The Impact of SFIC Spritual Accompaniment to Work Motivation and Nurses' Caring Behavior at ST. Vincentius Hospital Singkawang

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ARTICLE INFO	ABSTRACT
Keywords: Spirituality, Work motivation, Caring behavior.	This research is motivated by the complex role of nurses in nursing services that require periodic refreshments to maintain motivation in providing attentive services. In this context, SFIC (Sisters of the Franciscan of the Immaculate Conception) spiritual accompaniment is relevant because it can uplift, motivate, and remind nurses of the vocation and meaning of their profession. This study aims to determine the effect of SFIC spiritual assistance on nurses' work motivation and caring behavior in the inpatient unit. The research method used is Quasi-Experimental Control Group Pretest Posttest Design. Control and intervention groups were determined using total sampling. Data analysis was conducted using the Paired T-test and Independent T-test, with results showing significant differences between the intervention and control groups in nurses' work motivation and caring behavior after receiving SFIC spiritual assistance. The results showed significant differences between the intervention and control groups in work motivation (p = 0.001) and caring behavior of nurses (p = 0.0001) after receiving SFIC spiritual assistance. This is also supported by the ANCOVA test results, which show a significant effect of intervention methods on increasing nurses' work motivation and caring behavior after controlling for confounding variables. This study implies that spirituality can motivate and improve nurses' caring behavior when providing nursing services. As a suggestion, spiritual assistance can be used as one of the activities in the hospital training program to strengthen motivation and the quality of nurse services.

INTRODUCTION

Nursing is a component of the health service system, which focuses on patient care and interaction with humans by giving a holistic service that includes all aspects of human life, such as biological, psychological, social, and spiritual aspects (Supinganto et al., 2020). The task and function of a nurse, in general, is to help or serve patients from various kinds of persons, families, and societies (Kasmarani, 2012). The aim of using a care service is for someone to get an ideal health condition, either when he/she is ill or healthy as a whole person (Ardinata, 2020). Care service is given to an individual with physical and mental weaknesses, limitations in knowledge, and the will to carry out daily activities independently (Kemenkes, 2016).

As health workers who interact most frequently with clients, nurses have a primary task. The task is to learn the forms and causes of unfulfilling basic human needs. Ideally, all components of human basic needs become the main study in deciding the profession's scope (Yusuf et al., 2016). Based on the responsibility to interact and give interpersonal care to a patient, a nurse needs to have a spiritual base in maintaining interpersonal relationships. Therefore, SFIC spirituality will be given to nurses to become the foundation for their responsibilities when providing health care services.

Spirituality is an expression of life, sensed as a higher, more complex, or more integrated experience in someone's view of life and beyond a merely sensory experience. This helps an individual to increase his/her wisdom and power of will so that he/she can maintain a more intimate relationship with God and the universe.

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Besides, this also helps someone avoid misunderstandings caused by wrong sensory and emotional perceptions and thoughts (Nasrudin & Jaenudin, 2021). The Spirituality Accompaniment Program by SFIC Sisters is part of Nursing Management Planning at St. Vincentius Hospital Singkawang, which aims to enhance work motivation and caring behavior in health care service.

Based on the above background, the purpose of this study is to determine the effect of SFIC spiritual assistance on work motivation and caring behavior of nurses in the inpatient unit. So that the benefits in this study are as a basis for the development of spiritual assistance programs that can increase work motivation and caring behavior of nurses, as well as provide input for hospital management policies to improve the quality of health services.

METHOD

This was quantitative research with a quasi-experimental design. This research examined an intervention to a group of subjects with or without a comparing group but without randomization to include a subject into a control group. This research was a pre-test-post-test non-equivalent control group design conducted within two groups without randomization; treatment was given to one group, and the other became the control group. Both were observed before and after the treatment. The chosen respondents were the nurses in St. Vincentius Hospital Singkawang inpatient wards. The population in this research was 103 nurses in the Inpatient Unit of Hospital St. Vincentius Singkawang. The researcher used a total sampling technic. Ninety-six respondents fulfilled the criteria; they were divided into the intervention group (48 nurses) and the control group (48 nurses). Univariate analysis in this research explained or described the characteristics of respondents, including age, gender, employment tenure, and education. The bivariate test used in this research was the Paired Samples T-Test (dependent t-test and independent t-test), which aimed to know the mean difference of independent data between two groups. For multivariate analysis, the researcher used ANCOVA.

RESULTS AND DISCUSSION

Univariate Analysis

Characteristics data of the participants (covariate variables) based on age, gender, education, and employment tenure were as follows:

Table 1. The distribution of respondents according to gender, education, age, and employment tenure in the intervention group and control group (n=96)

Characteristic	Intervention Group		Control Group	
	Freq.	%	Freq.	%
Gender				
Male	16	33,3	16	33,3
Female	32	66,7	32	66,7
Education				
Nursing	34	70,8	34	70,8
Vocational	14	29,2	14	29,2
Age				
Late Teens (17-25)	2	4,2	1	2,1
Early Adulthood (26-35)	39	81,3	43	89,6
Late Adulthood (36-45)	6	12,5	4	8,3
Early Elderly (46-55)	1	2,1	0	0
Employment Tenure				
3-6 years	18	37,5	18	37,5
7-10 years	21	43,8	23	47,9
>10 years	9	18,8	7	14,6

Table 1 shows that in the intervention group, there were more respondents who were classified as 'early adulthood' (87,5 %) than 'middle adulthood' (12,5 %). Likewise, the control group had more respondents from the 'early adulthood' group (89,6%) than from 'middle adulthood' (10,4%). Both in the intervention and control groups, there were more female respondents (66,7 % for each group) than male respondents (33,3 % for each group). Related to employment tenure, in both intervention and control groups, more respondents had been working for 7-10 years.

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Bivariate Analysis

The Impact of SFIC Spirituality Accompaniment Intervention to Work Motivation and Nurse Caring Behavior Test

Table 2. Work motivation analysis to intervention and control groups before (pretest) and after (posttest) SFIC spirituality accompaniment (n=96)

Group	Variable	Before (Pretest)		After (Posttest)		P Value	N
		Mean	DS	Mean	DS		
Interven-tion	Work motiva-tion	84,23	5,861	94,42	3,689	0,001	48
Control	Work motiva-tion	86,67	7,042	85,71	5,961	0,239	48

Table 2 shows that before SFIC spirituality accompaniment was given in the intervention group, the pretest mean score of work motivation was 84,23, and the deviation standard was 5,861. After receiving SFIC spirituality accompaniment, the posttest result showed that the mean score of work motivation increased to 94,42, and the deviation standard was 3,689. In other words, the intervention in SFIC spirituality accompaniment has added the mean score of work motivation to 10,19. The statistical test result shows a P value = 0,001, which means a significant difference in the mean score of work motivation before and after the intervention. The result of the paired sample t-test above has a significant score (Sig.) 0,001 smaller than 0,05, so H0 is avoided, which means there is a difference in nurses' work motivation before and after SFIC spirituality accompaniment for the intervention group.

Table 3. Caring behavior analysis to intervention and control groups before (pretest) and after (posttest) SFIC spirituality accompaniment (n=96)

Group	Variable	Before (Pretest)		After (Posttest)		P Value	N
		Mean	DS	Mean	DS		
Intervention	Caring behavior	72,25	4,836	92,88	5,741	0,001	48
Control	Caring behavior	68,13	3,606	67,85	3,433	0,360	48

Table 3 shows that in the intervention group, before SFIC spirituality accompaniment was given, the pretest mean score of caring behavior was 72,25, and the deviation standard was 4,836. After the intervention, the posttest mean score of caring behavior increased to 92,88, and the deviation standard became 5,741. In other words, the intervention in SFIC spirituality accompaniment has added the mean score of caring behavior in 20,63. The statistical test result shows p-value = 0,001, which means that there is a significant difference in the mean score of caring behavior before and after the intervention. The result of the paired sample t-test above has a significant score (Sig.) 0,001 smaller than 0,05, so H0 is avoided, which means there is a difference in the caring behavior of the nurses before and after SFIC spirituality accompaniment for the intervention group.

Table 4. The posttest data analysis on the difference of work motivation between the intervention group and control group (n=96)

Variable	Group	Mean	DS	P Value	N
Work Motivation	Intervention	94,42	3,689	0,001	48
	Control	85,71	5,961		48

Table 4 shows that after SFIC spirituality accompaniment was conducted, the posttest mean score for work motivation increased to 94,42, and the deviation standard was 3,689. The statistical test result shows a p-value = 0,001, which means that there is a significant difference in the mean score of work motivation between the intervention group and the control group.

Table 5. The analysis of different caring behaviors between intervention group and control group in posttest data (n=96)

Group	Variable	Mean	DS	P Value	N
Intervention	Caring behavior	92,88	5,741	0,001	48
Control	Caring behavior	67,85	3,433		48

Table 5 shows that the mean score of caring behavior in the intervention group was 92,88, and the deviation standard was 5,741, while the mean score of caring behavior in the control group was 67,85, and the deviation

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standard was 3,433. The statistical test result shows a p-value = 0,001, which means a significant difference in the mean score of caring behavior between the intervention group and the control group.

Table 6. Multivariate analysis on the impact of SFIC spirituality accompaniment to work motivation with variable controlled by confounding variables: gender, age, education, and employment tenure (n=96)

Variable	B	P value
Intercept	86,695	0,001
Methods Intervention	8,661	0,001
Gender	-2,385	0,025
Age	2,196	0,073
Education	-1,265	0,248
Employment Tenure	0,026	0,971

The result ANCOVA multivariate analysis in Table 6 shows a significant impact caused by the intervention method (SFIC spirituality accompaniment intervention) on nurses' work motivation enhancement (p-value 0,001) after being controlled by gender, age, education, and employment tenure. The analysis result shows that comparing these four confounding variables, i.e., gender (p value=0,025), age (p value=0,073), education (p value=0,248), employment tenure (p value=0,971), only gender has a significant relationship with nurses' work motivation. This means that the work motivation score increased because it was influenced by both intervention variables (SFIC Spirituality Accompaniment) and gender.

Table 7. Multivariate analysis on the impact of SFIC spirituality accompaniment to caring behavior controlled confounding variables (gender, age, education, and employment tenure) (n=96)

Variable	B	P Value
Intercept	71,114	0.001
Intervention Method	25,069	0.001
Gender	1,048	0,317
Age	-2,170	0,070
Education	-1,011	0,357
Employment Tenure	0,451	0,532

Based on the result of ANCOVA multivariate analysis in Table 7, it is shown that there was a significant impact of the intervention method (SFIC spirituality accompaniment intervention) in increasing nurses' caring behavior (p-value 0,001) after being controlled by gender, age, education, and employment tenure. The analysis result shows that gender (p value=0,317), age (p value=0,070), education (p value=0,357), and employment tenure (p value=0,532) did not have any significant relationship with nurses' caring behavior. It means that gender, age, education, and employment tenure did not affect nurses' caring behavior enhancement.

Work motivation analysis was conducted in the intervention group and control group before (pretest) and after (posttest). SFIC spirituality accompaniment was given. The paired sample t-test result above shows a significance score (Sig.) 0,001 smaller than 0,05, so H0 has been avoided. It means that there is a difference in nurses' work motivation before and after SFIC spirituality accompaniment is conducted in the intervention group. This research is along with the research of (Riyanto et al., 2021), which said that the difference in work motivation of hospital employees studied through participation in the religiosity development program has generated a t score=0,003 (<p=0,05). There is a significant difference in the work motivation of hospital employees who have attended religiosity development programs.

In the researcher's opinion, the experience of conducting intervention in the form of spiritual accompaniment can significantly enhance work motivation, especially because nurses can feel a personal connection with their spiritual dimension of life. Spirituality accompaniment helps nurses find more profound meaning and purpose in their works, feel that they have spiritual values or positive contributions to their service, and increase their motivation to work hard. Spirituality is related to the values of simplicity, humility, compliance, and love. When integrating these values into work, they tend to have more motivation to finish their task correctly and honestly. Spirituality intervention helps nurses understand themselves and their potencies to motivate them to achieve their purposes at the workplace. Their failures are part of their spiritual journey; they use those experiences to grow and improve.

1. Caring behavior analysis was conducted on the intervention group and control group before (pretest) and after (posttest). SFIC spirituality accompaniment was given. The paired sample t-test result above shows a significance score (Sig.) 0,001 smaller than 0,05, so H0 has been avoided. It means there is a difference in

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nurses' caring behavior before and after SFIC spirituality accompaniment is conducted in the intervention group. This research is along with the result of the research conducted at Universitas Sumatera Utara Hospital (Haflah, 2020). The result of a simulant test shows a positive and significant impact of emotional intelligence on caring behavior, with a p-value of 0,001. Besides, a positive and significant relationship is found between spiritual intelligence and caring behavior, with a p-value of 0,008.

According to (Underwood, 2006), the 'care for others' aspect refers to someone's altruistic attitude that prioritizes others' interests rather than his/hers. As a social being, someone has a responsibility to help and support others whose life is complicated. This attitude involves the development of empathy, sympathy, and respect for human diversity as God's creatures.

The researcher's opinion focuses on someone's caring instinct as a natural matter together with care for the self and the environment. Therefore, accompaniment is considered a good way to improve caring behavior through the internalization of values, which support individuals to practice and understand caring actions more in the context of service. Nevertheless, there are some statements which still need further consideration.

A nurse who has been accompanied spiritually tends to better understand himself/herself in giving care service through the improvement of caring behavior related to better practices of ten curative factors and more holistic caregiving. The spiritual accompaniment process also helps nurses improve their communication and active listening skills. Spiritual accompaniment becomes a moral guidance that helps nurses make the right decisions when they feel connected with the spiritual dimension within themselves. This can improve their sensitivity and empathy in caregiving.

2. The analysis result on posttest data of work motivation difference between the intervention group and control group shows p value=0,001. It means that there is a significant difference in nurses' work motivation between the intervention group and the control group before and after SFIC spirituality accompaniment is conducted in the intervention group. Motivation is an internal psychological process within someone's self. It is often difficult to measure the level of work motivation (Tumiwa & Ajabar, 2021). Nevertheless, the level of work motivation can be predicted through someone's behavior, including the way, intensity, and persistence of their actions. Suppose someone tends to accept a given task or work (the way of action), to work intensively or continuously (intensity of action), and to complete the task or work totally (persistence of action). In that case, the person has high work motivation. Prediction, however, is only made based on the observed behavior because work motivation is an invisible psychological process.

In line with the research of (Riyanto et al., 2021), the difference in work motivation of hospital employees studied through participation in the religiosity development program has generated a t score=0,003 (<p=0,05). Thus, there is a significant difference in work motivation between hospital employees who have attended the religiosity development program and those who have not attended the same program.

In the researcher's opinion, a person who experiences accompaniment will transform into a better person than a person who does not experience any accompaniment. Therefore, it is essential to design an accompaniment program for supporting beneficial changes in enhancing service quality given by individuals with work motivation.

This accompaniment aims to strengthen the values which become the foundation for someone's activities. There is a significant difference in work motivation between the intervention group and the control group because the members of the group with spiritual intervention experiences have improved their perceptions of the meaning and purpose of their works or lives. They have felt a connection with deeper spiritual values, which have given them additional motivation.

Spiritual intervention can help individuals overcome stress and improve emotional welfare as well as work motivation. A happier and more satisfied person will likely have more motivation to work well. A person who has attended spiritual intervention will likely hold true ethical values and integrity in their work, which can enhance their motivation to work correctly.

3. It is analyzing different caring behaviors between the intervention and control groups in posttest data results in a p-value of=0,001. This means there is a significant difference in the mean score for caring behavior between the intervention and control groups. With the research of (Koesmarsono et al., 2020), the pretest and posttest (SSEIT scale) result related to Spiritual Intelligence and Emotional Intelligence Training for Improving Nurses' Caring Behavior was 0,009. This shows a difference between before and after the training was conducted.

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The spiritual accompaniment process in enhancing nurses' caring behavior becomes an important step in strengthening the spiritual aspects of care practices. The initial step in this process is to educate nurses through accompaniment about the importance of the spiritual dimension in health care service.

Nurses' accompaniment process reflects values such as simplicity, humility, compliance, and love so that spiritual accompaniment helps nurses understand how their personal experiences can influence their ways of nursing care service more emphatically and caring. Intervention for nurses through accompaniment has been proven to increase caring behavior. This is because, during accompaniment, nurses were invited to reflect on concrete attitudes or behaviors based on their accepted spiritual values. There was not any improvement in the control group because they did not get accompaniment directly.

Accompaniment is an activity to help others who need someone's support, which involves partnership, in which people collaborate, accompany, and share experiences for communal growth and empowerment (Mayeroff, 1993). Spirituality is a human's attempt to reflect on and find the deeper meaning in life and to realize that life contains negative thoughts and goodness that represent God's presence. Besides, a human also has a drive in himself/herself to explore his/her inner self and give meaning to life (Nasrudin & Jaenudin, 2021). Watson believes that the existential factor is difficult to understand but very important in helping someone accept and understand the phenomenon beyond their capacities (Watson, 1979 in Alligood, 2014). Caring practice can be observed when nurses help patients and families perform their religious and cultural practices according to their customs. Besides, nurses also help patients choose suitable alternative medications according to their cultures to advance the curing process. Nurses also direct patients and families to surrender to God so that they experience spiritual support during the curing process (Putri, 2019).

4. Multivariate analysis on the impact of SFIC spirituality accompaniment to work motivation with confounding-controlled variables (gender, age, education, and employment tenure) shows that among gender (p value=0,025), age (p value=0,073), education (p value=0,248), and employment tenure (p value=0,971), only gender has a significant relationship with nurses' work motivation. It means that besides the intervention variable (SFIC Spirituality Accompaniment), gender also influences work motivation. In the researcher's opinion, gender can influence spiritual intervention in enhancing work motivation because values of spirituality can play an important role. Either male or female, a nurse who respects these values will tend to perform ethical care practices and promote integrity in their work. Positive values of spirituality can provide additional support for nurses who work with high dedication and motivation. Support from work partners or peer groups is another factor that can play an essential role in enhancing nurses' work motivation through spiritual intervention. It is important to remember that 'gender differences' are only one of many factors that can influence someone's way of integrating spirituality in their works. Treating every nurse as an individual with unique experiences and needs is also essential. Therefore, a sufficient approach to enhance nurses' work motivation through spiritual intervention must consider individual context and create an inclusive and supportive environment for every nurse.

   Gender is a biological characteristic that distinguishes females from males since the beginning (Wiasti, 2017). Specifically, it is stated that, in this context, a female tends to show a better quality of commitment to an organization than a male (Ng et al., 2016)—generally, a female faces more challenges than a male in achieving certain organizational positions. Therefore, membership in an organization is precious and important for them. The research of Syukron Firdaus Siregar (2022) at Haji Medan Public Hospital showed the score of individual characteristics (t count=4,238) > (t table=1,994) and significance = 0,00 < 0,05. Therefore, it is concluded that individual characteristic (gender) significantly impacts work motivation. It also simultaneously shows (F count=43.157) > (F table=3,130) and significancy = 0,000 < 0,005. From the data, it is concluded that individual and work characteristics significantly impact work motivation.

   In the researcher's opinion, the mean score of motivation of the respondents is high because another factor, i.e., gender, has also had an impact on accompaniment. This shows that gender can help improve someone's work motivation.

5. The result of multivariate analysis on the impact of SFIC spirituality accompaniment to caring behavior with confounding-controlled variables (gender, age, education, and employment tenure) shows that gender (p value=0,317), age (p value=0,070), education (p value=0,357), and employment tenure (p value=0,532) do not have any significant relationship with nurses' caring behavior. It means that gender, age, education, and employment tenure are the variables that do not impact the enhancement of caring behavior. In this research, the enhancement of caring behavior is pure only because of the intervention factor, i.e., SFIC spirituality accompaniment.

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This result of multivariate analysis is not in line with the research of (Kristianingsih et al., 2022), which shows that the suggested formed model is considered 'feasible'; it has fulfilled the meaning model, which can be seen from the Omnibus tests score (p=0,000). Nagelkerke R-Square result shows the score=0,384, which means independent variables in the models (employment tenure, age, marital status) can explain caring behavior up to 38,4 %. Caring behavior is influenced by employment tenure (p = 0,002) OR = 7,167. The score reflects the variable with a significant relationship with caring behavior, i.e., employment tenure, controlled by age and marital status as confounding variables. It is concluded that employment tenure is the most dominant factor in caring behavior.

In the researcher's opinion, caring behavior has been improved in the accompaniment process because nurses already have good caring behavior. Spiritual accompaniment enhances nurses' caring behavior more because it convinces them to achieve a better level of caring behavior.

CONCLUSION

SFIC spirituality accompaniment is recommended to become a sustainable program and be integrated into the annual training and development program for nurses. The aim is to ensure that nurses have chances to deepen the spiritual dimension of their professions. Consequently, the recommendation can promote great loyalty to service, especially health care service.

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