



Original Research

Individual Coaching During Hospitalization Improves the Spirituality of Muslim Patients

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ABSTRACT

Introduction: Patients treated in hospital often experience an uncomfortable condition. This condition can lead to a decrease in performing salat as a Muslim prayer. The purpose of this study was to determine the effect of individual coaching on the spirituality of Muslims including knowledge, attitude, and the practice of salat.

Methods: This study used a quasi-experimental design. The sample consisted of 36 Muslim inpatients. The data was collected through a self-constructed questionnaire and it was analyzed using the independent t-test and Mann Whitney test with $\alpha \leq 0.05$.

Results: There was no significant difference in the scores for knowledge ($p=0.941$), attitude ($p=0.924$) and practice ($p=0.635$) between the two groups before the intervention. However, after being given the intervention, the scores increased for the treatment group, thus creating a significant difference between the treatment and control groups for knowledge ($p=0.000$), attitude ($p=0.003$) and practice ($p=0.000$).

Conclusion: Coaching is a suitable method to use to increase the Muslim inpatients' knowledge, attitude, and ability to practice salat. This study recommends that the nurses conduct coaching as a nursing intervention to help the patient to perform salat.

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INTRODUCTION

Nowadays, inpatients often have problems related to doing all of the physical activities related to worship (Hubbart, Corey, & Kautz, 2012). The patient will potentially be equipped with medical devices such as for the purpose of medication infusion, catheter tubing, and oxygen tubes up the nose which causes inconvenient and unconfident conditions concerning the patients performing (praying) salat in the hospital. Salat is a spiritual activity that is a form of worship of the Creator of the universe. It is about moving certain parts of the body while reciting Doa. Salat is an obligation for all Muslims in either a healthy or critical condition (Al-Obaidi, Wall, Mulekar, & Al-Mutairie, 2012); Mohamed, Nelson, Wood, & Moss, 2015 ;(Akgul & Karadag, 2016).

Based on a study conducted in Langkawi Hospital involving 166 Muslim inpatients, 53.6% had a poor

level of knowledge of performing salat, 61.4% had a poor level of attitude when performing salat and 78.9% patients did not perform salat during their stay in the inpatient care facility. This study also revealed that 77.7% patients did not know how to perform salat during their medical treatment, while 47.6% of patients did not know how to purify themselves of impurities (Wudu) and 48.2% patients said that nobody was there to teach them how to perform salat and the required ritual purification (Aris, Rani, Jaafar, Norazmi, & Umar, 2017).

Salat is a fundamental and spiritual need for Muslims during their inpatient care facility. Salat performed in a critical condition can increase the sense of convenience and decrease anxiety, depression, and stress (Kurniawati, 2017). Salat is also useful when related to the patient's readiness and mentality when facing a critical health condition (Saniotis, 2015) . The patients who cannot perform

salat due to their physical disabilities easily encounter spiritual distress (Herdman & Kamitsuru, 2014).

The patients deem it necessary to get information and education regarding the implementation of salat when in a critical condition (Mohamed et al., 2015). The method used to provide information on how to perform salat in the hospital is coaching (Palmer, 2012). Coaching does not only contain education but also encouragement when it comes to the patients being able to worship according to their own will. This method is started by identifying the ability level of the patient for practicing salat based on their background knowledge. The patient will be prepared and motivated before performing salat (Macadam, 2013). The previous study showed that the use of the coaching method provides solutions in both the clinic and the community, such as increasing self-efficacy, health education, life quality and the self-treatment of the patient (Bennett et al., 2009; Vanacker et al., 2017; Wagner et al., 2017). Based on the concept of spirituality and spiritual self-care within Orem's self-care deficit nursing theory, salat is directly influenced by self-care agency and increasing the knowledge and attitude of the patient through the intervention (White, Peters, & Schim, 2011). Therefore, the purpose of the study is to examine the influence of individual coaching towards the knowledge, attitude, and practice of salat among Muslim inpatients.

MATERIALS AND METHODS

This study applied a quasi-experimental design and it consisted of a pre- and post-test of the control group. The sample involved 36 Muslim inpatients and they were selected using a random sampling technique. The independent variable was modular individual coaching while the dependent variable was spiritual Muslims (referring to the knowledge, attitude, and practice of salat). The data was collected using questionnaires developed from Yusuf (AH Yusuf, Nihayati, Iswari, & Okviasanti, 2017). The questionnaire on knowledge covered the concept of ritual purification, salat practice during the critical condition, and the benefits of salat. The questionnaire of attitude covered the implementation of ritual purification, salat during the critical condition, and family support. The questionnaires have been tested for reliability and they had a Cronbach's Alpha score of 0.571.

The criteria for the patients in this study were as follows: 1) Muslim patients aged 18 - 65 years old, 2) cooperative patients with compos mentis, 3) patients with a degree of partial and total dependence and 4) female patients who are not menstruating. The intervention group was given the intervention (a module of individual coaching) by a spiritual guidance counselor from the hospital over 7 days for a duration of 10 - 60 minutes while the control group was not. The statistical test used in this study was the Independent t-test for the knowledge variable and the Mann Whitney test for the attitude and practice variables. This study received an ethical agreement from the Ethics Committee of Rumah Sakit Umum Daerah Nusa Tenggara Barat Number: 070.1/01/KEP/2018.

RESULTS

The characteristics of the respondents based on sex both in the treatment group and in the control group, showed that they were almost entirely male, totalling 14 respondents (77.8%) in the treatment group and 12 respondents (66.7%) in the control group. The characteristics of the respondents based on age in the treatment group showed that almost half were in the age range of 36 - 45 years, with 8 respondents (44.4%) in each group. The characteristics of the respondents based on education in the treatment group showed that almost half of them were in junior and senior high school, each of which was 6 respondents (33.3%). In the control group, almost half had an elementary school education, totalling 7 respondents (38.9%). The characteristics based on length of stay before the data collection showed that almost all of the respondents had been hospitalized for more than 3 days with a total of 15 respondents in the treatment group (83.3%) and 13 respondents in the control group (72.2%).

Based on Table 1, the mean score of the intervention group was lower than that of the control group. After receiving the intervention, the mean score of the treatment group was higher than that of the control group in three aspects (knowledge, attitude, and salat practice).

Based on the statistical test, after receiving the intervention, the knowledge aspect reached $p=0.000$, the attitude aspect reached $p=0.003$ and the practice aspect reached $p=0.000$. This result shows that there is a difference between the two groups after receiving the intervention. This difference indicates that

Table 1. Data on Knowledge, Attitude, and the Practice of Salat (Spiritually)

Variables	Groups	Pre (Mean+SD)	Min-Max	Post (Mean+SD)	Min-Max
Knowledge	Intervention	14.33+2.17	11-19	19.00+1.72	14-20
	Control	14.39+2.28	11-19	14.89+2.29	11-19
	<i>P value</i>	$p = 0.941$		$p = 0.000$	
Attitude	Intervention	26.17+2.31	22-31	29.67+2.25	25-32
	Control	26.50+3.17	22-32	26.61+2.81	23-32
	<i>P value</i>	$p = 0.924$		$p = 0.003$	
Practice	Intervention	10.00+2.91	9-18	15.33+3.80	9-18
	Control	10.50+3.45	9-18	10.50+3.45	9-18
	<i>P value</i>	$p = 0.635$		$p = 0.000$	

individual coaching influences the knowledge, attitude, and practice of salat in patients who are hospitalized.

DISCUSSION

The results of the study show that individual coaching influences the knowledge, attitude, and practice of salat among Muslim inpatients. Based on the average score of the pre- and post-test, the treatment group is higher than the control group in knowledge, attitude, and the practice of salat after receiving individual coaching.

Coaching is given to increase individual knowledge. Coaching is also defined as a patient-centered education method aimed at motivating an individual to promote health through self-management (Anna, Dejonghe, Becker, Froboese, & Schaller, 2017). The increase in knowledge can be obtained through education, which is a part of coaching (Cheng & Chan, 2009 ; Calderón-Garcidueñas et al., 2015). Training is an essential part of helping the patient by equipping them with visual aids when explaining the procedure of specific actions independently. Moreover, education should be provided by the experts based on their expertise, and this could create self-confidence in the patient. Coaching is beneficial for increasing knowledge among elderly patients with cognitive disorders. The increase in knowledge does not take a short time due to the cognitive development remaining decreased according to the process of aging (Güçlü & Tabak, 2013 ; Omori et al., 2017).

The level of knowledge among the patients after receiving the intervention gradually increases their cognitive development. They already know about the concept of ritual purification using dust (tayammum), and the parts of the body that should be wiped by the motes of dust. The patient's knowledge will improve gradually about salat in either a sitting or standing condition. Individual coaching is thus useful for the patient to perform salat in the hospital. Moreover, the patient is equipped with a flipchart, Wudu spray bottles, and motes of dust to directly practice what the coach has taught.

Education with a spiritual value can increase the spiritual well-being of the patient which leads to confidence and increased religiosity focused on the God Almighty. Thus the patient will obtain additional motivation to implement the obligation of the worship of God (Hasanshahi & Mazaheri, 2016). The increase in the attitude of the patient occurred due to the motivation given during the coaching session. The coaching consists of motivational interviewing that influences the attitude of the patient and that is directed to encouraging the obedience to commit something (David H. Thom et al., 2016 ; Román-Rodríguez et al., 2017). The attitude aspect has been formed due to the reciprocal relationship between individuals and the environment in establishing personal behavior (Azwar, 2003). Social interaction is considered to be important in terms of affecting

individual behavior while performing salat, which was conducted by the patient, nurse, coach, and other medical staff.

Salat is a form of spiritual self-care. In the theory of self-care deficit nursing, a supportive-educative aspect is aimed at supporting an individual to obtain additional motivation and information before conducting self-treatment. The nurse's action is to organize training and self-treatment agencies for the patient while the patient's action is to promote self-care until the end of their treatment (Alligood, 2014). If self-care deficit nursing is connected by spirituality, then the self-care agency of the patient will involve power components such as knowledge and attitude regarding their spiritual practices. The existence of self-care agency can improve the power component. Therefore, this study used a nursing agency to provide the individual coaching intervention.

The development of attitude among the patients after receiving the intervention occurs due to the increase in their sense of comfort. Primarily, the patient can perform salat in emergency conditions (not purified), such as where there are dirty clothes or a strange place. It can be achieved if there is individual coaching in the form of personal motivation.

Salat is a form of spiritual self-care and it is a fundamental principle for Muslims. It can be used to solve the daily problems of life, such as illness, anxiety, and depression. For Muslims, salat and praying to Allah SWT increases convenience instead of anxiety, stress, and depression. Thus, the biological response in the form of the modulation of their immunity will promote the patient's health as well (Rezaei, Adib-Hajbaghery, Seyedfatemi, & Hoseini, 2008 ; Sanjotis, 2015 ; Yusuf, Nihayati, Iswari, & Okviansanti, 2017). According to the Islamic principle, Muslims should perceive salat as an obligatory order even when in a critical condition (illness) (Kurniawati, 2017).

The nurse plays a series of important roles, such as reviewing the patient, giving the intervention (supporting religious activities), and cooperating with the spiritual counselor as a part of fulfilling the patient's needs (Yusuf et al., 2017). Individual coaching consists of five stages, namely reviewing, educating, training, motivating, and evaluating all of the activities regarding spiritual self-care between the medical staff and spiritual counselor. The education and training stages will increase spiritual well-being, as well as spiritual self-care (White et al., 2011 ; Hasanshahi & Mazaheri, 2016).

The existence of individual coaching influences the difference between the control and treatment groups. The influence of individual coaching towards self-action (attitude) can be achieved through education, personal motivation, and training regarding the implementation of salat during treatment in the hospital. Hence the collaboration between the nurse and spiritual counselor is highly important in terms of promoting patient health.

Coaching helps the patient to transform behavior into health and welfare promotions as a part of motivating their mental condition. The researcher and spiritual counselor are collaborating to deliver the information and education regarding the implementation of salat when in a critical condition (illness), in addition to the ritual purification practice (Wudu), personal motivation, and self-control. The patient is facilitated by the provision of Tayammum dust and a spray for Wudu. As a consequence, individual coaching is essential for helping the patient to fulfill their spiritual needs (the practice of salat).

The limitations in this study are the characteristics of the patient regarding the patient's understanding related to hadith prayers not having been examined. The research sample is limited but the characteristics of Muslims in Indonesia are the same, so there is little bias.

CONCLUSION

There is an improvement in the spirituality of Muslims (knowledge, attitude, and practice of Salat) in a state of illness or a critical condition after receiving individual coaching. The nurses in the hospital are expected to provide coaching as a nursing intervention and to cooperate with a spiritual counselor as a part of helping the inpatient to perform salat.

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