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The Effect of Fulfilling Spiritual Needs on Anxiety Levels among Inpatients at RSIGM Sultan Agung Semarang: Implications for Patient Safety

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ABSTRACT: Spiritual needs are personal needs related to the search for meaning and purpose in life, inner peace, values, and individual beliefs. In hospitalized patients, fulfilling spiritual needs is an essential component of holistic and patient-centered care. Unmet spiritual needs may contribute to psychological distress and anxiety, which can affect patients' adaptation, communication, engagement, and experience of care. Because patient safety depends not only on clinical procedures but also on effective communication, patient engagement, and the reduction of avoidable risks, attention to patients' psychological and spiritual well-being may have important implications for safe care. This study aims to analyze the relationship between spiritual needs fulfillment and anxiety levels among inpatients at RSIGM Sultan Agung Semarang and to discuss its implications for patient safety.

This quantitative study used an observational analytic design with a cross-sectional approach among 49 inpatients at RSIGM Sultan Agung Semarang. Data were collected using questionnaires and analyzed using the Spearman correlation test with the assistance of SPSS software.

The results showed that the fulfillment of spiritual needs among inpatients was categorized as very good, while anxiety levels were predominantly classified as minimal. The mean spiritual needs fulfillment score was 45.16 ± 3.87, while the mean anxiety score was 3.06 ± 3.79. Spearman correlation analysis demonstrated a statistically significant negative relationship between spiritual needs fulfillment and anxiety levels ($p = 0.007$; $r = -0.380$), indicating that higher fulfillment of spiritual needs was associated with lower anxiety levels.

These findings suggest that strengthening spiritual care may contribute to a more supportive and patient-centered hospital environment by addressing psychological and spiritual needs that may influence patients' engagement and adaptation during hospitalization. Although patient safety was not directly measured in this study, the findings have potential implications for patient safety through the promotion of effective communication, patient engagement, emotional stability, and supportive care. Hospitals

are therefore encouraged to strengthen spiritually sensitive services as part of holistic care and broader quality and patient-safety strategies.

INTRODUCTION

Spirituality is a multidimensional construct encompassing religious, existential, and relational aspects, with various layers, including faith as its core, related attitudes and beliefs, and the behaviors and practices that follow from them (Büssing, 2021). Spiritual needs refer to needs rooted in the personal dimension of individuals, particularly in their efforts to address fundamental questions concerning the meaning and purpose of life. These needs encompass a set of practices, attitudes, values, and affective experiences that develop through individuals' relationships with themselves and with others. Through these relationships, individuals construct meaning in their lives and develop personal narratives. This process is dynamic and is influenced by, while simultaneously influencing, various social, cultural, biological, psychological, and religious factors (de Oliveira Valente *et al.*, 2022).

Unmet spiritual needs may be a contributing factor to anxiety among patients receiving hospital care. Büssing *et al.* (2010) explained that spiritual needs include the need for meaning in life, peace, hope, and relationships with God, oneself, and others. When these needs are not adequately met, patients may experience spiritual distress, which can affect their psychological condition, including an increased level of anxiety. This finding is supported by recent research indicating that higher levels of anxiety are significantly associated with increased depression, all categories of stressors (i.e., concerns about illness, hopelessness, social isolation, and spiritual concerns), greater financial burden, and lower perceived social support and spiritual well-being (Gerges *et al.*, 2023). In addition, low spiritual well-being has been found to be associated with increased anxiety among patients during hospitalization, highlighting the importance of fulfilling patients' spiritual needs as part of efforts to support their psychological well-being (Feron *et al.*, 2025).

Patient safety is a fundamental component of high-quality healthcare and refers to organized efforts to reduce risks, prevent avoidable harm, and minimize the occurrence and impact of errors during healthcare delivery (World Health Organization, 2023, 2024). Patient safety is influenced not only by clinical procedures and healthcare technologies but also by human and patient-related factors, including communication, patient engagement, adherence to treatment, and the ability of patients to participate effectively in their care. In hospitalized patients, anxiety and psychological distress may interfere with communication, understanding of information, cooperation, and engagement with healthcare providers. Therefore, addressing patients' emotional and spiritual needs may have relevance beyond psychological comfort and may contribute indirectly to a safer and more patient-centered care environment. From this perspective, fulfillment of spiritual needs can be considered a supportive component of holistic care that may strengthen patients' psychological readiness and engagement during hospitalization, while its specific effect on patient-safety outcomes requires further empirical investigation.(Pranoto et al. 2026a)

Anxiety among patients in medical settings is described as a feeling characterized by restlessness, perceived threat, and fear associated with the experience of illness or medical treatment. When excessive or poorly controlled, anxiety may negatively affect patients' adaptation and clinical outcomes (Romanazzo *et al.*, 2022).

RESEARCH METHOD

This study employed an analytical observational research design using a quantitative approach and a *cross-sectional* design. The study participants consisted of 49 hospitalized patients at Sultan Agung Islamic Dental Hospital (RSIGM Sultan Agung), Semarang, who met the specified inclusion criteria. The study was conducted from June to July 2026. Data were collected using a Likert-scale questionnaire and subsequently analyzed using the Spearman correlation test with the assistance of SPSS software.

RESULTS

Table 1. Characteristics of Respondents at RSIGM Sultan Agung

Variable	Frequency (n)	Percentage (%)	Mean ± SD	Median (Min–Max)
Age (years)	—	—	31.08 ± 12.44	28 (18–71)
Sex				

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Female	41	83.7	—	—
Male	8	16.3	—	—
Total	**49**	**100.0**	—	—

Based on Table 1, the mean age of hospitalized respondents at RSIGM Sultan Agung was 31.08 ± 12.44 years, with a median age of 28 years and an age range of 18–71 years. Regarding sex, the majority of respondents were female (41 participants; 83.7%), while 8 respondents (16.3%) were male. Thus, the study respondents were predominantly female, with a relatively diverse age range.

Table 2. Distribution of Spirituality and Anxiety Levels among Hospitalized Patients at RSIGM Sultan Agung Semarang

Variable	Category	Frequency (n)	Percentage (%)	Mean ± SD	Median (Min–Max)	Overall Category
Spirituality	Very poor	0	0.0	**45.16 ± 3.87**	**45 (38–50)**	**Very good**
	Poor	0	0.0			
	Fairly good	0	0.0			
	Good	12	24.5			
	Very good	37	75.5			
Anxiety	Minimal	38	77.6	**3.06 ± 3.79**	**1 (0–13)**	**Minimal**
	Mild	5	10.2			
	Moderate	6	12.2			
	Severe	0	0.0			

Based on Table 2, the overall fulfillment of spiritual needs had a mean score of 45.16 ± 3.87, with a median of 45 (range: 38–50), corresponding to the **very good** category. The mean anxiety score was 3.06 ± 3.79, with a median of 1 (range: 0–13), corresponding to the **minimal** anxiety category. These findings indicate that, overall, the respondents had a very good level of spiritual needs fulfillment, while their anxiety levels were predominantly minimal.

Table 3. Distribution of the Domains of Spiritual Needs Fulfillment among Hospitalized Patients

Domain	Category	Frequency (n)	Percentage (%)	Mean ± SD	Median (Min–Max)	Overall Category
Religious Needs	Very poor	0	0.0	**4.78 ± 0.40**	**5 (4–5)**	**Very good**
	Poor	0	0.0			
	Fairly good	0	0.0			
	Good	9	18.4			
	Very good	40	81.6			
Inner Peace Needs	Very poor	0	0.0	**4.61 ± 0.46**	**5 (4–5)**	**Very good**
	Poor	0	0.0			
	Fairly good	0	0.0			

	Good	16	32.7			
	Very good	33	67.3			
Existential Needs	Very poor	0	0.0	**4.44 ± 0.48**	**4.33 (3.67–5)**	**Very good**
	Poor	0	0.0			
	Fairly good	0	0.0			
	Good	18	36.7			
	Very good	31	63.3			
Giving/Generativity Needs	Very poor	0	0.0	**4.35 ± 0.48**	**4.33 (3–5)**	**Very good**
	Poor	0	0.0			
	Fairly good	2	4.1			
	Good	16	32.7			
	Very good	31	63.3			

Based on Table 3, the descriptive analysis of 49 respondents showed that the fulfillment of spiritual needs was generally in the **good to very good** range across all domains. The domain with the highest mean score was *Religious Needs* (4.78 ± 0.40), followed by *Inner Peace Needs* (4.61 ± 0.46), *Existential Needs* (4.44 ± 0.48), and *Giving/Generativity Needs*, which had the lowest mean score (4.35 ± 0.48).

The high score for *Religious Needs* indicates that patients' needs related to religious practices and their relationship with God were the most strongly fulfilled spiritual dimension. This may be supported by hospital services that accommodate patients' religious practices and spiritual needs. Overall, these findings indicate that the fulfillment of spiritual needs among hospitalized patients at RSIGM Sultan Agung was relatively optimal across all assessed dimensions.(Pranoto et al. 2026b)

Table 4. Frequency Distribution of Anxiety Domains among Hospitalized Patients

Anxiety Domain	Category	Frequency (n)	Percentage (%)	Mean ± SD	Median (Min–Max)	Overall Category
Nervous, anxious, or tense	Minimal	25	51.0	**0.71 ± 0.84**	**0 (0–3)**	**Minimal**
	Mild	14	28.6			
	Moderate	9	18.4			
	Severe	1	2.0			
Worrying	Minimal	44	89.8	**0.14 ± 0.50**	**0 (0–3)**	**Minimal**
	Mild	4	8.2			
	Moderate	0	0.0			

Natural Resources for Human Health
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Anxiety Domain	Category	Frequency (n)	Percentage (%)	Mean ± SD	Median (Min–Max)	Overall Category
	Severe	1	2.0			
Thinking about risks	Minimal	27	55.1	**0.88 ± 1.15**	**0 (0–3)**	**Minimal**
	Mild	9	18.4			
	Moderate	5	10.2			
	Severe	8	16.3			
Difficulty staying calm	Minimal	40	81.6	**0.29 ± 0.68**	**0 (0–3)**	**Minimal**
	Mild	5	10.2			
	Moderate	3	6.1			
	Severe	1	2.0			
Restlessness	Minimal	36	73.5	**0.59 ± 0.10***	**0 (0–3)**	**Minimal**
	Mild	4	8.2			
	Moderate	2	4.1			
	Severe	7	14.3			
Easily irritated	Minimal	47	95.9	**0.04 ± 0.20**	**0 (0–1)**	**Minimal**
	Mild	2	4.1			
	Moderate	0	0.0			
	Severe	0	0.0			
Fear that something bad might happen	Minimal	34	69.4	**0.41 ± 0.71**	**0 (0–3)**	**Minimal**
	Mild	11	22.4			
	Moderate	3	6.1			
	Severe	1	2.0			

Note: The reported mean ± SD for the "Restlessness" domain (0.59 ± 0.10) is reproduced from the provided data. The SD may warrant verification against the original SPSS output.

Based on Table 4, the respondents' overall anxiety levels were predominantly in the **minimal category**, although variation was observed across individual anxiety indicators. The indicator **thinking about risks** had the highest mean score (0.88 ± 1.15), followed by **nervousness, anxiety, or tension** (0.71 ± 0.84) and **restlessness** (0.59 ± 0.10). In contrast, the lowest mean score was observed for **being easily irritated** (0.04 ± 0.20), with 95.9% of respondents classified in the minimal category.

Overall, anxiety among the respondents appeared more frequently in the form of **worry and thoughts about potential risks or future events** than in emotional manifestations such as irritability. Although a proportion of respondents experienced moderate to severe symptoms in several domains, the majority remained within the minimal category, suggesting that the patients generally demonstrated adequate psychological adaptation to their hospitalization and treatment conditions. These findings are consistent with the characteristics of the **Generalized Anxiety Disorder-7 (GAD-7)**, which assesses multiple manifestations of anxiety; therefore, a low overall anxiety level does not necessarily indicate the complete absence of individual anxiety symptoms (Spitzer *et al.*, 2006; Kroenke *et al.*, 2007).

Table 4. Spearman Correlation between Spiritual Needs Fulfillment and Anxiety Level

Variable	Median (Min–Max)	p-value	Spearman's r
Spiritual Needs Fulfillment	45 (38–50)	**0.007***	**−0.380**
Anxiety Level	1 (0–13)		

Note: $p < 0.05$ indicates statistical significance.

The Spearman's correlation analysis examining the relationship between spiritual needs fulfillment and anxiety levels among hospitalized patients at RSIGM Sultan Agung yielded a **p-value of 0.007** and a correlation coefficient of **r = −0.380**. Therefore, there was a **statistically significant negative correlation** between spiritual needs fulfillment and anxiety levels. The negative direction indicates that higher levels of spiritual needs fulfillment tended to be associated with lower levels of anxiety. Based on the magnitude of the correlation coefficient, the relationship was **weak to moderate in strength**.

Important statistical correction: Your Indonesian text states "p > 0.05," but the reported $p = 0.007$ is **less than 0.05**. Therefore, the correct interpretation is **p < 0.05**, indicating a statistically significant relationship.

From a patient-safety perspective, the observed negative relationship between spiritual needs fulfillment and anxiety has important clinical implications. Lower anxiety may support patients' ability to communicate concerns, understand information, participate in care decisions, and cooperate with healthcare professionals during hospitalization. These factors are relevant to patient safety because effective communication and patient engagement are recognized as important components of reducing healthcare-related risks and preventable harm (World Health Organization, 2023, 2024). In this context, spiritually sensitive care may contribute to a supportive care environment in which patients feel more secure, respected, and engaged with the healthcare process. However, the present study did not directly measure patient-safety indicators such as adverse events, medication errors, falls, communication-related incidents, or safety incidents. Therefore, the findings should be interpreted as suggesting a potential pathway through which spiritual care and reduced anxiety may support patient safety rather than demonstrating a direct causal effect on patient-safety outcomes. Future research should examine this relationship using validated patient-safety indicators and longitudinal or intervention-based designs.

Table 5. Spearman Correlation between Spiritual Needs Domains and Anxiety Level

Spiritual Needs Domain	Anxiety Level	p-value	Spearman's r	Interpretation
Religious Needs	—	0.200	−0.186	Not significant
Inner Peace Needs	—	0.179	−0.195	Not significant
Existential Needs	—	**0.004***	**−0.400**	Significant, moderate negative correlation
Giving/Generativity Needs	—	**0.002***	**−0.425**	Significant, moderate negative correlation

Note: $p < 0.05$ indicates statistical significance.

Based on the Spearman correlation analysis, all dimensions of spiritual needs demonstrated a **negative correlation** with anxiety levels, indicating that better fulfillment of spiritual needs tended to be associated with lower levels of anxiety. However, **Religious Needs** ($p = 0.200$; $r = −0.186$) and **Inner Peace Needs** ($p = 0.179$; $r = −0.195$) did not demonstrate statistically significant correlations with anxiety. The finding regarding *Inner Peace Needs* is consistent with Fradelos *et al.* (2021), who also found no significant relationship between inner peace needs and anxiety ($r = 0.069$; $p = 0.369$).

In contrast, **Existential Needs** demonstrated a statistically significant negative correlation with anxiety, with a moderate correlation strength ($p = 0.004$; $r = -0.400$). Similarly, **Giving/Generativity Needs** showed a statistically significant negative correlation and represented the strongest association among the four spiritual domains ($p = 0.002$; $r = -0.425$). These findings suggest that spiritual needs related to the search for meaning, acceptance of illness, hope, and a sense of personal significance and usefulness may be more closely associated with lower anxiety levels among hospitalized patients.

Overall, the findings indicate that **not all dimensions of spirituality are equally associated with anxiety**. The dimensions related to meaning in life (*Existential Needs*) and a sense of usefulness and contribution to others (*Giving/Generativity Needs*) demonstrated stronger negative correlations with anxiety than *Religious Needs* and *Inner Peace Needs*. This suggests that psychological and existential aspects of spirituality may play a more prominent role in helping patients adapt to illness and hospitalization and, consequently, may be associated with lower levels of anxiety.

CONCLUSION

The findings of this study indicate that the fulfillment of spiritual needs among hospitalized patients at RSIGM Sultan Agung Semarang was categorized as very good, while patients' anxiety levels were predominantly classified as minimal. The fulfillment of spiritual needs was significantly associated with lower levels of anxiety among hospitalized patients. These findings suggest that strengthening spiritual care may support holistic, patient-centered care and may have potential implications for patient safety by promoting psychological well-being, patient engagement, and effective communication during hospitalization. However, because patient safety outcomes were not directly measured, the present findings do not establish a direct causal relationship between spiritual needs fulfillment and patient safety. Hospitals are therefore encouraged to strengthen spiritually sensitive facilities and services as part of a comfortable, supportive, patient-centered, and safety-oriented care environment. Future research should directly examine whether spiritual care interventions and reductions in patient anxiety are associated with measurable patient-safety outcomes.

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