



SPIRITUALITY AND ANXIETY LEVELS IN PATIENTS IN THE DAHLIA INPATIENT WARD

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ABSTRACT

Anxiety is a psychological problem that occurs in hospitalized patients and is influenced by several factors, one of which is spirituality. Meanwhile, spirituality can provide calm and meaning in facing illness. However, the relationship between spirituality and anxiety has not been widely studied, especially at Dr. Adnaan WD Payakumbuh Regional Hospital. This study aims to analyze the relationship between spirituality and anxiety levels in patients in the inpatient ward of Dr. Adnaan WD Payakumbuh Regional Hospital. This study used a quantitative design with an observational analytical approach and a cross-sectional method. The study sample consisted of 67 patients selected using accidental sampling techniques. Data were collected using the HARS questionnaire for anxiety levels and the SWBS questionnaire for spirituality, then analyzed using computerized data. For spirituality, 50.7% of respondents had a moderate level of spirituality, and for anxiety, 35.8% of respondents experienced mild anxiety. Statistical analysis showed that spirituality had a significant relationship with anxiety levels ($p = 0.024$; $p < 0.05$). Health workers need to increase attention to the spiritual aspects of patients in care to help reduce anxiety.

Keywords:

Anxiety, spiritual; inpatient.

1. Introduction

A hospital is a healthcare institution that provides comprehensive individual healthcare services, including inpatient, outpatient, and emergency care (Law of the Republic of Indonesia No. 44, 2009). As the spearhead of the healthcare system, hospitals play a vital role in providing comprehensive and high-quality care to the community (Trisnantoro, 2018). The healthcare services provided encompass promotive, preventive,

curative, and rehabilitative aspects, aimed at improving the health of the community (Badan Pusat Statistik, 2020).

In Indonesia, hospital healthcare services have experienced significant development. Data from the Central Statistics Agency (BPS) (2020) shows that the number of hospitals increased by 9.6% between 2017 and 2021, from 2,776 in 2017 to 3,042 in 2021, consisting of 2,522 general hospitals and 520 specialty hospitals. This



increase in the number of facilities is expected to improve public access to quality healthcare.

One important indicator in evaluating hospital performance and service quality is the Average Length of Stay (ALOS) or average length of stay (Rochayati et al., 2023), which is the average number of days a patient is treated, calculated from the date of admission to discharge (Aurelia Aisya et al., 2024). WHO emphasizes the importance of optimizing length of stay as a strategy to increase health system efficiency and reduce the economic burden (WHO, 2018).

However, prolonged hospitalization can potentially cause anxiety in patients. Uncertainty about health conditions, separation from family, and exposure to hospital stressors such as noise and lack of privacy can increase anxiety levels (Karima et al., n.d.2017, Manurung et al., 2024). The anxiety in question is not a clinical anxiety disorder, but rather a normal emotional response to threatening situations (Spielberger, 2019).

The global prevalence of anxiety disorders in 2019 reached 3.6%, or approximately 275 million people (WHO, 2022). In the Middle East and North Africa, the prevalence rate reached 6.3%, while in Indonesia it was recorded at 6.1% (Baxter et al., 2013; Riskesdas, 2018). Furthermore, the average length of hospitalization globally ranges from 5–8 days (OECD, 2021), while in Indonesia, the average length of stay is 4–6 days (Ministry of Health, 2018). In addition to the length of treatment, the patient's spiritual dimension also plays a significant role in the hospitalization experience. Spirituality in the health context is understood as the search for meaning in life, connection with a higher power, and personal beliefs (Koenig, 2012). Based on data from the Central Statistics Agency (BPS, 2021), 87.2% of Indonesia's

population is Muslim, 7% Christian, 2.9% Catholic, and the remainder adhere to other religions. This diversity emphasizes the importance of a care approach that considers spiritual needs.

A meta-analysis by Easton et al. (2016) showed that approximately 58% of hospitalized patients experienced anxiety during treatment, triggered by concerns about the diagnosis, medical procedures, and the impact of the disease on daily life. (Musa et al., 2018) Also found that spiritual interventions were proven to reduce anxiety levels and increase patient satisfaction with hospital services.

Based on a preliminary survey conducted on September 12, 2024, researchers interviewed 10 inpatients in the Anggrek and Dahlia wards. Interview results indicated that 8 out of 10 patients (80%) experienced anxiety during their hospitalization, driven by concerns about medical procedures (e.g., nasogastric tube insertion), financial burdens, the cost of food for their caregivers, and the inability to perform daily tasks. Anxiety tended to increase with the length of stay.

All patients interviewed were Muslim, and 90% actively engaged in spiritual activities such as prayer. Patients reported that there were communal prayers and short lectures from the hospital's spiritual health team every morning. However, only six patients (60%) reported receiving spiritual support or guidance from nurses, while four patients (40%) did not feel they received any attention in this area.

2. Methods

Method should be structured as follows:

2.1 Research design

This type of research is quantitative research that uses analytical observation methods with a cross-sectional approach, namely a research structure that studies the



dynamics of the relationship between risk factors and their impacts, by conducting approaches, observations, or data collection simultaneously (Notoatmodjo, 2018). This study was conducted to determine the relationship between spirituality and the level of anxiety of patients in the inpatient ward of Dr. Adaan WD Payakumbuh Regional Hospital.

2.2 *Setting and samples*

This research was conducted at Dr. Adnaan W.D. Regional General Hospital, located in Payakumbuh, West Sumatra. This regional hospital has a vision of being "an advanced, high-quality, effective, efficient, and beloved hospital," with the service motto SMART (Smiling, Humane, Safe, Friendly, and Accurate). This research was conducted from January 22 to February 22, 2025.

The target population was patients treated in the Dahlia inpatient ward at Dr. Adnaan W.D. Regional General Hospital. The sampling technique used was accidental sampling, with 80 patients.

To ensure that the sample characteristics matched the population, inclusion and exclusion criteria were established prior to sampling. Inclusion criteria included patients treated in the Dahlia ward, fully conscious patients, able to communicate well, and willing to participate. Exclusion criteria included patients with terminal conditions and patients who declined to participate.

2.3 *Measurement and data collection;*

The two variables measured in this study were patients' spirituality and their anxiety levels. Spirituality was measured using a standardized spirituality questionnaire consisting of 20 items with a

Likert scale. A higher total score indicates a higher level of spirituality. This instrument covers aspects of meaning in life, inner peace, relationship with God, and spiritual support. The instrument has undergone validity and reliability testing, with a Cronbach's alpha value ≥ 0.70 . Anxiety levels are measured using anxiety instruments, such as the HARS or HADS-A, which consist of a number of items on a Likert scale. The total score is categorized as no anxiety, mild, moderate, or severe. The instruments have good validity and reliability and have been widely used in inpatient populations.

Data were collected from patients undergoing treatment in the inpatient ward through structured interviews and questionnaires. Prior to data collection, researchers obtained ethical approval and research permits from the hospital. Respondents who met the inclusion criteria were given a complete explanation of the study's objectives and procedures and then asked to sign an informed consent form. Next, questionnaires on spirituality and anxiety levels were administered to respondents, and researchers assisted them when necessary to ensure proper understanding. After completion, researchers rechecked the questionnaires for completeness to ensure data quality before processing. Throughout the study, all ethical aspects were considered, including maintaining the confidentiality of respondents' identities and ensuring that participation was voluntary and free from coercion.

2.4 *Ethical considerations.*

This study was conducted in accordance with ethical principles of research involving human participants. Ethical approval was obtained from the Nursing and Health Research Ethics Committee of Perintis



Indonesia University under number 1026/KEPK.F1/ETIK/2024, dated March 1, 2025. Prior to data collection, all respondents who met the inclusion criteria were given a complete explanation of the study's objectives, procedures, potential risks, and potential benefits. Participation was voluntary, and respondents had the right to refuse or discontinue participation at any time without affecting the health care they

received. Written informed consent was obtained from all respondents before the study was conducted. Confidentiality and anonymity of data were guaranteed by using identity codes and ensuring that personal information was not included in the study report. All data were stored securely and were only accessible to the research team.

3. Results

Univariate Analysis

Table 1. Frequency Distribution of Patient Spirituality in the Inpatient Ward of Dr Adnan WD Payakumbuh Regional Hospital (n = 67)

Level of Spirituality	Frequency (n)	Percentage (%)
Not Anxious	11	16,4
Currently	34	50,7
Tall	22	32,8
Amount	67	100

From the research data, it was shown that out of 67 respondents, more than half of the respondents had a moderate level of spirituality (50.7%).

Table 2 Frequency Distribution of Patient Anxiety Levels in the inpatient ward of Dr. Adnan WD Payakumbuh Regional Hospital (n = 67).

Anxiety Level	Frequency (n)	Percentage (%)
Not Anxious	22	34,3
Mild Anxiety	23	35,8
Moderate Anxiety	13	19,4
Very Worried	7	10,4
Amount	67	100



From the research data, it was shown that out of 67 respondents, the results showed that the patient's anxiety level was

in the mild anxiety category, namely 23 respondents (35.8%).

Bivariate Analysis

Level of Spirituality	Anxiety Level								Amount		P value
	Not Anxious		Mild Anxiety		Moderate Anxiety		Very Worried				
	n	%	n	%	n	%	n	%	n	%	
Not Anxious	1	9,1	2	18,2	5	45,5	3	27,3	11	100	0,024
Currently	11	11,7	16	47,6	5	14,7	2	5,9	34	100	
Tall	11	50	6	27,3	3	13,6	2	9,1	22	100	
Amount	23	34,3	24	35,8	13	19,4	7	10,4	67	100	

The Relationship Between Spirituality and Patient Anxiety Levels in the Inpatient Ward of Dr. Adnaan WD Payakumbuh Regional Hospital

From the research data it shows that out of 67 respondents, 11 respondents had a low level of spirituality, 34 respondents had a moderate level of spirituality, and 22 respondents had a high level of spirituality. In the group with low spirituality, 1 (9.1%) was not anxious, 2 (8.2%) were mildly anxious, 5 (45.5%) were moderately

anxious, and 3 (27.3%) were severely anxious. In the group with moderate spirituality, 11 (11.7%) were not anxious, 16 (47.6%) were mildly anxious, 5 (14.7%) were moderately anxious, and 2 (5.9%) were severely anxious. Meanwhile, in the group with high spirituality, 11 (50%) were not anxious, 6 (27.3%) were mildly anxious, 3 (13.6%) were moderately anxious, and 2 (9.1%) were severely anxious. The results of the statistical test showed a p-value of 0.024, which is smaller than 0.05, spirituality with the patient's anxiety level.

4. Discussion

Spirituality Level

The research results show that of the 67 respondents, more than half (50.7%) had a moderate level of spirituality.

This research aligns with Destarina et al.'s (2014) article entitled "A Picture of Elderly Spirituality at the Khusnul Khotimah Pekan Baru Social Home for the

Elderly," which found that 59.0% of respondents had a high level of spirituality.

According to the assumption that respondents' spirituality can be influenced by family, cultural, and life experience factors, the family, as the first environment for individuals to understand spiritual values, plays a role in shaping one's beliefs.



Respondents with sufficient family support in spiritual aspects tend to have good spirituality because of the habit of practicing religious teachings or spiritual values from an early age. Furthermore, culture also plays a role in determining the extent to which someone practices spirituality in their daily lives. Respondents who grew up in a culture with strong spiritual values may have stronger beliefs than those in a culture that places less emphasis on this aspect. Life experience is also a factor; respondents who have not experienced many major life trials may have a deeper understanding of spirituality.

Anxiety Level

Based on the research results, it was found that out of 67 respondents, 23 (35.8%) reported mild anxiety.

This study aligns with a study by Hulu & Pardede (2016), in their article entitled "Family Support and Preoperative Anxiety Levels in Patients at Sari Mutiara Hospital in Medan," which found that the majority of respondents, 70%, experienced mild anxiety.

According to the researchers, family support plays a crucial role in determining patient anxiety levels. This study found that most patients experienced mild anxiety, which can be attributed to the emotional and physical support from family, which helps patients feel calmer in facing their illness. Family members who provide attention, motivation, and assistance with care can be a source of comfort for patients. When patients feel supported, their fears and worries about their health condition can be reduced. Furthermore, family members can assist patients in making decisions regarding treatment and provide the sense of security

needed during the healing process. Therefore, family support not only influences the patient's psychological condition but can also contribute to increasing the patient's enthusiasm for undergoing treatment and recovery.

Spiritual Relationship with Patient Anxiety Levels in Inpatient Wards

The results of the study were obtained from 67 respondents: 11 respondents had low levels of spirituality, 34 respondents had moderate levels of spirituality, and 22 respondents had high levels of spirituality. In the low spirituality group, 5 (45.5%) respondents were moderately anxious, and in the moderate spirituality group, 16 (47.6%) respondents were mildly anxious. Meanwhile, in the high spirituality group, 11 (50%) respondents were not anxious. The statistical test results showed a p-value of 0.024, which is less than 0.05, indicating a significant relationship between spirituality and patient anxiety levels.

This study aligns with the study (Haris et al., 2024) in an article entitled "The Relationship between Spirituality and Anxiety Levels Regarding the Effects of Chemotherapy in Cancer Patients," which found a moderate relationship between spirituality and anxiety levels regarding the effects of chemotherapy in cancer patients.

According to the researchers, spirituality plays a role in reducing patient anxiety levels through various mechanisms. Individuals with high spirituality tend to have better coping mechanisms, such as prayer and reflection, which help them face stress more calmly. Furthermore, spirituality provides a deeper meaning to life, enabling individuals to better accept their circumstances and develop mental resilience in the face of life's pressures. Social support is also an important factor, as individuals



with high spirituality tend to have supportive environments, both from family and community, which helps them better cope with anxiety. Acceptance of life's circumstances also plays a role in reducing anxiety. Individuals with high spirituality find it easier to accept the realities of life with a more positive attitude, while those with low spirituality are more prone to anxiety due to difficulty accepting their circumstances. Thus, spirituality can act as a positive factor in reducing anxiety through coping mechanisms, meaning in life, social support, and self-acceptance.

5. Implications and limitations

The results of this study indicate that spirituality levels are significantly associated with anxiety levels in patients receiving care at the Dahlia Inpatient Ward. These findings have important implications for nursing practice, particularly in developing spirituality-based interventions as part of a holistic approach to reducing patient anxiety. Nurses can consider spiritual assessments as part of routine assessments and provide spiritual support according to patient needs. From a policy perspective, these results can inform hospitals' efforts to strengthen spiritual care programs and provide training for healthcare workers on emotional and spiritual support.

However, this study has several limitations. First, the cross-sectional study design cannot explain cause-and-effect relationships. Second, data were collected through self-report questionnaires, which could potentially introduce respondent bias. Third, the study was conducted in only one inpatient ward, so generalizing the findings to a broader patient population requires caution. Future research is recommended to employ longitudinal or interventional

designs and involve more service units to obtain a more comprehensive picture.

6. Conclusion

Based on the analysis, it can be concluded that spirituality levels have a significant relationship with patient anxiety levels. Respondents with low spirituality tended to experience moderate to severe anxiety, while respondents with high spirituality were more likely to experience no anxiety or only mild anxiety. This is evident in the low spirituality group, where the majority of respondents experienced moderate anxiety (45.5%) and severe anxiety (27.3%). Conversely, in the high spirituality group, half of the respondents (50%) experienced no anxiety. The statistical test results showed a p-value of 0.024 (<0.05), indicating a significant relationship between spirituality levels and patient anxiety levels. Therefore, it can be concluded that the higher the patient's spirituality level, the lower the anxiety levels experienced during inpatient care.

Based on the research findings regarding the relationship between spirituality levels and patient anxiety levels, new ideas can be developed that spirituality plays an important role as a protective factor in reducing anxiety during inpatient care. The higher the patient's spirituality level, the lower the anxiety experienced, while low spirituality tends to be associated with moderate to severe anxiety. These findings demonstrate that spirituality is not merely a personal aspect but can be part of a holistic approach to nursing care. Therefore, spirituality-based interventions can be used as a strategy to manage patient anxiety during treatment, for example, through spiritual support, prayer, faith-based relaxation, or therapeutic communication based on spiritual values. These findings open up opportunities for the development



of nursing care models that integrate spiritual aspects as part of efforts to improve patient mental health in hospitals.

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Author contribution

All authors contributed to the preparation of this manuscript. The primary author was responsible for formulating the research problem, developing the proposal, collecting data, and analyzing the results. The author also conducted the literature review, interpreted the data, and prepared the discussion section. All authors contributed to the writing, revision, and finalization of the manuscript and approved the final manuscript before submission for publication.

Conflict of interest

The author declares that there is no conflict of interest in the preparation and publication of this manuscript. The entire research and writing process was conducted independently without any influence from any party.

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