HUBUNGAN *SPIRITUAL COPING* DENGAN PENERIMAAN DIRI PASIEN PASCA *CURETTAGE* DENGAN INDIKASI *ABORTUS INCOMPLET* DI WILAYAH RUMAH SAKIT KESDAM V BRAWIJAYA SURABAYA

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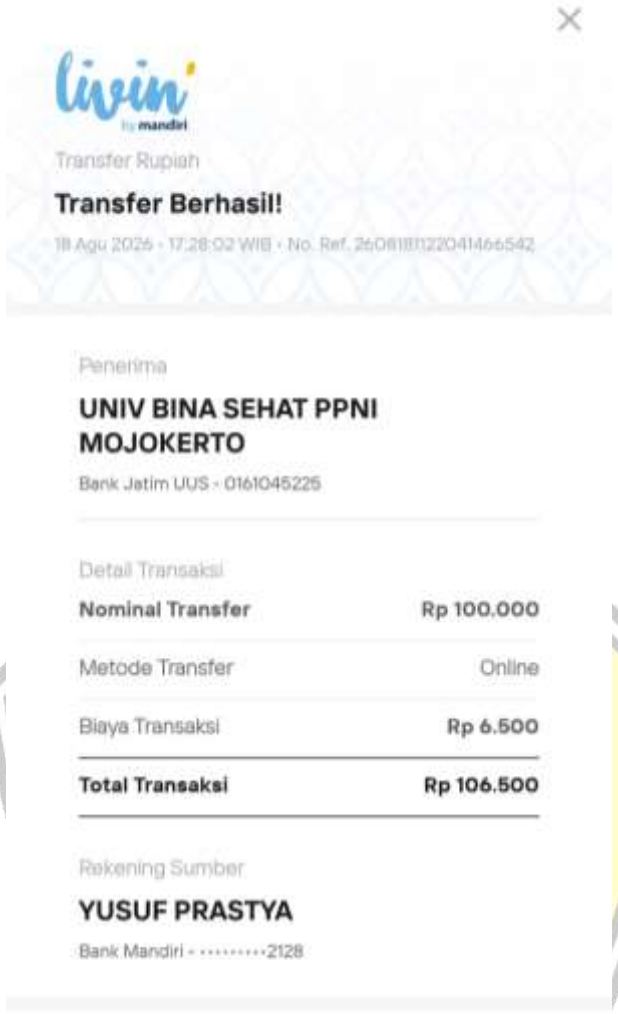
ABSTRAK

Abortus incomplet merupakan kondisi keguguran yang dapat menimbulkan dampak fisik maupun psikologis pada perempuan, termasuk kesulitan dalam menerima kehilangan kehamilan. Salah satu mekanisme yang dapat membantu pasien menghadapi kondisi tersebut adalah *spiritual coping* , yaitu upaya individu menggunakan keyakinan dan aktivitas spiritual untuk menghadapi tekanan dan permasalahan. Penelitian ini bertujuan untuk mengetahui hubungan *spiritual coping* dengan penerimaan diri pada pasien pasca *curettage* dengan indikasi *abortus incomplet* di Rumah Sakit Kesdam V Brawijaya Surabaya. Penelitian ini menggunakan desain *cross-sectional* dengan pendekatan kuantitatif. Sampel penelitian sebanyak 20 responden yang dipilih menggunakan teknik *purposive sampling*. Pengumpulan data dilakukan menggunakan kuesioner *spiritual coping* dan penerimaan diri. Analisis hubungan kedua variabel menggunakan uji *Spearman's rho*. Hasil penelitian menunjukkan bahwa sebagian besar responden memiliki *spiritual coping* dalam kategori baik sebanyak 13 responden (65,0%), sedangkan penerimaan diri sebagian besar berada dalam kategori baik sebanyak 9 responden (45,0%). Hasil uji *Spearman's rho* diperoleh nilai koefisien korelasi sebesar 0,755 dengan *p-value* 0,000 ($p<0,05$), yang menunjukkan terdapat hubungan yang signifikan, kuat, dan positif antara *spiritual coping* dengan penerimaan diri. Semakin baik *spiritual coping* yang dimiliki pasien, semakin baik pula penerimaan dirinya setelah menjalani *curettage*. Diharapkan pasien dapat meningkatkan *spiritual coping* sesuai keyakinan masing-masing, sedangkan tenaga kesehatan dapat memberikan dukungan psikologis dan spiritual sebagai bagian dari asuhan keperawatan yang holistik.

Kata kunci: *spiritual coping* , penerimaan diri, *curettage*.



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1. Pendahuluan

Kesehatan reproduksi perempuan tidak hanya mencakup aspek fisik, tetapi juga aspek psikologis, sosial, dan spiritual. Salah satu masalah kesehatan reproduksi yang dapat memberikan dampak terhadap kondisi tersebut adalah keguguran. Keguguran merupakan kehilangan kehamilan sebelum usia kehamilan 20 minggu dan merupakan kejadian yang cukup sering terjadi pada perempuan usia reproduktif. Berdasarkan penelitian berbasis populasi, sekitar 11,3% kehamilan berakhir dengan keguguran atau sekitar satu dari sembilan perempuan hamil mengalami keguguran (Strumpf et al., 2021).

Perempuan yang mengalami keguguran dan menjalani *curettage* dapat mengalami berbagai respons psikologis, seperti kesedihan, kecemasan, stres, dan depresi. Kehilangan kehamilan dapat menjadi pengalaman yang traumatis dan memengaruhi kesejahteraan psikologis perempuan (Cuenca, 2023). Kondisi tersebut juga dapat memengaruhi kemampuan perempuan dalam menerima dirinya dan keadaan yang dialami. Penerimaan diri merupakan kemampuan individu untuk menerima kondisi, kekurangan, maupun pengalaman yang terjadi dalam kehidupannya. Pada pasien pasca *curettage*, proses penerimaan diri dapat menjadi lebih kompleks karena adanya pengalaman kehilangan kehamilan.

Berdasarkan hasil studi pendahuluan, selama periode Maret 2025 sampai Maret 2026 terdapat 127 kasus *curettage* di wilayah Rumah Sakit Kesdam V Brawijaya yang meliputi berbagai indikasi, yaitu *abortus incomplete*, *abortus insipiens*, perdarahan uterus abnormal (PUA), *mola hidatidosa*, dan *missed abortion*. Kondisi tersebut menunjukkan bahwa kasus *curettage* masih cukup banyak ditemukan sehingga diperlukan perhatian terhadap aspek psikologis pasien, khususnya dalam menghadapi pengalaman kehilangan kehamilan.

Penerimaan diri setelah mengalami kehilangan kehamilan dipengaruhi oleh berbagai faktor, antara lain kondisi psikologis, spiritual, sosial, karakteristik individu, budaya, dan nilai kepercayaan. Salah satu mekanisme yang dapat digunakan individu dalam menghadapi kondisi tersebut adalah *spiritual coping*. *Spiritual coping* merupakan upaya individu dalam menghadapi masalah dengan melibatkan keyakinan, nilai, dan hubungan spiritual sebagai sumber kekuatan. Penggunaan *spiritual coping* dapat membantu individu mengelola emosi negatif, meningkatkan harapan, serta menemukan makna dari pengalaman kehilangan (Endo & Saito, 2024).

Dalam keperawatan, pemenuhan kebutuhan spiritual merupakan bagian dari pendekatan holistik. Perawat dapat membantu pasien melalui dukungan spiritual, komunikasi terapeutik, dukungan emosional, serta fasilitasi kebutuhan ibadah sesuai keyakinan pasien. Pendekatan tersebut dapat membantu meningkatkan kesejahteraan psikologis dan mendukung proses adaptasi pasien dalam menghadapi kondisi yang dialami (Yılmaz & Avci, 2025). Selain itu, edukasi kepada pasien dan keluarga serta dukungan sosial dari pasangan dan keluarga juga diperlukan untuk membantu pasien menghadapi kehilangan dan meningkatkan kemampuan adaptasi psikologis (Lee et al., 2025; Zhou et al., 2022).

Berdasarkan uraian tersebut, *spiritual coping* diduga memiliki peranan dalam membantu pasien menghadapi kehilangan kehamilan dan meningkatkan penerimaan diri setelah menjalani *curettage*. Namun, penerimaan diri pada setiap pasien dapat berbeda sesuai dengan kondisi psikologis, pengalaman kehilangan, dukungan sosial, serta kemampuan adaptasi masing-masing individu. Oleh karena itu, penelitian ini dilakukan untuk mengetahui hubungan *spiritual coping* dengan penerimaan diri pasien pasca *curettage* dengan indikasi *abortus incomplete* di wilayah Rumah Sakit Kesdam V Brawijaya.

2. Metode

Penelitian ini menggunakan desain analitik korelasional dengan pendekatan *cross-sectional*. Penelitian bertujuan untuk mengetahui hubungan *spiritual coping* dengan penerimaan diri pada pasien pasca *curettage* dengan indikasi *abortus incomplete* di wilayah Rumah Sakit Kesdam V Brawijaya.

Populasi dalam penelitian ini adalah seluruh pasien pasca *curettage* dengan indikasi *abortus incomplete* di wilayah Rumah Sakit Kesdam V Brawijaya selama periode penelitian. Jumlah populasi sebanyak 20 pasien. Teknik pengambilan sampel menggunakan *total sampling*, sehingga seluruh anggota populasi yang memenuhi kriteria penelitian dijadikan responden. Jumlah sampel dalam penelitian ini sebanyak 20 responden. Penelitian dilaksanakan di RS DKT Sidoarjo dan RS Brawijaya Surabaya pada bulan Mei 2026.

Variabel independen dalam penelitian ini adalah *spiritual coping*, sedangkan variabel dependen adalah penerimaan diri pasien pasca *curettage*. Pengukuran *spiritual coping* menggunakan kuesioner Brief RCOPE yang diadopsi dari penelitian Suri Handayani (2024), terdiri dari 14 pernyataan dengan skala Likert 1–5. Instrumen mencakup aspek keyakinan dan kepercayaan kepada Tuhan, doa atau ibadah, pencarian makna atau hikmah, berserah diri kepada Tuhan, serta ketenangan dan harapan melalui spiritualitas. Hasil pengukuran dikategorikan menjadi baik (76–100%), cukup (56–75%), dan kurang (<56%).

Penerimaan diri diukur menggunakan kuesioner yang diadopsi dari penelitian Suri Handayani (2024), terdiri dari 10 pernyataan dengan skala Guttman. Jawaban benar diberi skor 1 dan salah diberi skor 0. Hasil pengukuran dikategorikan menjadi baik (76–100%), cukup (56–75%), dan kurang (<56%). Pengumpulan data dilakukan setelah peneliti memperoleh izin penelitian dan persetujuan dari responden melalui *informed consent*. Responden diberikan penjelasan mengenai tujuan dan prosedur penelitian, kemudian mengisi kuesioner *spiritual coping* dan penerimaan diri. Peneliti mendampingi responden selama proses pengisian apabila terdapat pertanyaan yang kurang dipahami. Data yang terkumpul selanjutnya dilakukan *editing*, *coding*, *scoring*, dan *tabulating*.

Analisis data dilakukan secara univariat dan bivariat. Analisis univariat digunakan untuk menggambarkan karakteristik responden serta distribusi frekuensi dan persentase variabel *spiritual coping* dan penerimaan diri. Analisis bivariat digunakan untuk mengetahui hubungan antara *spiritual coping* dengan penerimaan diri. Karena kedua variabel berskala ordinal, uji statistik yang digunakan adalah *Spearman Rank Correlation*. Pengambilan keputusan

dilakukan berdasarkan nilai *p-value*, dengan tingkat kemaknaan α = 0,05. Apabila nilai $p \leq 0,05$, maka terdapat hubungan yang signifikan antara *spiritual coping* dengan penerimaan diri. Sebaliknya, apabila nilai $p > 0,05$, maka tidak terdapat hubungan yang signifikan antara kedua variabel.

3. Hasil

Tabel 1. Distribusi Frekuensi Berdasarkan Karakteristik Responden di Wilayah Rumah Sakit Kesdam V Brawijaya

Karakteristik	Jumlah (n)	Persentase (%)
Umur		
< 25 tahun	1	5,0
25–34 tahun	11	55,0
35–44 tahun	8	40,0
≥ 45 tahun	0	0,0
Pendidikan		
SD	0	0,0
SMP	0	0,0
SMA	8	40,0
Perguruan Tinggi	12	60,0
Status Pekerjaan		
Bekerja	11	55,0
Tidak bekerja	9	45,0
Status Pernikahan		
Menikah	20	100,0
Belum menikah	0	0,0
Cerai	0	0,0
Jumlah Anak		
Belum memiliki anak	5	25,0
1 anak	2	10,0
2 anak	10	50,0
≥ 3 anak	3	15,0
Pengalaman *Curettage*		
1 kali	15	75,0
> 2 kali	5	25,0
Usia Kehamilan		
≤ 8 minggu	10	50,0
9–12 minggu	9	45,0
> 13 minggu	1	5,0

Sumber: Data Primer, 2026

Berdasarkan Tabel 1 diketahui bahwa dari 20 responden, sebagian besar berusia 25–34 tahun sebanyak 11 responden (55,0%). Sebagian besar responden memiliki pendidikan perguruan tinggi sebanyak 12 responden (60,0%). Berdasarkan status pekerjaan, sebagian besar responden bekerja sebanyak 11

responden (55,0%). Seluruh responden berstatus menikah sebanyak 20 responden (100,0%). Berdasarkan jumlah anak, sebagian besar responden memiliki 2 anak sebanyak 10 responden (50,0%). Sebagian besar responden memiliki pengalaman *curettage* sebanyak 1 kali yaitu 15 responden (75,0%). Berdasarkan usia kehamilan, sebagian besar responden menjalani *curettage* pada usia kehamilan ≤8 minggu sebanyak 10 responden (50,0%).

Tabel 2. Distribusi Frekuensi Berdasarkan Data Khusus di Wilayah Rumah Sakit Kesdam V Brawijaya

Data Khusus	Kategori	n	%
Spiritual coping	Baik	13	65,0
	Cukup	6	30,0
	Kurang	1	5,0
Penerimaan diri	Baik	9	45,0
	Cukup	8	40,0
	Kurang	3	15,0
Hubungan *spiritual coping* dengan penerimaan diri	*Spearman's rho*	0,755	
	p-value	0,000	
	Keterangan	Hubungan positif kuat dan signifikan	

Berdasarkan Tabel 2 diketahui bahwa sebagian besar responden memiliki *spiritual coping* kategori baik sebanyak 13 responden (65,0%), sedangkan penerimaan diri sebagian besar berada pada kategori baik sebanyak 9 responden (45,0%). Hasil uji *Spearman's rho* menunjukkan nilai koefisien korelasi sebesar 0,755 dengan *p-value* 0,000 (<0,05), yang menunjukkan terdapat hubungan positif yang kuat dan signifikan antara *spiritual coping* dengan penerimaan diri pasien pasca *curettage*.

4. Pembahasan

Hasil penelitian menunjukkan bahwa sebagian besar responden memiliki *spiritual coping* dalam kategori baik sebanyak 13 responden (65,0%). Kondisi ini menunjukkan bahwa sebagian besar pasien pasca *curettage* telah menggunakan aspek spiritual, seperti doa, ibadah, keyakinan kepada Tuhan, dan pencarian makna terhadap pengalaman kehilangan kehamilan sebagai cara menghadapi tekanan yang dialami. Menurut Pargament dan Exline (2021), *spiritual coping* membantu individu menghadapi situasi yang menimbulkan stres melalui keyakinan dan praktik spiritual sehingga dapat memberikan ketenangan, harapan, dan kemampuan beradaptasi. Hasil ini sejalan dengan Endo dan Saito (2024) bahwa pendekatan spiritual dapat membantu perempuan menghadapi pengalaman keguguran dan mendukung proses pemulihan psikologis. Menurut peneliti, kondisi tersebut dapat didukung oleh karakteristik responden, terutama seluruh responden berstatus menikah (100,0%) dan sebagian besar telah memiliki anak (75,0%), sehingga dukungan

pasangan dan pengalaman kehamilan sebelumnya dapat membantu responden menghadapi kehilangan.

Penerimaan diri responden sebagian besar berada dalam kategori baik sebanyak 9 responden (45,0%), sedangkan 8 responden (40,0%) berada pada kategori cukup dan 3 responden (15,0%) berada pada kategori kurang. Hasil tersebut menunjukkan bahwa sebagian besar responden telah mampu menerima kondisi dan pengalaman kehilangan kehamilan setelah menjalani *curettage*. Menurut Ajisuksmo dan Permatasari (2021), penerimaan diri merupakan kemampuan individu menerima kondisi dirinya dan pengalaman hidup secara realistis tanpa menyalahkan diri secara berlebihan. Menurut peneliti, penerimaan diri yang cukup baik dapat berkaitan dengan dukungan pasangan dan keluarga, pengalaman memiliki anak, serta kemampuan responden dalam beradaptasi terhadap pengalaman kehilangan. Namun, adanya responden dengan penerimaan diri cukup dan kurang menunjukkan bahwa proses penerimaan setiap individu berbeda dan dapat dipengaruhi oleh kondisi psikologis serta pengalaman kehilangan yang dialami.

Hasil uji *Spearman's rho* menunjukkan koefisien korelasi sebesar 0,755 dengan *p-value* 0,000 (p<0,05)**.** Hal ini menunjukkan bahwa terdapat hubungan yang signifikan, kuat, dan positif antara *spiritual coping* dengan penerimaan diri pada pasien pasca *curettage* dengan indikasi *abortus incomplete*. Semakin baik *spiritual coping*, maka cenderung semakin baik pula penerimaan diri responden. Temuan ini sejalan dengan Endo dan Saito (2024) yang menunjukkan bahwa pendekatan spiritual dapat membantu perempuan dalam menerima pengalaman keguguran, mengurangi tekanan emosional, serta mempertahankan harapan selama proses pemulihan. Menurut peneliti, *spiritual coping* dapat membantu pasien menemukan ketenangan dan makna dari kehilangan melalui doa, mendekatkan diri kepada Tuhan, dan berserah diri, sehingga pasien lebih mampu menerima kondisi yang dialaminya. Meskipun demikian, penerimaan diri tidak hanya dipengaruhi oleh *spiritual coping*, tetapi juga dapat berkaitan dengan dukungan sosial, kondisi psikologis, pengalaman kehilangan, dan kemampuan adaptasi masing-masing pasien.

5. Kesimpulan

Berdasarkan hasil penelitian mengenai hubungan *spiritual coping* dengan penerimaan diri pada pasien pasca *curettage* dengan indikasi *abortus incomplete* di Rumah Sakit Kesdam V Brawijaya Surabaya, dapat disimpulkan bahwa terdapat hubungan yang signifikan antara *spiritual coping* dengan penerimaan diri. Hubungan tersebut bersifat positif dengan kekuatan hubungan yang kuat, dengan nilai koefisien korelasi sebesar 0,755 dan *p-value* 0,000 (<0,05). Hal ini menunjukkan bahwa semakin baik *spiritual coping* yang dimiliki pasien, maka semakin baik pula penerimaan dirinya dalam menghadapi pengalaman kehilangan kehamilan dan kondisi pasca *curettage*.

6. Saran

Berdasarkan hasil penelitian, pasien pasca *curettage* diharapkan dapat meningkatkan *spiritual coping* melalui kegiatan spiritual sesuai keyakinan masing-masing, serta memanfaatkan dukungan pasangan, keluarga, dan tenaga kesehatan dalam menghadapi kehilangan kehamilan. Rumah Sakit Kesdam V

Brawijaya Surabaya diharapkan dapat mengoptimalkan asuhan keperawatan secara holistik melalui edukasi, komunikasi terapeutik, dan dukungan spiritual untuk membantu proses penerimaan diri pasien. Perawat diharapkan mampu mengidentifikasi kebutuhan psikologis dan spiritual pasien serta memberikan dukungan yang sesuai selama proses pemulihan. Peneliti selanjutnya diharapkan dapat melibatkan jumlah responden yang lebih besar dan mempertimbangkan faktor lain yang berkaitan dengan penerimaan diri, seperti dukungan keluarga, kecemasan, dan dukungan sosial.

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THE RELATIONSHIP BETWEEN SPIRITUAL COPING AND SELF-ACCEPTANCE AMONG PATIENTS AFTER CURETTAGE FOR INCOMPLETE ABORTION IN THE KESDAM V BRAWIJAYA HOSPITAL AREA, SURABAYA

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ABSTRACT

Incomplete abortion is a condition of miscarriage that may cause both physical and psychological impacts on women, including difficulties in accepting the loss of pregnancy. One mechanism that may help patients cope with this condition is spiritual coping , which refers to an individual's efforts to use spiritual beliefs and activities to deal with stress and problems. This study aimed to determine the relationship between spiritual coping and self-acceptance among post-curettage patients with incomplete abortion indications at Kesdam V Brawijaya Hospital, Surabaya. This study used a quantitative approach with a cross-sectional design. The sample consisted of 20 respondents selected using purposive sampling. Data were collected using spiritual coping and self-acceptance questionnaires. The relationship between the two variables was analyzed using the Spearman's rho test. The results showed that the majority of respondents had a good level of spiritual coping , with 13 respondents (65.0%), while self-acceptance was mostly in the good category, with 9 respondents (45.0%). The Spearman's rho test resulted in a correlation coefficient of 0.755 with a p-value of 0.000 ($p<0.05$), indicating a significant, strong, and positive relationship between spiritual coping and self-acceptance. The better the spiritual coping ability of patients, the better their self-acceptance after undergoing curettage. Patients are expected to improve their spiritual coping according to their respective beliefs, while healthcare professionals are expected to provide psychological and spiritual support as part of holistic nursing care.

Keywords: spiritual coping , self-acceptance, curettage.

1. Introduction

Women's reproductive health encompasses not only physical aspects but also psychological, social, and spiritual aspects. One reproductive health problem that can affect these aspects is miscarriage. Miscarriage is the loss of a pregnancy before 20 weeks of gestation and is a relatively common occurrence among women of reproductive age. Based on a population-based study, approximately 11.3% of pregnancies end in miscarriage, meaning that approximately one in nine pregnant women experiences miscarriage (Strumpf et al., 2021).

Women who experience miscarriage and undergo curettage *may experience various psychological responses, including sadness, anxiety, stress, and depression. Pregnancy loss can be a traumatic experience and may affect women's psychological well-being (Cuenca, 2023). This condition may also affect women's ability to accept themselves and the circumstances they experience. Self-acceptance refers to an individual's ability to accept their condition, limitations, and life experiences. In post-*curettage *patients, the process of self-acceptance may become more complex due to the experience of pregnancy loss.*

Based on a preliminary study, from March 2025 to March 2026, there were 127 curettage *cases in the area of Kesdam V Brawijaya Hospital, involving various indications, including* incomplete abortion*,* inevitable abortion*, abnormal uterine bleeding (AUB),* hydatidiform mole*, and* missed abortion*. This condition indicates that* curettage *cases remain relatively common, requiring attention to patients' psychological aspects, particularly in coping with the experience of pregnancy loss.*

Self-acceptance following pregnancy loss is influenced by various factors, including psychological, spiritual, and social conditions, as well as individual characteristics, culture, and personal beliefs. One mechanism that individuals may use to cope with such conditions is spiritual coping*.* Spiritual coping *refers to an individual's efforts to deal with problems by involving spiritual beliefs, values, and relationships as sources of strength. The use of* spiritual coping *may help individuals manage negative emotions, increase hope, and find meaning in the experience of loss (Endo & Saito, 2024).*

In nursing care, meeting patients' spiritual needs is part of a holistic approach. Nurses can assist patients through spiritual support, therapeutic communication, emotional support, and facilitation of religious practices according to the patient's beliefs. Such approaches may help improve psychological well-being and support patients' adaptation to their conditions (Yılmaz & Avci, 2025). In addition, education for patients and families, as well as social support from partners and family members, is needed to help patients cope with loss and improve their psychological adaptation (Lee et al., 2025; Zhou et al., 2022).

Based on the above description, spiritual coping *is considered to play a role in helping patients cope with pregnancy loss and improve self-acceptance after undergoing* curettage*. However, self-acceptance may vary among patients depending on their psychological condition, previous experiences of*

loss, social support, and individual adaptive abilities. Therefore, this study was conducted to determine the relationship between spiritual coping *and self-acceptance among post*-curettage *patients with an indication of* incomplete abortion *in the area of Kesdam V Brawijaya Hospital.*

2. Method

This study used a correlational analytic design with a cross-sectional *approach. The study aimed to determine the relationship between* spiritual coping *and self-acceptance among post*-curettage *patients with an indication of* incomplete abortion *in the area of Kesdam V Brawijaya Hospital.*

The population in this study consisted of all post-curettage *patients with an indication of* incomplete abortion *in the area of Kesdam V Brawijaya Hospital during the study period. The total population consisted of 20 patients. The sampling technique used was* total sampling*, in which all members of the population who met the study criteria were included as respondents. Therefore, the total sample consisted of 20 respondents. The study was conducted at DKT Sidoarjo Hospital and Brawijaya Hospital Surabaya in May 2026.*

The independent variable in this study was spiritual coping*, while the dependent variable was self-acceptance among post*-curettage *patients.* Spiritual coping *was measured using the Brief RCOPE questionnaire adopted from the study by Suri Handayani (2024), consisting of 14 statements using a 5-point Likert scale. The instrument covered aspects of belief and trust in God, prayer or worship, searching for meaning or lessons, surrendering to God, and obtaining peace and hope through spirituality. The measurement results were categorized as good (76–100%), moderate (56–75%), and poor (<56%).*

Self-acceptance was measured using a questionnaire adopted from the study by Suri Handayani (2024), consisting of 10 statements using a Guttman scale. Correct answers were assigned a score of 1, while incorrect answers were assigned a score of 0. The measurement results were categorized as good (76–100%), moderate (56–75%), and poor (<56%).

Data collection was conducted after the researcher obtained research permission and informed consent from the respondents. The respondents were provided with an explanation regarding the purpose and procedures of the study and were then asked to complete the spiritual coping *and self-acceptance questionnaires. The researcher accompanied the respondents during the completion of the questionnaires when clarification was needed. The collected data were subsequently processed through* editing*,* coding*,* scoring*, and* tabulating*.*

Data analysis was performed using univariate and bivariate analyses. Univariate analysis was used to describe the characteristics of the respondents and the frequency and percentage distributions of spiritual coping *and self-acceptance. Bivariate analysis was conducted to determine the relationship between* spiritual coping *and self-acceptance. Since both variables were measured on an ordinal scale, the* Spearman rank correlation *test was used. Statistical significance was determined based on the* p-value *at a significance level of* $\alpha = 0.05$*. A* p-value ≤ 0.05 *indicated a statistically significant relationship between* spiritual coping *and self-acceptance, whereas a* p-value

> 0.05 indicated no statistically significant relationship between the two variables.

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3. Results

Table 1. Frequency Distribution Based on Respondents' Characteristics in the Area of Kesdam V Brawijaya Hospital

Characteristics	*Number (n)*	*Percentage (%)*
Age		
< 25 years	*1*	*5.0*
25–34 years	*11*	*55.0*
35–44 years	*8*	*40.0*
≥ 45 years	*0*	*0.0*
Education		
Elementary school	*0*	*0.0*
Junior high school	*0*	*0.0*
Senior high school	*8*	*40.0*
Higher education	*12*	*60.0*
Employment Status		
Employed	*11*	*55.0*
Unemployed	*9*	*45.0*
Marital Status		
Married	*20*	*100.0*
Unmarried	*0*	*0.0*
Divorced	*0*	*0.0*
Number of Children		
No children	*5*	*25.0*
1 child	*2*	*10.0*
2 children	*10*	*50.0*
≥ 3 children	*3*	*15.0*
History of Curettage		
1 time	*15*	*75.0*
> 2 times	*5*	*25.0*
Gestational Age		
≤ 8 weeks	*10*	*50.0*
9–12 weeks	*9*	*45.0*
> 13 weeks	*1*	*5.0*

Source: Primary Data, 2026

Based on Table 1, it was found that among the 20 respondents, the majority were aged 25–34 years, consisting of 11 respondents (55.0%).

Most respondents had higher education, consisting of 12 respondents (60.0%). In terms of employment status, the majority were employed, consisting of 11 respondents (55.0%). All respondents were married, totaling 20 respondents (100.0%). Regarding the number of children, the majority had two children, totaling 10 respondents (50.0%). Most respondents had undergone curettage once, totaling 15 respondents (75.0%). Based on gestational age, most respondents underwent curettage at ≤8 weeks of gestation, totaling 10 respondents (50.0%).

Table 2. Frequency Distribution Based on Specific Data in the Area of Kesdam V Brawijaya Hospital

Specific Data	*Category*	*n*	*%*
Spiritual coping	*Good*	*13*	*65.0*
	Moderate	*6*	*30.0*
	Poor	*1*	*5.0*
Self-acceptance	*Good*	*9*	*45.0*
	Moderate	*8*	*40.0*
	Poor	*3*	*15.0*
Relationship between spiritual coping and self-acceptance	*Spearman's rho*	*0.755*	
	p-value	*0.000*	
	Description	*Strong, positive, and significant relationship*	

Source: Primary Data, 2026

Based on Table 2, the majority of respondents had spiritual coping in the good category, totaling 13 respondents (65.0%), while self-acceptance was mostly in the good category, totaling 9 respondents (45.0%). The results of the Spearman's rho test showed a correlation coefficient of 0.755 with a p-value of 0.000 (<0.05), indicating a strong, positive, and significant relationship between spiritual coping and self-acceptance among post-curettage patients.

4. Discussion

The results showed that the majority of respondents had spiritual coping *in the good category, totaling 13 respondents (65.0%). This condition indicates that most post-*curettage *patients had utilized spiritual aspects, such as prayer, worship, belief in God, and finding meaning in the experience of pregnancy loss, as ways of coping with the stress they experienced. According to Pargament and Exline (2021),* spiritual coping *helps individuals deal with stressful situations through spiritual beliefs and practices, thereby providing a sense of peace, hope, and the ability to adapt. This finding is consistent with Endo and Saito (2024), who reported that spiritual approaches can help women cope with miscarriage experiences and support psychological recovery. According to the researchers, this condition may be supported by the characteristics of the respondents, particularly the fact that all respondents*

were married (100.0%) and most had children (75.0%), so support from their partners and previous pregnancy experiences may have helped them cope with the loss.

The majority of respondents had self-acceptance in the good category, totaling 9 respondents (45.0%), while 8 respondents (40.0%) were in the moderate category and 3 respondents (15.0%) were in the poor category. These findings indicate that most respondents were able to accept their condition and the experience of pregnancy loss after undergoing curettage*. According to Ajisuksmo and Permatasari (2021), self-acceptance is an individual's ability to realistically accept their condition and life experiences without excessive self-blame. According to the researchers, relatively good self-acceptance may be associated with support from partners and families, experience of having children, and the respondents' ability to adapt to the experience of loss. However, the presence of respondents with moderate and poor levels of self-acceptance indicates that the process of acceptance varies among individuals and may be influenced by psychological conditions and previous experiences of loss.*

The results of the Spearman's rho *test showed a correlation coefficient of 0.755 with a* p-value *of 0.000 (p<0.05). This indicates a significant, strong, and positive relationship between* spiritual coping *and self-acceptance among post-*curettage *patients with an indication of* incomplete abortion*. The better the* spiritual coping*, the better the tendency for self-acceptance among respondents. This finding is consistent with Endo and Saito (2024), who found that spiritual approaches can help women accept the experience of miscarriage, reduce emotional distress, and maintain hope during the recovery process. According to the researchers,* spiritual coping *may help patients find peace and meaning in their loss through prayer, drawing closer to God, and surrendering to God, thereby enabling them to better accept their condition. Nevertheless, self-acceptance is not influenced solely by* spiritual coping*, but may also be associated with social support, psychological conditions, experiences of loss, and each patient's ability to adapt.*

5. Conclusion

Based on the results of the study on the relationship between spiritual coping and self-acceptance among post-curettage patients with an indication of incomplete abortion at Kesdam V Brawijaya Hospital Surabaya, it can be concluded that there is a significant relationship between spiritual coping and self-acceptance. The relationship is positive and strong, with a correlation coefficient of 0.755 and a p-value of 0.000 (<0.05). This indicates that the better the spiritual coping of the patients, the better their self-acceptance in dealing with the experience of pregnancy loss and their condition after curettage.

6. Suggestions

Based on the results of the study, post-curettage patients are expected to improve their spiritual coping through spiritual activities according to their respective beliefs and to utilize support from their partners, families, and healthcare professionals in dealing with pregnancy loss. Kesdam V Brawijaya

Hospital Surabaya is expected to optimize holistic nursing care through education, therapeutic communication, and spiritual support to assist patients in the process of self-acceptance. Nurses are expected to identify patients' psychological and spiritual needs and provide appropriate support during the recovery process. Future researchers are encouraged to involve a larger number of respondents and consider other factors related to self-acceptance, such as family support, anxiety, and social support.

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