Hospital. Patients state that they really need spiritual services and believe that spiritual services can help the healing process. Spiritual services expected by patients are carried out by special units that are formally responsible for this problem. This is different from state hospitals that do not yet have a special unit that is formally responsible for this problem. Therefore, further development of the holistic service unit is needed. A holistic service model needs to be sought that can be applied in public hospitals. However, due to the limited knowledge and ability of the author, the holistic services discussed in this study, only with an Islamic spiritual approach. Next we need a concrete example of a holistic service model at an existing hospital, so that it can be used as a guide and further development of holistic services in public hospitals. PKU Muhammadiyah Yogyakarta Hospital was chosen by the author to exploit the services that have been running so far and to dig deeper into the need for holistic services for inpatients. But the reality in the field of in-depth interviews related to the needs of patients to the treatment to what extent, no one has done it, as a form to complement the spiritual service structure that already exists in Yogyakarta PKU Muhammadiyah Hospital itself. Therefore our research is to dig deeper into the model of spiritual service for inpatients in public hospitals with case studies at PKU Muhammadiyah Hospital Yogyakarta.

B. PROBLEM FORMULATION

Based on the background above, the formulation of the problem in this study is

1. How is the implementation of holistic health care services at PKU Muhammadiyah Yogyakarta hospital?
2. What are the needs of inpatients for spiritual service?

C. RESEARCH OBJECTIVES

Based on the above problem formulation, the objectives of this study are:

1. To find out the implementation of holistic health care services at PKU Muhammadiyah Yogyakarta Hospital.
2. To find a model of spiritual service in the General Hospital by exploring existing spiritual services and conducting a need assessment to determine the extent of the patient's needs for spiritual services.

Index Terms: Service Model, Holistic care, inpatients.
D. RESEARCH BENEFITS

1. For the development of Public Health Sciences
   Provides illustrations of action research with implementation of Spiritual Services for inpatients in hospitals. The results of this study are expected to enrich the treasury of public health related to the Development of Spiritual Service Models for Inpatient Rawap in General Hospitals.

2. For Health Services in hospitals
   The results of this study are expected to know the benefits of action research research and improve the quality of health services in hospitals.

3. For Public Health Research
   The results can be used as an opening horizon for broader public health science insights and as a basic data of research in public health in general and health services in hospitals in particular in conducting Spiritual Services for Inpatient Rawap Patients in General Hospitals.

2 LITERATURE REVIEW

History of the Interrelation of Medical and Religious Services.
In the history of hospital development it is clearly seen that physical care is always combined with spiritual care, (Khatimah, H. (2018), [5]. This is in line with what Balboni revealed, 2014, [6], that spirituality and medicine must integrated into the care of the whole person, they represent different pressures and concerns that require dialogue. In ancient Greece, Rome and Egypt and in every ancient society and culture throughout the world, the problem of sickness and physical health was always associated with spiritual problems. The ancient Greeks and Romans of Imhotep and Asclepius were very well-known figures of their time who had the ability to cure illnesses and religious backgrounds - spiritual, Risse, G. B., 1986, [7]. In the Middle Ages when Europe began the Christian era to the Renaissance, the relationship between medicine and religion was still very close. The first hospital in the Middle Ages was founded in a monastery (monastery). The missionary mission movement has a very close relationship with the activity of healing physical ailments through spiritual means. Likewise among Muslims in the Middle Ages it experienced a period of glory. Medical science is always associated with religious teachings. Not a few medical experts who combine physical and spiritual approaches in the treatment of disease. The separation of medicine and religion took place during the Renaissance, when Europeans learned science and technology from Muslim societies but later released it from religious teachings. Since then the development and practice of medicine are separated from religion. Knowledge has claimed that the body is the focus of their studies while religion only deals with spiritual and spiritual matters. Entering the 21st century a new awareness has emerged among scientists, namely a new spirituality appears. Interest in this spiritual issue extends from the laity to the scientists. This condition allows the re-opening of the approach between the medical and religious world which by Matthews (1997) [8], is called the two traditions of healing. With the current conducive situation, a large amount of research has been conducted to prove the role of religion and spirituality in the health sector.

Religion and healing
People who have a strong religion, will have low blood pressure, have a few strokes, low death rates due to heart attacks and can survive longer in general and less use of medical services, Koenig, 1997 [9]. A similar sentiment was also expressed by Firdaus, 2016 [10], that people with high religious commitment will improve the quality of their mental endurance because they have high self control, self esteem and confidence. Hastantia Research, 2018, [11], revealed that one of the psychotherapies to overcome anxiety is to use a spiritual spiritual approach, namely through the spiritual guidance of prayer. The results of research conducted, the level of anxiety of respondents before being given guidance is in the range of moderate anxiety. The level of anxiety of respondents after being given prayer guidance decreased to no anxiety. From these studies, the authors assume that a strong religious commitment will be able to prevent physical illnesses from stroke, heart attack and high blood pressure or hypertension and psychological disorders such as worry and anxiety because they have strong mental endurance. Religion and spirituality function a lot as preventive efforts in the health sector. Religion can be a protective factor to prevent suicide. People who have a strong religious commitment have less tendency to commit suicide, Anas, 2015, [12]. In addition, religion and spirituality can also help the process of therapy both psychic and physical therapy. Pratama, 2015, [13], revealed that depressed patients who received religion-oriented therapy had lower levels of depression and better clinical adjustments compared to patients who received regular therapy. In the end with the study and development of spirituality and religion in the medical field, giving awareness to experts of the importance of these factors to be taken into account in practice and health research, (Subandi, S.2000), [14].

Prayers and Healing
In addition to studies generally related to spirituality, specifically experts also examine the effect of prayer on healing. Kamil, K. (2016), [15], stated that in 2000, one of the pioneers of research on the effectiveness of prayer that is famous that is Benson, had researched for 25 years about the benefits of soul and body interaction at Harvard Medical School. It was concluded that when a person is deeply involved with repetitive prayer, it turns out that it will lead to physiological changes, including reduced heart rate, decreased breathing speed, decreased blood pressure, slowed brain waves and a reduction in overall speed of metabolism. Further said in the study that such conditions are said to be a relaxation response (relaxation response). On the other hand Hawari, 2008 [16], states that strong religious attachment has a positive impact in the medical field. Medical therapy alone without prayer and remembrance is incomplete; whereas prayer and remembrance alone, without medical therapy is ineffective. The role of prayer in postoperative healing Benign Prostat Hypertrophy (BPH) has been investigated by Akbar, 2006 [17], obtaining evidence that increased religious understanding and prayer can help reduce the intensity of depression in patients.

B. THEORETICAL BASIS

In this research, the theoretical basis used is holistic medicine theory, which is a treatment model that not only pays attention to the physical aspects, but also provides therapy with a
psycho social and spiritual approach. Therefore the ideal service in a hospital is that it also provides spiritual services.

C. HYPOTHESIS
This research is exploratory, so there are no hypotheses proposed to be tested.

D. MATERIAL AND RESEARCH METHODS
This research does not use special ingredients. The method used in this study is a survey method with the following stages:
1. Gather information about spiritual services by observation and interview methods.
2. Conduct a needs analysis / need assessment to get data on what the patient's actual needs are regarding spiritual services and what they look like and what is needed. For this reason, questionnaires are used as data collection tools.
3. From the results of the previous stage, a model of spiritual service in the hospital was developed. The captured data is then analyzed using descriptive statistical and qualitative descriptive techniques.

3 RESULTS AND DISCUSSION

Holistic Health Care (HHC) services at PKU Muhammadiyah Hospital Yogyakarta
PKU Muhammadiyah Yogyakarta Hospital is a research site located on Jalan KHA Dahlann 20 Yogyakarta. This hospital was established on 15 February 1923 and is the oldest Islamic hospital in Indonesia. The HHC service unit for inpatients is named Bina Ruhani Islam and this service is provided for 24 hours which is divided into 3 shifts. The activities of Bina Ruhani Islam in providing HHC services to inpatients are as follows:

1. Patient visits
This visit is carried out every day, both morning, afternoon and evening. Male officers visit male patients and female officers visit female patients. At the time of the visit the most important is to give encouragement and motivation to patients to deal with illness with patience and self-acceptance that the pain comes from Allah SWT and that heals also Allah SWT, nurses, doctors and other personnel just trying. Furthermore, also invited to pray and pray for him. Officers also provide religious guidance, for example, how to pray, how to pray when you're sick and so on. Critical / near death patients receive priority services called Husnul Khotimah services. This service consists of mentoring on the eve of death / death sakaratul until the patient dies and even to the care of his body. Patients who will get other priorities are those who will undergo surgery. Patients receive assistance during pre and post surgery in the form of religious guidance, prayer and motivation to be physically and mentally ready. Based on information obtained, every day an average of 20 people who face surgery. In addition to all that, social services are also provided to patients if during treatment in the hospital experiencing social problems, such as financial difficulties while being treated, no family accompany during treatment, do not have a family and others, then the hospital staff will help solve the problem so that a solution is found.

2. Books
During the visit to the patient, the officer also gave a number of booklets which contained the guidance of prayer when sick and other religious guidance. This book is provided free of charge and may be taken home when leaving the hospital. In addition to the books provided, there were also books distributed through the library around the treatment room.

3. Radio broadcast
Another activity of the Islamic Community Development Unit is spiritual guidance through radio broadcasts. The contents of this broadcast start from religious lectures, recitation of the Holy Qur'an to Islamic songs. So that patients can listen to Islamic spiritual broadcasts, then in each treatment room loudspeakers are provided.

B. Analysis of Patient Needs
Questionnaires are used by structured interviews to obtain data on what patients need for spiritual services. There were 102 patients interviewed with ages ranging from 13 - 80 years. 63 male subjects and 39 female subjects. The factors of education also vary from elementary to graduate education with a variety of occupations that vary from ASN, lecturers, farmers, laborers, entrepreneurs, students to retired.

B.1 Spiritual Service Needs
The following is the acquisition of questionnaire results relating to the patient's need for spiritual service:

<table>
<thead>
<tr>
<th>Informasi</th>
<th>Persentase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tahu</td>
<td>88,2%</td>
</tr>
<tr>
<td>Tidak tahu</td>
<td>11,8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kebutuhan</th>
<th>Perntase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kurang butuh</td>
<td>3,9%</td>
</tr>
<tr>
<td>Butuh</td>
<td>58,8%</td>
</tr>
<tr>
<td>Sangat butuh</td>
<td>37,3%</td>
</tr>
</tbody>
</table>

From the tables above it is known that most of the subjects were aware of spiritual services at PKU Muhammadiyah Hospital in Yogyakarta. Patients who do not know the possibility because they have not received a visit from the officer when the interview was conducted. When viewed from the patient's need for spiritual service, it appears that more than half of the subjects said they needed spiritual service and one third said they really needed spiritual service. Only a few
say less need. This study is in accordance with research in America conducted by the National Institute for Health Care Research which shows that 70% of the population studied wants their spiritual needs to be served as part of medical services. The main form of service needed is a direct visit from the officer. This is very important because they need psychological and spiritual support to face a hard time in their lives. Besides that, in general, people start to grow their religious awareness when they are sick. Therefore, patients in hospitals are generally very suggestible, where they will be very easy to accept religious teachings precisely when they are sick compared to normal conditions. This condition if supported by adequate spiritual service will further increase the patient’s religious awareness after returning home.

B.2 Pray when sick
Religious awareness that arises when people are sick can be seen in the results below:

<table>
<thead>
<tr>
<th>Frequency of Praying When Sick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frekuensi Berdoa</td>
</tr>
<tr>
<td>Kadang-kadang</td>
</tr>
<tr>
<td>Sering</td>
</tr>
<tr>
<td>Sangat sering</td>
</tr>
</tbody>
</table>

From the above data it can be seen that the frequency of praying patients in hospitals is included frequently and very often. Only about 8% stated sometimes. Even when asked to compare with the frequency of praying before illness, it turns out that more than half of patients said that they prayed more often. Prayers are read variously. Start praying when taking medicine, prayer going to sleep until prayer asking forgiveness and prayer asking for healing. The three types of prayer that are ranked the most frequently read are [1] Prayer for forgiveness (istighfar) [2] Prayer for healing [3] Al Fatihah. This finding is very interesting because the most widely read prayer is forgiveness and then ask for healing. This is in accordance with Islamic teachings that if someone gets a trial because of a sin, then what needs to be done is reading istighfar. But there is no further data on how patients perceive their sick condition, whether as a test or as a punishment. But what is clear is that prayer is believed to help the healing process, as shown in the table below

<table>
<thead>
<tr>
<th>The Frequency of Prayer Compared Before Sick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frekuensi</td>
</tr>
<tr>
<td>Berkurang</td>
</tr>
<tr>
<td>Sama</td>
</tr>
<tr>
<td>Lebih Sering</td>
</tr>
</tbody>
</table>

The belief factor is very important in the healing process. Psychologically this gives suggestions to patients that the disease can be cured.

B.3 Expected Spiritual Compensation
The following presents how the spiritual service the patient expects.

<table>
<thead>
<tr>
<th>Expected Spiritual Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelaksana</td>
</tr>
<tr>
<td>Petugas Khusus</td>
</tr>
<tr>
<td>Dokter</td>
</tr>
<tr>
<td>Psikolog</td>
</tr>
<tr>
<td>Perawat</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Visit Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lama Kunjungan</td>
</tr>
<tr>
<td>10 Menit</td>
</tr>
<tr>
<td>10 – 15 Menit</td>
</tr>
<tr>
<td>15 Menit</td>
</tr>
</tbody>
</table>

From the above data it appears that according to patients the implementation of spiritual service is expected from the main special officer. But they also suggested that doctors and nurses, including psychologists, also provide a spiritual touch in providing medical services. This indicates the need for integration between various professions in providing holistic services. Although each section has its own responsibilities, mutual support between one profession and another is desirable. The frequency and length of visits revealed in the data above are ideal conditions, ie every day with a minimum time of 10 minutes. It also supports the idea of the need for other professions such as doctors and especially nurses who meet patients every day, to participate in providing spiritual services even though they are limited to certain things. For radio broadcasts, the expected order of contents is as follows: [1] Religious lectures, [2] Prayers, [3] Islamic songs.

Analysis Results
From the subsequent data analysis results can be obtained as follows: There is a difference in spiritual needs between men and women (p <0.01) with a mean of men 2.44 and women 2.15. This means that men are more in need of spiritual service than women. This is very interesting, because so far there is an assumption that women are weak creatures. However, when faced with difficulties, it turns out women are more resistant than men suffer. There is a difference in the frequency of praying between men and women when they are sick (p <0.01) and the average of men 2.37 and women 2.73. Means that women pray more often than men. The results of this analysis are in line with the results of previous analyzes where women are less in need of spiritual services than men. It turns out that in the face of illness when women prefer to pray alone, they appear to be more independent. While men prefer to be visited by others or perhaps prayed by others rather than praying alone. There is no correlation between the level of education and the need for spiritual service. This means that spiritual needs are not related to education. If we look at the results of previous research on the spiritual needs of all subjects, it appears that most of the subjects (58.8% felt
needy and 37.3% really needed). Thus it can be concluded that at all levels of education patients need spiritual service. There is no correlation between the level of education with the belief that spiritual support can help the healing process. If seen from the results of previous studies, it turns out that most subjects believe that spiritual service can help the healing process. Therefore it can be concluded that both low education and high level of confidence in spiritual service are the same. There is no correlation between the level of education with the belief that prayer can help the healing process. The results of previous studies show that most subjects feel confident that prayer helps the healing process. This means that even though the patient's education is high, they still believe that prayer can help the healing process.

4. Apart from needing to have a broad understanding of religion, spiritual service officers also need to have a number of other skills, such as communication skills, providing motivation and providing simple consultations, so patients can express their complaints. If there is a serious psychological problem the officer can refer to a psychologist or doctor.

5. Relaxation and centering exercises can be applied to help calm down and help pray.

4 CONCLUSIONS AND RECOMMENDATIONS
From the results of this study it can be concluded that:

a. Spiritual services at Yogyakarta PKU Muhammadiyah Hospital are urgently needed by patients. The main form of spiritual service needed is a direct visit from the official, then a radio broadcast and then religious books. Most patients have confidence that spiritual service can help the healing process.

b. Spiritual service expected by patients is carried out by special officers, but doctors, psychologists and nurses are expected by patients to provide a spiritual touch in carrying out their duties.

c. Most patients expect that the staff visit is held every day for at least 10 minutes per visit.

d. Most patients increase the frequency of praying when sick. They believe that can help the healing process.

e. There is a difference in the frequency of praying between men and women, men pray more often than women.

f. There is a difference between the need for spiritual service between men and women. Men need spiritual services more than women.

g. There is no correlation between the level of education and the need for spiritual service.

h. There is no correlation between education level with the belief that spiritual service and prayer can help the healing process.

5 REFERENCES


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