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Changes in spirituality during hospitalization in a school-age child: A qualitative case study

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Abstract

Background: Hospitalization not only affects children's physical condition but also influences their spiritual aspects. School-age children are still in the developmental stage of spirituality, so illness experiences may shape how they understand and practice spirituality.

Purpose: To explore perceived changes in the spirituality of a school-age child before and during hospitalization.

Method: This qualitative case study involved one 10-year-old hospitalized child and the child's mother. Data were collected through semi-structured in-depth interviews and field notes and analyzed using thematic analysis.

Results: The findings showed changes in children's spirituality during hospitalization. Before illness, spiritual activities were routine-based and dependent on parental guidance. During hospitalization, there was an increase in spiritual awareness, indicated by independent prayer and hope for recovery. Children also began to perceive illness as a test. However, physical limitations hindered the performance of religious practices, leading children to express spirituality mainly through prayer.

Conclusion: Hospitalization contributes to changes in children's spirituality, particularly in increasing spiritual awareness and meaning-making of illness. Therefore, spiritual care should be integrated into holistic nursing care for pediatric patients.

Keywords: Hospitalization; Pediatric Nursing; Qualitative; School-Age Children; Spirituality.

INTRODUCTION

School-age children are a developmental group that is in the phase of forming self-identity, including in the aspect of spirituality. Spirituality in children is not only related to religion, but also includes the meaning of life, hope, relationships with others, and belief in higher powers. In the context of health, spirituality is one of the important dimensions in addition to physical, psychological, and social aspects (Liu, Ho, Lam, Lam, Cheng, Ching, & Won, 2022). In the context of health, spirituality is increasingly recognized as one of the important determinants that contribute to the overall well-being of children, including mental health and the ability to adapt to illness conditions (Elzamzamy, Naveed, & Dell,

2024).

Hospitalization in children is a complex and potentially stressful experience. Unfamiliar hospital environments, medical procedures, and activity limitations can cause anxiety, fear, and behavioral changes in children during treatment (Madu, Lusmilasari, Hartini, Solon, Wirmando, Bakri, & Linggi, 2023). These conditions not only have an impact on physical and psychological aspects, but can also affect the spiritual condition of children. Research shows that children who are hospitalized often experience increased spiritual needs, such as the need for a sense of security, hope, meaning in illness, and emotional and spiritual support from the

Changes in spirituality during hospitalization in a school-age child:
A qualitative case study

surrounding environment (Tadesse, Helton, & Li, 2024).

The experience of illness in children can trigger changes in spirituality, including increased self-reflection, the search for meaning in life, as well as closeness to God or a higher power as a form of adaptation to the conditions experienced (Miquel, Clemente, & Ciccorossi, 2024). Spirituality also plays an important coping mechanism in dealing with illness. Spiritual approaches have been proven to help individuals reduce distress, improve calmness, and strengthen the ability to deal with complex health conditions (Fitriani, Saleh, Hastuti, Rahman, Hapsah, Andriani, & Rasak, 2024).

In nursing practice, the fulfillment of spiritual needs is part of holistic nursing care. However, various studies show that the spiritual aspect is still not optimized in health services, especially in pediatric patients, due to the limitations of studies and

the lack of attention of health workers to the spiritual dimension (Tanzi, Artioli, Bertocchi, Balestra, Ghirrotto, Cagna, & Sacchi, 2024).

In this era, all human activities are conducted online, including work, education, and worship. These online activities have both positive and negative impacts. Using a descriptive-analytical method, this paper discusses the negative impact of online activities on children's spirituality and morality. Spirituality and morality are fundamental to a child's life. Therefore, parents play a crucial role in shaping their children's spirituality and morality, as their success or failure depends on their role within the family. Within the family, parents must play their primary role in fostering their children's spirituality and morality through their roles as teachers, educators, mentors, motivators, and role models (Boiliu & Polii, 2020).

RESEARCH METHOD

This study applies qualitative design with a descriptive phenomenological approach to explore the essence of subjective experience and the attribution of individual meaning to a phenomenon. This study uses a qualitative approach with a descriptive phenomenological design conducted at PKU Muhammadiyah Hospital Bantul, Al Ikhlas ward. The subjects of the study were a school-age child (10 years old), male, with a diagnosis of typhoid fever, who was treated for 4 days. Interviews were conducted on the 3rd day of treatment when the patient's condition was conscious (*compos mentis*), vital signs were stable blood pressure (100/70) mmHg, pulse 88 times/minute, rr 20 times/minute, temperature 36.8°C), and appeared calm and cooperative.

Data collection was carried out through in-depth interviews with patients and biological mothers as the main caregivers (35 years old, housewife, 2 children). Interviews were conducted face-to-face in an inpatient room for ±30–45 minutes using voice recorders and field notes. The instrument used is in the form of semi-structured interview guidelines adapted from the basic nursing assessment of Nursing Study Program, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Indonesia on the aspect of spiritual

needs. The data was analyzed using thematic analysis through the stages of transcription, reduction, coding, category grouping, and determining themes that were described descriptively.

The tools used in this study include voice recorders (mobile phones), field notebooks, and stationery to document the results of interviews and observations during the data collection process. The material in this study is in the form of semi-structured interview guidelines adapted from the basic nursing assessment Nursing Study Program, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Indonesia on the aspect of spiritual needs. In addition, the main data was obtained from the results of interviews with patients and biological mothers as the main caregivers.

The research began with the management of research permits and participant consent (informed consent). After obtaining approval, the researcher conducted in-depth face-to-face interviews with patients and birth mothers as the primary caregivers in the inpatient room for ±30–45 minutes. Interviews were conducted on the 3rd day of treatment when the patient's condition was conscious (*compos mentis*), vital signs were stable (BP 100/70 mmHg, pulse 88 times/minute, RR 20 times/minute, temperature 36.8°C), and appeared calm and cooperative. During the interview process, the researcher used voice

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A qualitative case study

recorders and field notes. The data obtained were then transcribed, reduced, coding, grouped into

categories, and analyzed using thematic analysis until research themes were obtained.

RESEARCH RESULTS

Table 1. Results of Changes in Children's Spirituality During Hospitalization

Theme	Description	Representative Quotes
Parent-guided spirituality before illness	Worship activities are still routine and depend on parents.	"Prayers are still being answered, I don't know"
Increased spiritual awareness during hospitalization	The child begins to pray independently and remember God more often.	"Now he often prays by himself, asks for a speedy recovery"
Meaning attributed to illness	Children begin to understand pain as a test or trial.	"He said it was a test."
Physical barriers to religious practices	The physical condition of the child hinders the implementation of worship	"Can't pray because of weakness"

Before illness, children's spiritual activities tended to be carried out as a routine that still depended on parental direction. Worship practices such as prayer and prayer have been carried out, but the understanding of spiritual meaning has not developed deeply. During treatment in the hospital, there is a change in the spiritual aspect of the child, which is shown by increasing spiritual awareness. The child begins to pray independently and shows hope for healing. In addition, children begin to interpret illness as an experience that has spiritual value, such as tests or trials, which reflect development in understanding the condition experienced. However, the limitation of physical condition during illness is an obstacle in the optimal implementation of worship, so that spiritual activities are more manifested through prayer than other worship practices.

DISCUSSION

This study shows that there is a change in the spirituality of school-age children during treatment in the hospital, which includes increasing spiritual awareness, changing the meaning of illness, and adjustments in worship practices.

Before illness, children's spirituality was still routine and depended on parental direction. These findings are in line with other research which states that the spirituality of school-age children is still formed through habituation from the environment, especially family and religious education, so it has not

been fully internalized (Haliza & Surawan, 2025). This shows that at this stage of development, children do not have a deep spiritual understanding, but are still at the stage of following habits.

During treatment, this study found an increase in spiritual awareness characterized by the emergence of prayer independently and the hope of healing. These findings are supported by research (Kurniawaty Yuni, 2025) which states that spirituality plays a role as a source of calm and strength in dealing with stressful or stressful conditions, including sick conditions. This suggests that spirituality can serve as a coping mechanism that helps children adapt to hospitalization situations.

In addition, children begin to interpret illness as a test or trial. These findings are in line with other research which explains that spiritual intelligence plays a role in helping individuals understand and accept difficult conditions, including stress and illness, through a life-meaning approach. This shows that children begin to experience development in cognitive and spiritual aspects, especially in the process of *Meaning-Making* to the experience of pain (Dini, 2023).

Despite the increase in spiritual awareness, the physical condition of children during illness is an obstacle to the optimal implementation of worship. Children express spirituality more through prayer than through the practice of physical worship. This is supported other research which states that in

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conditions of physical limitation, spiritual practices tend to adapt to simpler but still meaningful forms, such as prayer and self-reflection (Kristiati, Supartini, Krisnadewara, Astari, Agusno, & Mahar, 2024).

Spirituality can serve as a source of strength and hope for individuals experiencing hardship or suffering. A deeper understanding of the meaning of life can help children cope with the stress and trauma caused by natural disasters (Sinaga, 2024). Previous studies have shown that spirituality has a vital influence on student learning behavior. Students' spirituality must have a solid foundation to produce good behavior. Students often behave badly towards friends, parents, teachers, and even themselves because their spirituality is not well developed. Likewise, in learning, students who have spirituality can have good behavior. This learning behavior is an important factor in the learning process. Spirituality is a driving force for awareness in improving learning. Spirituality will influence students' learning behavior in a positive direction, because students realize the importance of each learning process (Mbeo & Kuanine, 2020).

The developmental stages of children aged 10-12 years are accompanied by problems and crises. This is especially true for children aged 10-12, which is a transitional period for children, as they transition from childhood to pre-adolescence. During this period, children experience several significant changes that occur at each stage of development. These changes lead to crises, and crises that are not handled properly can lead to deviant behavior. To enable children to face crises without falling into negative influences, a parenting style that fosters spirituality is needed as a filter for children. Although children have received development efforts in other aspects (Putri, 2019).

In general, the results of this study show that hospitalization not only affects physical condition, but also plays a role in the spiritual development of children. The experience of illness can be a momentum to increase spiritual awareness and help children interpret the condition they are experiencing. In terms of nursing practice, these findings confirm the importance of fulfilling spiritual needs as part of holistic nursing care for pediatric patients. Health workers are expected to be able to provide simple spiritual support, such as facilitating prayers or emotional support according to the child's condition.

However, this study has limitations because it only involves one participant so the results cannot be generalized. In addition, data obtained from a parent's perspective has the potential to cause bias. Therefore, further research is recommended to involve more participants as well as dig into direct experiences from children to obtain more comprehensive results.

CONCLUSION

This study shows that there is a change in spirituality in school-age children during treatment in the hospital. Before illness, children's spirituality was still routine and depended on parental direction, while during hospitalization there was an increase in spiritual awareness characterized by independent prayer and the interpretation of illness as a test. However, physical conditions are an obstacle to the optimal implementation of worship, so that children express spirituality more through prayer. These findings confirm the importance of meeting spiritual needs as part of holistic nursing care in paediatric patients.

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