

RELATIONSHIP OF SPIRITUAL INTELLIGENCE WITH MOTIVATION TO RECOVER IN STROKE PATIENTS AT BUDHI ASIH REGIONAL PUBLIC HOSPITAL JAKARTA

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ABSTRACT

Spiritual intelligence is the intelligence to face and solve problems of meaning and value to embed human behavior and life in a broader and richer context of meaning. Motivation is the driving force of a person's behavior for an outcome or goal. Individuals with good spiritual intelligence will be able to optimize their spiritual abilities which in turn will increase motivation. The purpose of this study was to determine the relationship between spiritual intelligence and motivation to recover in stroke patients at the Budhi Asih Regional Public Hospital, Jakarta. The hypothesis of this study is that there is a relationship between spiritual intelligence and motivation to recover in outpatient stroke patients at the Budhi Asih Regional Public Hospital, Jakarta. The subjects in this study were 120 stroke patients at the Budhi Asih Regional Public Hospital. Data were collected using a spiritual intelligence scale and a scale of motivation to recover based on a Likert scale with the Accidental Sampling method. Methods of data analysis using the product moment correlation technique from Karl Pearson. The results of data analysis showed the correlation coefficient $r = 0.387$ and $p\text{-value} = 0.000 < 0.05$. The effective contribution of the spiritual intelligence variable to motivation is 15%. Based on the research results, it can be concluded that there is a positive and significant relationship between spiritual intelligence and motivation to recover in stroke patients. The higher the spiritual intelligence, the higher the motivation to recover. Conversely, the lower the spiritual intelligence, the lower the motivation to recover.

Keywords: Spiritual Intelligence, Motivation to Recover, Budhi Asih Regional Public Hospital Jakarta.

BACKGROUND

Stroke or cerebrovascular injury is a loss of brain function caused by stopping blood supply to the brain (Smeltzer, 2002). Occurs when the arteries that supply blood to the brain become blocked, or if they are torn or leaking. Stroke, or cerebrovascular accident (CVA), is a rapid loss of brain functions, due to disruption of the blood supply to the brain. This can occur due to ischemia (reduced blood flow) due to blockage (thrombosis, arterial embolism), or the presence of haemorrhage (bleeding). Ischemic strokes, which are usually caused by diabetes, make up the majority of stroke sufferers and can reach 85 percent, while bleeding strokes are only 15 percent. But bleeding strokes can cause death in 40 percent of patients. It is also worth noting that a mild ischemic stroke has symptoms similar to a stroke, but will disappear on its own within 24 hours (Transient Ischemic Attacks). This happens because the blockage of blood vessels is only temporary. However, if this happens, then the possibility of a more severe stroke may occur.

Stroke is a non-communicable disease whose number of sufferers continues to increase in Indonesia. Minister of Health of the Republic of Indonesia, dr. Nafsiah Mboi, Sp.A, MPH, said that this disease is the main cause of death in almost all hospitals in Indonesia. According to the results of the Basic Health Research of the Indonesian Ministry of Health in 2007, the number of stroke sufferers was 8.3 per 1000 population. Then in 2013 it jumped to 12.1 per 1000 population, as quoted in the press release of the National Brain Center Hospital (Benedikta, 2014).

Factors that increase the risk of stroke are: age, high blood pressure, previous strokes, diabetes, high cholesterol, smoking, atrial fibrillation, migraine with aura, and thrombophilia (prone to thrombosis). Of all these factors, the easiest to control are high blood pressure and smoking. Eighty percent of strokes can be avoided by managing risk factors.

The description above explains that stroke can be cured through behavior control. Regarding behavior, motivation as an impetus to behave, which in this case is motivation to recover, seems to be very much needed by stroke patients.

Motivation to recover is a factor that encourages individuals to behave in certain ways in order to obtain recovering from their illness. Motivation to recover is basically a mental condition that encourages an individual to perform an action (action or activity) and provides strength (energy) which leads to a desire to recover from an illness.

Recovery from a disease is not only influenced by the drugs and therapies performed, but also the psychological aspects of the patient. As stated by Saihan (2011) the motivation or strength of patients to recover is also influenced by the placebo effect. This placebo effect works based on three simple laws, namely patient trust, doctor's trust and spiritual power generated by mutual trust between doctor and patient, which connects the doctor and patient emotionally and other medical teams.

Spiritual intelligence is intelligence to deal with and solve problems of meaning and value, namely intelligence to place our behavior and life in a broader and richer context of meaning, intelligence to judge that one's actions or way of life are more meaningful than others.

Spirituality is one of the most important factors that play a role in the recovering process of a disease. Zohar and Marshall (2002) state that someone who has high spiritual intelligence will increase his motivation. Individuals with good spiritual intelligence will be able to optimize their spiritual abilities which in the end is thought to increase the patient's motivation to recover.

The phenomenon that exists in the Budhi Asih Regional Public Hospital, is having a Medical Rehabilitation Installation that treats patients with various types of diseases, one of which is Stroke. In a day there are about 40 to 50 people per day for stroke patients to undergo therapy.

Based on this, the author intends to examine whether there is a relationship between spiritual intelligence and motivation to recover in outpatient stroke patients at the Budhi Asih Regional Public Hospital, Jakarta?

LITERATURE REVIEW

The term motivation refers to the causes of behavior. Individuals who are motivated by something have a tendency to do things more actively and efficiently than those who are not motivated. Humans are creatures that have the power within themselves to move in activities. The potential that is contained within to move is better known as motivation.

According to Irwanto et al (2002) that motivation is the driving force of behavior (The Energizer of Behavior). Broadly speaking, the purpose of motivation is to move or inspire someone so that their desire and willingness to do something arises so that they can get certain results or goals. Meanwhile, Fred Luthan (in Winardi, 2002) states briefly that motivation is a basic psychological process. Meanwhile, according to Malayu Hasibuan (2010) motivation is a stimulant (want) and an activator of one's will. Every motivation has a specific goal to be achieved.

The main obstacle in handling stroke patients is patient saturation in following the necessary therapy. Patients lack the urge to follow therapy so that they can quickly recover from a stroke. Therefore we need an encouragement for stroke patients to move or inspire the patient so that there is a desire and willingness to do something so that it can get results or the goal of recovery.

In addition, how patients interpret and give value to themselves is important for stroke patients, namely spiritual intelligence. Zohar and Marshall (2002) say that spiritual intelligence is the intelligence to face and solve problems of meaning and value, to embed human behavior and life in a broader and richer context of meaning. Intelligence to judge that an individual's actions or way of life are more meaningful than other individuals. Spiritual intelligence is not only for knowing existing values, but also for creatively discovering new values. Howell (2006) also states that spiritual intelligence is an intelligence that is used by individuals to develop their own level, to integrate conflicts and to become more than themselves.

Meanwhile, Wahab and Umiarso (2011) said that someone who has high spiritual intelligence will be able to take and be an inspiration for others and can take meaning from the various life problems he experiences. Thus, it is necessary to know whether there is a relationship between spiritual intelligence and motivation. The hypothesis proposed is that there is a positive relationship between spiritual intelligence and motivation.

Research Methods

This research was conducted at the Budhi Asih Regional Public Hospital Jakarta, the reason the researchers took samples at the Budhi Asih Regional Public Hospital Jakarta was because the Budhi Asih Regional Public Hospital in Jakarta handled 40-50 stroke patients every day. Researchers want to know the relationship between spiritual intelligence and patient motivation to recover at the Budhi Asih Regional Public Hospital.

To determine the design that will be used in the study, it is necessary to determine the variables used in the study. The variable used in this study consisted of the independent variable, namely spiritual intelligence, while the dependent variable was motivation.

The sampling technique used in this study is the Accidental Sampling technique. Accidental Sampling is a sampling technique based on incidentals, when someone who happens to be met is deemed suitable as a data source (Sugiyono 2009).

This study took samples of patients who came for outpatient therapy at the Budhi Asih Regional Public Hospital.

The measuring instrument used in this study consists of a scale of spiritual intelligence and a scale of motivation. Measuring Spiritual Intelligence uses a scale constructed based on the characteristics of spiritual intelligence from Zohar and Marshall (2002). Measurement of motivation is arranged using a scale based on the motivational components of Conger (1997), namely a positive attitude, goal-oriented, the strength that drives the individual.

The analytical method used in this research is Karl Pearson's product moment correlation technique. The reason for using the product moment correlation technique is to determine the relationship between spiritual intelligence and the patient's motivation to recover. In addition, to determine the role or contribution of spiritual intelligence variables to motivation. Before the product moment correlation test was carried out, the normality test was carried out using the One Sample Kolmogorov-Smirnov Test and the compare means-test for linearity test first. The data analysis program used in this study was the SPSS (Statistical Product Service Solutions) version 16 for Windows.

RESEARCH RESULTS AND DISCUSSION

This research was conducted at the Budhi Asih Regional Public Hospital, located at Jalan Dewi Sartika No. 200, East Jakarta, DKI Jakarta. The sampling technique used in this study was the Accidental Sampling technique, with a total of 120 patients as respondents.

Data analysis was performed after an assumption test which included a normality test and a linearity test for the relationship. This is done because the provisions of the product moment correlation technique are that the variable data must have a normal distribution and between the dependent variable and the independent variable have a linear correlation. Based on the results of the normality test using the One Sample Kolmogorov-Smirnov Test, the results showed significance ($p = 0.200$; $p > 0.05$). This indicates that the data has a normal distribution. The variable linearity test was performed using a compare means-test for linearity, the results of the Linearity Test between the dependent variable and the independent variable showed that the significance of deviation from linearity was ($p = 0.384$; $p > 0.05$). Then there is a linear relationship between the dependent variable and the independent variable.

After testing the assumptions, a hypothesis is tested to answer the hypothesis empirically. Hypothesis testing in this study uses the product moment correlation technique from Karl Pearson with SPSS version 16 for Windows. The results of data processing with product moment correlation for 120 stroke patients with a significance level of 0.05, which means that 95% confidence in the truth of the hypothesis indicates that the correlation coefficient value is $r = 0.387$, which means that there is a positive relationship between spiritual intelligence and motivation. Then the results of the significance probability $p = 0.001 < 0.05$, which means that H_0 is rejected and H_a is accepted, which states that there is a positive relationship between spiritual intelligence and motivation to recover from stroke patients. So, the conclusion is that there is a positive and significant relationship between spiritual intelligence and motivation to recover in stroke patients at the Budhi Asih Regional Public Hospital.

Furthermore, to state the size of the contribution made by the independent variable (spiritual intelligence) to the dependent variable (motivation) is determined by the formula coefficient of determination (r^2) $\times 100\% = (0.387)^2 \times 100\%$ so that the result is 0.150. These results indicate

that the motivation variable is influenced 15% by the spiritual intelligence variable, and the other 85% is influenced by other factors not examined in this study.

Additional analysis was carried out by categorizing the score of the spiritual intelligence variable based on the categorization of Azwar (2012) to determine the frequency distribution as follows:

Table 1: Spiritual Intelligence Variable Distribution Frequency

| Interval Score | Category | Empirical Average | Hypothetical Average | Frequency | Percentage |
|--------------------|-----------|-------------------|----------------------|------------|-------------|
| <24 | Very Low | | | 0 | 0% |
| 24≤X<32 | Low | | | 0 | 0% |
| 32≤X<40 | Middle | | 36 | 17 | 14.2% |
| 40≤X<48 | High | 46.608 | | 66 | 55.0% |
| 48≥ | Very High | | | 37 | 30.8% |
| Total Score | | | | 120 | 100% |

As in Table 1, it is known that the empirical average score is 46,608, which means that the spiritual intelligence of stroke patients is in the high category. None in very low and low category, 17 people are in middle category (14.2%), 66 people are in high category (55.0%), and 37 people are in very high category (30.8%).

Table 2: Motivation Variable Distribution Frequency

| Interval Score | Category | Empirical Average | Hypothetical Average | Frequency | Percentage |
|--------------------|-----------|-------------------|----------------------|------------|-------------|
| <38 | Very Low | | | 0 | 0% |
| 38≤X<50.67 | Low | | | 4 | 3.3% |
| 50.67≤X<63.33 | Middle | | 57 | 21 | 17.5% |
| 63.33≤X<76 | High | 69.583 | | 67 | 55.9% |
| 76≥ | Very High | | | 28 | 23.3% |
| Total Score | | | | 120 | 100% |

In table 2 above, it can be seen that the motivation value in very low category does not exist, 4 people are in low category (3.3%), 21 people are in middle category (17.5%), 67 people are in high category (55.9%), and 28 people are in very high category (23.3%). The calculation result statistic shows that the score of the motivation scale obtains an empirical average of 69,583 which is the high category.

From the results of all the score categories above, it can also be seen that the majority of stroke patients at the Budhi Asih Regional Public Hospital have high spiritual intelligence and motivation to recover. This shows that there is a positive and significant relationship between spiritual intelligence and the motivation of stroke patients to recover. The higher the spiritual intelligence, the higher the motivation to recover. Conversely, the lower the spiritual intelligence, the lower the motivation to recover. This is in line with the theory of Zohar and Marshall (2002) which states that a person whose spiritual intelligence has developed well will be able to recognize himself so that he is able to develop an understanding of the motivation contained in that person.

The effective contribution between spiritual intelligence and motivation is 15% which means there are 85% other variables. These variables include self-efficacy, personality, optimism, social relationships and social support, positive cognitive processes, genetics, demographics, facilities, physicality.

CONCLUSION

Based on the research objectives and the results of research conducted on 120 stroke patients at the Budhi Asih Regional Public Hospital, it can be concluded as follows:

- 1) There is a positive and significant relationship between spiritual intelligence and the motivation of stroke patients to recover.
- 2) The level of spiritual intelligence is in the high category.
- 3) The level of motivation is in the high category.
- 4) The spiritual intelligence variable contributes effectively to motivation is 15% while the remaining 85% is influenced by other variables.

REFERENCES

- Azwar, Saifudin. 2012. *Compilation of the Second Edition of the Psychological Scale*. Yogyakarta: Student Library.
- Abdul Wahab and Umiarso. 2011. *Education and Spiritual Intelligence*. Jogjakarta: Ar-Ruzz.
- Buto, Saihan. 2011. *The Relationship between Patients' Trust in Nurses and Motivation to Recover Patients at the Bhakti Wira Tamtama Hospital, Semarang, Nusa Indah Room*. Thesis. Muhammadiyah University Semarang. Semarang.
- Benedikta Desideria. 2014. *Patients with Stroke in Indonesia are Predicted to Continue to Increase*. Liputan6.com. downloaded from <http://health.liputan6.com/read/2077718/penderita-stroke-di-indonesia-dipredict-terus-berger>.
- Bowell, Richard A. 2006. *The 7 Steps of Spiritual Quotient*. Jakarta: Gramedia.
- Conger, J. 1997. *Adolescent and Youth*. New York: Happer and Row Publisher.
- Hasibuan, Malayu S.P. 2010. *Organization and Basic Motivation for Increasing Productivity*. Seventh Printing. Jakarta: PT. Earth Literacy.
- Irwanto, et al. 2002. *General Psychology*. Jakarta: PT. Prenhallindo.
- Smeltzer, Suzanne C & Bare, Brenda G. 2002. *Textbook of Medical Surgical Nursing Brunner & Suddarth, (8th Edition), (Volume 3)*. Jakarta: Medical Book Publishers EGC.
- Sugiyono. 2009. *Quantitative Research Methods, Qualitative and R & D*. Bandung: Alfabeta.
- Winardi, 2002. *Motivation and Motivation in Management*. Jakarta: PT.Grafindo Persada.
- Zohar, D., & Marshall, I. 2002. *Sq-Spiritual Intelligence: the Ultimate Intelligence*. London: Bloomsbury.