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Spiritual Well-Being of Post-Stroke Patients In Neurological Polyclinic of Al Ihsan Regional Public Hospital, West Java

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A B S T R A K

Stroke fase rehabilitasi dapat mengakibatkan perubahan fisik dan psikologis sehingga mempengaruhi kualitas hidup pasien yang kemudian menyebabkan masalah psikosial berupa cemas dan depresi. Cemas dan depresi ini memiliki korelasi terhadap kesejahteraan spiritual. Tujuan dari penelitian ini adalah untuk mengidentifikasi tingkat kesejahteraan spiritual pada pasien pasca stroke di poliklinik RSUD Al Ihsan Provinsi Jawa Barat. Penelitian ini merupakan penelitian deskriptif kuantitatif dengan menggunakan instrumen SIWB. Penarikan sampel menggunakan metode purposive sampling dengan kriteria insklusi pasien stroke fase rehabilitasi yang mempunyai nilai Mini Mental State Examination (MMSE) normal 24-30, dan didapatkan 105 responden. Data disajikan dalam bentuk distribusi frekuensi. Hasil penelitian ini menunjukkan tingkat kesejahteraan spiritual tinggi sebanyak 57 responden (54,3%) dan tingkat kesejahteraan spiritual rendah sebanyak 48 responden (45,7%). Karakteristik responden paling banyak pada rentang usia lansia akhir yaitu berjumlah 41 responden (39,0%), dengan lama stroke > 12 bulan 58 responden (55,2%), memiliki penyakit penyerta 82 responden (78,1%), dan mengalami serangan stroke 1x sebanyak 54 responden (51,4%). Pada penelitian ini, antara tingkat kesejahteraan spiritual tinggi dan rendah tidak jauh berbeda persentasenya. Sehingga masih diperlukan upaya untuk meningkatakan kesejahteraan spiritual melalui perbaikan sarana dan prasaran ibadah ,mengoptimalkan spiritual care, mengadakan seminar-seminar dan pelatihan spiritual care, melakukan berdo'a bersama sebelum pemeriksaan dimulai, menciptakan lingkungan yang nyaman, aman, dan damai, serta mengadakan *peer group* khusus pasien stroke.

Kata kunci: Kesejahteraan Spiritual, Rehabilitasi, Stroke

A B S T R A C T

Stroke rehabilitation phase can lead to physical and psychological changes. It has an impact on the quality of life of patients that later caused psychosocial problems such as anxiety and depression. These anxiety and depression have a correlation to the spiritual well-being. The purpose of this study was to identify the level of spiritual well-being in post-stroke patients in polyclinic RSUD Al Ihsan West Java Province. This research was a quantitative descriptive research using SIWB instruments. It used a purposive sampling method with the inclusion criteria of rehabilitation phase stroke patients who had 24-30 as the normal score of Million Minimum State Examination (MMSE) and

obtained 105 respondents. The data presented in the form of the frequency distribution. The results of this study indicated that the respondent's amount who reached the high level of spiritual well-being was 57 respondents (54.3%) and low level of spiritual well-being was 48 respondents (45.7%). The most respondents' characteristic were respondents with age range of elderly as of 41 respondents (39.0%), with stroke length more than 12 months as of 58 respondents (55.2%), had comorbid disease as of 82 respondents (78.1%), and suffered once stroke attack as of 54 respondents (51.4%). The research revealed that the percentage level of spiritual well-being between high and low was nearly similar. As the consequences, it is necessary to increase the spiritual well-being through the improvement of religious facilities and infrastructure, optimizing spiritual care, conducting seminars and spiritual care training, praying together before the medical check-up or treatment, creating a comfortable, safe and peaceful environment, and establish the peer group for stroke patients.

Keywords: *Spiritual Well-Being, Rehabilitation, Stroke*

INTRODUCTION

Stroke disease ranked third in the world that caused death after coronary heart disease and cancer, both in developing countries and in developed countries (Yayasan Stroke Indonesia, 2012). According to Riskesdas (2013), the prevalence of stroke in Indonesia was still increasing.

Stroke disease occurs due to a neurological change caused by disruption of blood supply to the brain. Stroke is one of the diseases that should receive special attention and can attack at any time, thus causing disability and even death. The impact of stroke largely was residual disabilities such as impaired physical, functional, and cognitive function, thus requiring long-term treatment (Rodrigues et al., 2013).

Feelings of anger, sadness, and helpless often lowered the spirit of a patient's life and will certainly affect the daily activities (Widarti, 2012).

In addition to physical, psychological, and social impacts, stroke can also have a negative impact on the spiritual aspect. Emotional changes in stroke's patients have a positive influence on spiritual problems, they believed that the disease they had is a punishment from God that resulted in decreased quality of life. Quality of life is an overarching concept that emphasizes the dimensions of health status (Bender et al., 2017).

The quality of one's life was influenced by the aspect of being (Brown, Renwick, Nagler, 1996). "Being" was the most fundamental aspect that showed how a person can be a real individual. "Being" was subdivided into three important parts: physical being, psychological beispiritual being. Graham, Furr, Flower, & Burke (2001) stated in their research that the more important the spirituality for a person, then the ability to solve the problem would be greater. Spirituality is the essence of life. Boland (2000) argued that spiritual used in the process of coping, for resilience and to build a positive image which impacts to increase the physical and psychological health. Therefore, from the above three aspects, the spiritual being or spiritual well-being was a considerable aspect of the quality of life of a person.

Spiritual well-being is a way of life, a lifestyle that turns the living into pleasant and purposeful, which seeking options to sustain and enrich life, which then instills its roots strongly into spiritual values or on certain religious beliefs (Kozier, Erb, Berman, & Snyder, 2012). Spiritual well-being is one result of coping mechanisms in overcoming anxiety and depression. This was reinforced by the research of Nuraeni & Mirwanti (2016) that stated there was a significant correlation between depression and spiritual well-being.

As Frey, Daaleman, & Peyton, (2005) stated that spiritual well-being was shaped by two dimensions, life scheme and self-efficacy. Bandura, (1997) defined the self-efficacy as an individual's belief in a personal ability to accomplish

the tasks or necessary actions to achieve certain outcomes. Whilst the life scheme was the second domain of spiritual well-being because when humans faced some alterations then humans were required to be able to adapt to the environment (Piaget, Jean, 2002).

The role of the nurse as a nursing service provider is to help the patient to regaoptimal health and life through a process that not only focuses on the physical aspect but also includes the restoration of psychological, social and spiritual well-being (Potter & Perry, 2009). It motivated the researchers to conduct research to reveal the level of spiritual well-being in patients post stroke in neurological polyclinic of Al Ihsan Regional Public Hospital, West Java Province.

METHOD

This research used descriptive research with quantitative approach The population of this study was post-stroke patients at Al Ihsan Regional Public Hospital, West Java Province. The research also used purposive sampling method, which means the sampling technique was taken based on certain consideration. The inclusion criteria in this study were (a) stroke patients in rehabilitation phase who had a normal Million Mental Health Examination (MMSE) score as of 24-30, (b) patients who had stroke diagnosis as documented in a medical record and proven with diagnostic results, (c) stroke patients in the age range of 35 to upper than 65 years old, (d) registered in Medical Record for the last 5 years period. The number of samples obtained in this research as of 105 patients within two weeks.

Data collection techniques used by researchers in this research process was through a questionnaire that contained some questions and then distributed and filled by the respondent themselves or assisted. Due to the characteristic of the most respondents were the elderly and lower education (elementary and junior high school graduates), then there were some respondents accompanied by the researchers to fill the questionnaire and help to translate some questions into Sundanese (local language). Prior to filling out the questionnaires, researchers proposed informed consent in advance to respect their rights to decide whether or not willing to be a respondent.

The instrument used in this study was a psychosocial questionnaire, the Spirituality Index of Well-Being (SIWB), developed by Daaleman and Vande Creek in 2000. SIWB was an instrument designed to measure the spiritual dimension associated with subjective well-being in the patient population. SIWB developed through the qualitative research method which then formed by the two-dimensional concept: self-efficacy and life scheme. (Frey, Daaleman, & Peyton, 2005).

This study was approved by the Commission Ethics of Research Etic Committee Universitas Padjadjaran (Approval 382/ UNG.KEP/EC/2018).

Analyzes were conducted to identify a description of spiritual well-being in post-stroke patients. Normality test was done to determine the mean/median because the number of samples more than 50 people then the calculation of normality test used Kolmogorov Smirnov and obtained sig value as of 0.008 ($p < 0.05$). Thus, the distribution of data was abnormally distributed so that if the score above or similar to the median (≥ 32), then the level of spiritual well-being was high, whereas if the score below than the median (<32), then the level of spiritual well-being was low. In order to obtain interpretation results, firstly need to know the highest score: 60 x the number of respondents and the lowest score: 5x number of respondents.

RESULTS

From Table 1 above, it can be seen that the respondents who suffered from the stroke in neurological polyclinic of Al Ihsan Regional Public Hospital. Most were in the age range of 56-65 years or were in the late elderly period as of 41 respondents (39.0%). Based on gender, the number of male respondents was more than female as of 59 respondents (56.2%). Most of the respondents were elementary and junior high school graduates consisting of 46 respondents (43.8%), unemployed as of 79 respondents (75.2%), and married as of 77 respondents (73.2%). The type of stroke experienced by most

respondents was non-hemorrhagstroke, 89 respondents (84.8%), with stroke duration more than 12 months were 58 respondents (55.2%), most respondents had comorbidities reached 82 respondents (78, 1%), and almost half of them had the stroke once, 54 respondents (51.4%).

Based on table 2 above, it can be seen the description of the spiritual well-being rate of post-stroke patients in neurological polyclinic of Al Ihsan Regional Public Hospital, West Java Province, among 105 respondents, almost half of them as many as 57 respondents (54.3%) had high spiritual well-being.

Table 1. The Frequency Distribution and percentage of the characteristic of the stroke patient in Neurological Polyclinic of Al Ihsan Regional Public Hospital, West Jawa Province (n=105)

Characteristic	Frequency	%
Age		
Late Mature	10	9,5
Early Elderly	34	32,5
Late Elderly	41	39,0
Elderly (>65years old)	20	19,0
Sex		
Male	59	56,2
Female	46	43,8
Education		
Primary School	46	43,8
Secondary Education	42	40,0
High Education	17	16,2
Profession		
Work	26	24,8
Unemployed	79	75,2
Marital Status		
Married	77	73,3
Single	2	1,9
Widower	26	24,8
Typical of Stroke		
Hemorrhagics	16	15,2
Non Hemorrhagics	89	84,8
Duration of Stroke		
<6 months	18	17,1
6-12 months	29	27,6
>12 months	58	55,2
Comorbidities		
Yes	82	78,1
No	23	21,9
Stroke Attack		
Once	54	51,4
Twice	35	33,3
More than twice	16	15,2

From table 3, it can be seen that from 57 respondents who had high spiritual well-being there were 55 respondents who had high self-efficacy dimension (52,4%), while from 48 respondents with low spiritual well-being rate, there were 4 respondents (3, 8%) who had high self-efficacy dimensions. Furthermore, from 57 respondents who had high spiritual well-being, there were 56 respondents (53.3%) who had high life scheme dimension, while from 48 respondents who had low spiritual welfare there was 1 respondent (1,0%) who had high life scheme dimension.

Table 2. The Frequency Distribution of Spiritual Well-Being Rate in Post-Stroke Patients at Polyclinic of Al Ihsan Regional Public Hospital, West Java Province (n = 105)

Spiritual Well-Being	Frequency	%
High	57	54,3
Low	48	45,7

Table 3. The Frequency Distribution of Spiritual Well-Being Rate of Self Efficacy Dimension and Life Scheme in Post-Stroke Patients in Neurological Polyclinic of Al Ihsan Regional Public Hospital, West

			Well-Being	Spiritual
			High	Low
Self-Efficacy	High	Frequency	55	4
		%	52,4%	3,8%
	Low	Frequency	2	44
		%	1,9%	41,9%
Life Scheme	High	Frequency	56	9
		%	53,3%	8,6%
	Low	Frequency	1	39
		%	1,0%	37,1%

DISCUSSION

The result of the research on post-stroke patient in neurological polyclinic of Al Ihsan Regional Public Hospital of West Java Province, among 105 respondents, there were 57 people (54,3%) who had high spiritual well-being. Spiritual well-being was formed by two dimensions that supported the high level of one's spiritual well-being, namely self-efficacy and life scheme. In this study, the dimensions that supported the high spiritual welfare was the dimension of life scheme that amounted to 65 people (61.9%). It showed that high levels of spiritual well-being in post-stroke patients in the neurological policlinics of Al-Ihsan Regional Public Hospital were shaped by their high comprehension of the life schemes they were traversing, thus generating confidence in the meaning and the purpose of life (Daaleman & Frey, 2004).

A person who had high spiritual well-being was characterized by an individual's compassionate of one's relationship with the higher power and others, so that ones life has meaning and purpose manifested by positive behavior (Harold G. Koenig, 2012). The attainment of high spiritual well-being will make the individual easily adapt to the illness and maintain the quality of life. (Adegbola, 2006).

The alteration in physical function in stroke patients may impact to the emergence of psychosocial problems such as anxiety and depression. But if the patient had a high spiritual well-being, the psychological problems can be overcome, because spiritual well-being had a contribution to someone to face and solve a problem (Nuraeni & Mirwanti, 2016). Through the high compassionate of spiritual wellbeing, rehabilitation phase stroke patients would feel the highest strength by connecting with others, having meaning and purpose in life, better adapting to their illness, which can help them achieve their potential and improve their quality of life (Potter & Perry, 2005).

On the contrary, psychosocial problems in stroke patients in the rehabilitation phase such as anxiety and depression would have an impact of anger, sadness, self-blame, and self-esteem, often degrading their spiritual qualities to the emotional impact of spiritual distress (Nouguchi et al., 2006). Physical alterations in post-stroke patients lead to powerlessness in activities, hopeless to heal, meaningless of life, and had no purpose. The powerlessness and loss of understanding of the life purpose affected the ability of the individual to adapt to the alteration of body function, so the patients felt their life was useless and desperate to their own condition and for sure they will have a poor quality of life.

One of the factors affecting one's spiritual well-being level was the rate of development in which Ruggeri, Bisoffi & Fontecedro (2001) suggested in their research that old age contributed to a better quality of life. It was because the old age has passed the youth so they evaluated their lives in a more positive direction. Similarly, according to Kozier et al., (2010), which stated that the development of advanced age, the self-confidence in the beliefs were stronger even though he was side by side with the people of different faiths. In this study, respondents who were in advanced stage were more (90.5%) than the late mature age which only reached (9.4%), therefore this can be a supporting factor to the high spiritual well-being of the respondents.

As for gender factors according to the research conducted by Levin et al. (1994) stated that women tend to have high spiritual well-being than men. It was because many women who always involve themselves in religious activities, whether took care of worship facilities or became a minister of religious activities. However, in this study after cross-tabulation between spiritual well-being with gender obtained results that the spiritual well-being of men was in high level as of 33 people (31.4%). It was due to the fact that the number of male respondents was more (56.2%) than female respondents, thus supported the results indicating the existence of high spiritual well-being. According to research conducted by Zahilin, Viedran, and Mirela (2010) that in terms of quality of life, men showed better scores than women due to men think women experienced more anxiety after the stroke attack.

Respondent's characteristic from educational level obtained data that from 105 respondents who had primary education (SD / SMP) as of 46 people (43.8%), secondary education (SMA / D1) as of 42 people (40.0%) and the rest were highly educated (D3 / S1). After cross-tabulation, it found that the high level of spiritual well-being was found at the basic education level as of 30 people (28.6%), followed by secondary education as of 24 people (19.0%), and the rest in higher education. In this study the high level of one's spiritual well-being was not determined by the high level of the academic education, it proved by the majority of respondents were primary education graduates, but their spiritual well-being remained high. It was in line with the research conducted by Ariani (2015) that the level of education and spiritual well-being had no significant relationship.

Furthermore, from the cross tabulation between spiritual well-being with the profession obtained data that of 57 respondents who had high spiritual well-being was on respondents who do not work that reached 44 people (41.9%), it was because the most characteristics of respondents who were unemployed, reached 79 people (75.2%) compared to the respondents who had jobs. Due to the most respondents were elderly, they do not work because they have been retired, enjoying their old age with their children and grandchildren so that life was peaceful, focused on the purpose of life, and prepared for the next life. It can be seen that the average families who took the patients were children or grandchildren, and during the research conducted, they felt thankful for having children who had paid attention morally and materially to them.

Based on the marital status, 73.3% respondents were married, it can be one of the factors which supported the high spiritual well-being in patients post-stroke phase rehabilitation in neurological polyclinic of Al Ihsan Regional Public Hospital if West Java Province. Family support, especially from couples was needed by stroke patients because family support could provide strength and motivation for stroke patients to be stronger and accept their (Hayulita & Sari, 2014).

This is supported by the research conducted by A'la, Efendi, & Komarudin, (2015) who stated that there was the correlation between family support with anxiety and depression occurrence in post-stroke patients where this anxiety and depression had a significant correlation with the level of the spiritual well-being (Nuraeni & Mirwanti, 2016).

The results of cross-tabulation data between spiritual well-being and the number of stroke attacks revealed that the respondents who had high spiritual well-being in patients who suffered stroke once reached 30 respondents (28.6%), respondents who suffered stroke twice as of 17 respondents (16, 2%), and the rest occurred in respondents who experienced stroke more than twice as of 10 respondents (9.5%). In this study, most respondents with a one-time stroke were only needed small adjustment physically. They can still perform their daily activities so that almost no alteration in the quality of life (Carod AFJ, Egido, Gonzales, & Seijas, 2009). As well according to Kurniawati (2015), Sriyanti, Warjiman, & Basit (2016) the quality of life contributed to spiritual well-being.

The next characteristic of this research was the duration of stroke to the spiritual well-being. Based on the cross-tabulation obtained the result that the highest spiritual well-being was mostly belonging to the respondent with the duration of stroke more than 1 year that reached 31 people (29,5%). It showed that most post-stroke patients in the neurological polyclinic of Al Ihsan Regional Public Hospital can adapt to the illness even if they have to rely on lifelong treatment. Lewis & Eric (2013) said in their book that spiritual well-being and fatigue were the main parameters in assessing health-related to the quality of life and tolerance to medical treatment thus reflecting the patient's ability to deal with illness.

Spiritual well-being which seen from comorbidities in this study after cross-tabulation obtained results that there were 49 respondents (46.7%) who had high spiritual well-being with comorbidities. Stroke patients with comorbidities in the neurological polyclinic of Al Ihsan Regional Public Hospital showed their readiness

for the illness so they were more receptive to the current condition. It was indicated by the positive attitude of those who continued to follow religious activities, positive thinking to the God Almighty, so that life was meaningful and had a purpose. As Ellison (1983) said that spiritual well-being brought a deep compassionate of the personality, social life, the environment, and the creator, which usually arises based on the meaningful life experience.

Among 105 respondents, there were 89 respondents (84.8%) who had non hemorrhagic stroke and after cross-tabulation there were 47 respondents (44.8%) who had high spiritual well -being. Hemorrhagic stroke occurs due to rupture of blood vessels in the brain, whereas non-hemorrhagic stroke occurs because of the blockage so that disturb the blood flow to the brain. Hard or light of the stroke condition depended on the area of the brain that was impaired blood flow (Batticaca, 2008). Light stroke improved in a few hours so this allowed the spiritual well-being of patients remained high. As discussed earlier that spiritual well-being had a positive impact to the quality of life (Ni Putu Sriyanti, Warjiman, Mohammad Basit, 2016, Kurniawati, 2015).

In this research the comparison between high and low spiritual well-being rate has no much different, almost balanced. Physical alterations in post-stroke patients lead to powerlessness in activities, hopeless to heal, feel the life was meaningless and had no purpose. It affected the coping in overcoming the problem so that there was the negative image of the spiritual. If this condition continued without a solution, then the patient fell on the condition of spiritual distress, which is a condition associated with impaired ability to interpret life through self-relationship with higher strength (Blackwell, 2015).

The decreased physical function in stroke patients caused psychosocial problems such as anxiety and depression. Psychosocial problems in stroke patients were the impact of the patient's inability to solve problems that arose after the stroke attack. These psychosocial problems then also had an impact on the quality of their lives. The quality of one's life reflected the level of the spiritual well-being they had. Stroke patients with low spiritual well-being levels hardly to understand about the life goals and influenced their ability to adapt to the alterations of the body function, so the patient felt the life was useless and despair of the condition (Nouguchi , et al, 2006).

Based on the results of the study on 105 respondents, revealed that there were 48 respondents (45.7%) who had low spiritual well-being. It happened due to the lack of support systems that supported patients in efforts to improve spiritual well-being such as the lack of nurses' role in conducting spiritual assessment, the absence of a program in the neurological polyclinic performed to assist patients in the effort to improve spiritual well-being, as well as uncomfortable environment because limitations of the waiting room area while the number of patients was pretty much.

While the attainment of high spiritual well-being was derived from the individual's understanding of the feelings in relation to supreme strength and others, then discover the meaning and purpose of life. It made the individual can adapt to the disease, so as to utilize the potential they had to achieve a quality life (Adegbola, 2006). High spiritual well-being in stroke patients rehabilitation phase made themselves as an individual who received the real health condition so they were able to optimize the ability to maintain the quality of life.

In this study, 57 respondents (54.3%) had high spiritual well-being. This was influenced by the existence of family support as evidenced by the presence of family members who on average more than one person who escorted the patient to conduct the medical treatment. The family had a strategic role in meeting the spiritual needs of the patient because the family had strong emotional bonding and always interacted in daily life, allowed patients to be stronger and more accepting of their current condition (A'la et al., 2015). Therefore, there was an effort to maintain this high level of spiritual well-being so as not to

change toward spiritual distress.

The nurse's implications for service in rehabilitation phase stroke patients in addition to handling physical problems should also pay attention to spiritual issues. Nurses in applying their roles holistically include bio-psycho-socio, and spiritually must be able to examine problems that occurred in patients. The effort to fulfill the spiritual needs of the patient begins with the assessment. Based on the results of the assessment, the nurse must be able to determine which spiritual needed by the patients or which were still lacking. Each person's spiritual needs differed depending on the perspective and background of a person because spirituality was personal and individual (Hawari, 2004, Burkhardt, & Nagai-Jacobson, 2005).

With a thorough assessment of stroke patients, further steps were required to determine the interventions to be performed. According to Anandarajah & Hight (2001) stated that as nurse health workers should be able to integrate spirituality into the practice of health services in three ways, namely: 1). Through some researches; 2) Through the study of patient spirituality and spiritual pain experienced by the patient; 3) Through therapeutic intervention. Research on the level of spiritual well-being in post-stroke patients in the neurological polyclinic of Al-Ihsan Regional Public Hospital was one way to integrate spiritual health services aimed at identifying the images of their spiritual well-being.

So far the nurse still had the perception that the service of spiritual care was enough to facilitate the activities of religious worship, and not all patients obtained it especially in the polyclinic unit. Spiritual care was not fulfilled optimally because the form of spiritual service was still limited to facilitate the activities of religious worship, involving families, and bring religious figures or spiritual officers. This is in accordance with the results of the research conducted by (Ariyani, Suryani,& Nuraeni, 2014). In the research conducted by Nuraeni, Nurhidayah, Mambang Sari,& Mirwanti (2016) stated that spiritual nursing services also included simple activities such as praying with the patient before the activity begins, providing religious books, and facilitating patient worship that was easily accessible and used by the patient. Besides Nuraeni et.al., said that therapeutic communication greatly contributed in an effort to improve the patient's spiritual well-being. Therapeutic communication can encourage patients to self-introspection, to understand the meaning and purpose of life, the meaning of pain and suffering, and the existence of life after death.

Spiritual care was not only beneficial to the patient, according to Kociszewski (2004) that spiritual care also gave positive impact to the professionalism of nurse work and health service so that increased the patient satisfaction, especially in rehabilitation phase stroke patient in neurological polyclinic of Al Ihsan Regional Public Hospital in West Java Province.

CONCLUSIONS

The results of the research on the level of spiritual well-being in post-stroke patients in the neurological polyclinic of Regional Public Hospital in West Java Province conducted for 2 weeks, from 19 February to 3 March 2018 with the number of respondents 105 can be concluded that 54.3% of respondents had high spiritual well-being. Respondent characteristics had at least an influence on the level of spiritual well-being such as age, gender, family support, education, duration of the stroke, comorbidities, and types of stroke. There was not much difference between the high and low level of spiritual well-being, therefore there was still a need for further treatment in addressing the issue of spiritual well -being alterations in rehabilitation phase stroke patients.

Referring to the results of this study, the researchers put forward some suggestions for Al Ihsan Regional Public Hospital especially the neurological polyclinic nerve in order to continue to improve the quality of servants in an effort to improve the patient satisfaction. Efforts to improve health services in stroke patients rehabilitation phase between them was to hold a spiritual spray that was played through the sound system and accompanied by music that calms

down. In addition, hospitals should pay more attention to facilities and infrastructure of worship, to facilitate access and cleanliness and completeness, as well as to create and organize the room in such a way that patients feel calm, comfortable and peaceful while in the waiting room, and provide media like religious books.

The neurological nurses were able to work with the spiritual department to optimize the spiritual care of stroke patients in the rehabilitation phase. One effort in order to improve the spiritual care was to hold prayers together before the activity, providing space and time for the nurse in neurological polyclinic in order to communicate effectively by conducting therapeutic communication in stroke patients rehabilitation phase, and improve the quality of human resources by holding training and seminars on spiritual care so as to enhance the nurse's professionalism in conducting the patient's spiritual needs assessment.

The results of this study can be used as the basic data for further research related to spiritual needs in rehabilitation phase stroke patients, factors that support the changes in spiritual well-being, as well as coping mechanisms in overcoming psychosocial problems in rehabilitation phase stroke patients.

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