

ABSTRAK

Perawatan spiritual merupakan aspek penting dalam upaya peningkatan kualitas hidup pasien, akan tetapi aspek ini belum menjadi perhatian dalam keperawatan. Tujuan penelitian adalah menguji model determinan perawatan spiritual yang melibatkan peran variabel komunikasi interpersonal, sikap *caring*, dan dukungan sosial dengan dimediasi kompetensi perawatan spiritual. Hipotesis penelitian adalah determinan perawatan spiritual yang melibatkan peran variabel komunikasi interpersonal, sikap *caring*, dan dukungan sosial dengan dimediasi oleh kompetensi perawatan spiritual sesuai dengan data empiris. Penelitian ini dilakukan dengan pendekatan kuantitatif, subjek penelitian sebanyak 311 perawat dengan pendidikan minimal D3 keperawatan, dan bekerja minimal dua tahun di rumah sakit. Pengumpulan data dengan Skala perawatan spiritual, Skala kompetensi perawatan spiritual, Skala komunikasi interpersonal, Skala sikap *caring*, dan Skala dukungan sosial. Analisis data yang digunakan dengan *Structural Equation Model* (SEM). Pengujian model hasilnya *fit* dengan chi square sebesar 274,175, nilai CMIN/DF sebesar 1,138 ($\leq 2,00$), nilai RMSEA sebesar 0,021 ($\leq 0,08$), nilai GFI sebesar 0,934 ($\geq 0,90$), nilai AGFI sebesar 0,918 ($\geq 0,90$), nilai CFI sebesar 0,990 ($\geq 0,95$), dan nilai TLI sebesar 0,988 ($\geq 0,95$). Hasil penelitian, yaitu determinan perawatan spiritual yang melibatkan peran variabel komunikasi interpersonal, sikap *caring*, dan dukungan sosial dengan dimediasi oleh kompetensi perawatan spiritual sesuai dengan data empiris. Kontribusi yang diberikan komunikasi interpersonal, sikap *caring*, dan dukungan sosial terhadap kompetensi perawatan spiritual sebesar 35,7%. Kontribusi yang diberikan kompetensi perawatan spiritual terhadap perawatan spiritual sebesar 35,7%. Temuan penelitian lainnya, antara lain komunikasi interpersonal, sikap *caring*, dan dukungan sosial memiliki efek langsung dan efek tidak langsung terhadap perawatan spiritual. Kompetensi perawatan spiritual berperan sebagai *partial mediator*, artinya melalui atau tanpa melalui kompetensi perawatan spiritual tetap ada pengaruh komunikasi interpersonal, sikap *caring*, dan dukungan sosial terhadap perawatan spiritual. Rekomendasi penelitian perlunya peningkatan pengetahuan, keterampilan, dan penerapan perawatan spiritual secara terpadu dan holistik sehingga mampu memenuhi kebutuhan spiritual pasien dan mampu mengatasi permasalahan psikologis dengan baik.

Kata Kunci : Perawatan spiritual, kompetensi perawatan spiritual, komunikasi interpersonal, sikap *caring*, dukungan sosial, perawat

ABSTRACT

Spiritual care is an important service in effort to improve the life quality of patients, but this service has not gained any attention in nursing service yet. The study aims to identify the determinant of spiritual care involving the variable roles of interpersonal communication, caring attitude, and social support that is mediated by spiritual care competence. The advantage involves that it serves as an information source for practitioners and policy makers. The hypothesis states that the determinant of spiritual care involving the variable roles of interpersonal communication, caring attitude, and social support that is mediated by spiritual care competence is consistent with the empirical data available. This research was carried out by quantitative approach, the subject of the study were 311 nurses with Diploma background in Nurses Education, and had worked at least 2 years in the hospital. Data were collected by using spiritual treatment Scale, spiritual care competence Scale, interpersonal communication Scale, Caring Scale, and social support Scale. Structural Equation Model (SEM) was used in data analysis. Testing result on the model was fit with chi square of 274,175, CMIN/DF of 1,138 ($\leq 2,00$), RMSEA of 0.021 (≤ 0.08), GFI of 0.934 (≥ 0.90), AGFI of 0.918 (≥ 0.90), CFI of 0.990 (≥ 0.95), and TLI of 0.988 (≥ 0.95). Result shows that the determinant of spiritual care involving the variable roles of interpersonal communication, caring attitude, and social support mediated by spiritual care competence has been consistent with the empirical data available. The contributions from interpersonal communication, caring attitude, and social support on spiritual care competency was 35,7%. The contributions from spiritual care competency on spiritual care was 35,7%. Other finding shows that interpersonal communication, caring attitude, and social support provide direct and indirect effects on spiritual care. Spiritual care competency acts as a partial mediator, meaning that through or without spiritual care competence, there is still an influence on interpersonal communication, caring attitude, and social support for spiritual care. Recommendation for research is the need to increase knowledge, skill, and application of spiritual care with integrated and holistic manner, thus will meet the patients's spiritual need and will be competence in solving psychological problems.

Keywords: *spiritual care, spiritual care competence, interpersonal communication, caring attitude, social support, nurse*