

NURSES' PERCEPTIONS OF SPIRITUALITY AND SPIRITUAL CARE

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KEY WORDS

spirituality, spiritual care, nursing

ABSTRACT

Objective

The study was conducted to determine the perceptions of nurses regarding spirituality and spiritual care.

Design

This descriptive-type study was carried out in three hospitals in a province in the west of Turkey. The study's population was made up of 733 nurses working in these hospitals and the sample consisted of 289 nurses who agreed to take part in the study. The data were collected using the nurses' defining characteristics data form and the Spirituality and Spiritual Care Rating Scale.

Results

It was established that 96.9% of the nurses included in the study had not received any training regarding spirituality and spiritual healing. The Spirituality and Spiritual Care Rating Scale point average for nurses in the study was determined to be 62.43 ± 7.54 .

Conclusions

It was established that nurses do not receive sufficient training on the subject of spiritual care, both before and after graduation; but also that their perception of the topic is quite high.

INTRODUCTION

Spirituality has been known as an important aspect of holistic patient care (Martsof and Mickley 1998) and is a complex and subjective concept that can be applied in various fields.

Spirituality has been defined as a concept which: encompasses all of an individual's aspects (Strang et al 2002; Reed 1992); is more comprehensive than religion (Rennick 2005; Baker 2003); involves both interpersonal relationships and those about the meaning of life, particularly at times of crisis and illness (Baldacchino 2006). Spiritual care is a recognised field in nursing (Baldacchino 2006) and an element of quality nursing care (McEven 2005).

Sawatsky and Pesut (2005) defined spiritual care as an intuitive, inter-personal, altruistic and integral expression of the patient's reality which is dependent on the nurse's awareness of life's transcendental aspect (Sawatsky and Pesut 2005).

Spiritual care has been found to be effective in developing coping strategies for patients in times of crisis, in them being at peace with themselves and in creating a positive view of life (Kociszewski 2003; Baldacchino and Draper 2001). There are also positive effects on patients' physical and psychological health (Wong and Yau's 2009; Culifford 2002). When the patient's spiritual and emotional needs are met, patient satisfaction increases (Lind et al 2011).

Spiritual care by nurses has been identified in three areas of competence. These areas are: personal awareness and communication, the spiritual dimension of nursing procedure, and the development of quality assurance and specialisation in spiritual healing. Despite the identification of the three areas, there is confusion regarding nurses' professional responsibilities (Van Leeuwen et al 2006).

Spirituality-related nursing diagnoses can be listed as spiritual distress, risk of spiritual distress, and development of spiritual well-being. The factors associated with these diagnoses are loneliness, alienation, deprivation, anxiety, pain, life changes and changes in values and belief systems (Doenges et al 2010).

Spiritual distress is a condition in a group or an individual that suffers disruption to the belief and value system from which vitality and the will to live are derived. Sources of spiritual distress include: the loss or illness of an important person; illness in the individual; conflict between treatment and beliefs; and barriers to the carrying out of spiritual rituals originating from family, peers and health workers (Carpenito-Moyet 2006).

Among the practices related to spiritual care on the part of nurses are: showing the empathy and compassion to inspire the will to live; attending to the patient's physical, emotional and spiritual aspects; listening to the patient's fears, worries and reflections and his/her spiritual story; helping patients to carry out their religious practices; and working together with interdisciplinary healthcare team members (Baldacchino 2006; Pulchalski 2001). The literature shows that nurses' spiritual care practices are inadequate (Baldacchino 2006; Narayanasamy 2003).

Among the factors which hamper the practice of spiritual care are: insufficient management support, manpower and resources, cultural factors, increased workload, and nurses' consideration that their knowledge and skills are insufficient to administer spiritual healing (Cockell and McSherry 2012; Wong and Yau 2010).

Insufficient coverage of the subject of spirituality in nurses' training programs is the most significant barrier in the administration of spiritual care (Baldacchino 2006; Smith and McSherry 2003).

If nurses have a knowledge of spiritual care and of concepts related to spirituality and if they use spirituality in nursing, this will contribute to the application of an integrated approach and thus increase the quality of care. This study was conducted with the aim of establishing nurses' perceptions of spirituality and spiritual care.

MATERIAL AND METHODS

Study Design

This descriptive study was carried out on nurses working at three hospitals in a region in the west of Turkey.

Data Collection

The data for the research were collected using two forms: the Nurses' Defining Characteristics Data Form (prepared by the researchers) and the Spirituality and Spiritual Care Rating Scale, developed by McSherry et al in the year 2002. The scale's validity and reliability for Turkey was assessed by Ergül and Bayık Temel in 2007 and the Cronbach Alpha Coefficient was established to be 0.76. The scale contains a total of 17 items and the subsections 'spirituality and spiritual healing', 'religiosity', and 'personal care'. The scale is a 5 point likert-type scale and the scoring is done from '1' – definitely do not agree, through to '5' – totally agree. Four items in the scale are reverse scored. If the total points average is close to 5, this shows there is a high level of perception of spirituality and spiritual healing (Ergül and Bayık 2007; McSherry et al 2002). The researchers who conducted the scale's validity and reliability studies for Turkey suggest the scale is evaluated by the total scale points. The scale can be used to determine nurses'/nursing students' perceptions on the subject of spiritual care (Ergül and Bayık 2007). The nurses who agreed to take part in the research were given the Spiritual Care Rating Scale and The Nurses' Defining Characteristics Data Form to fill in. The filling in of the forms took 15 minutes on average. Permission for the scale to be used in the study was obtained from the authors by email.

Ethical Consideration

Before the research began, the necessary written permission was obtained from the Denizli Province Health Ministry to conduct the research in the three hospitals. The nurses who participated in the research were informed of the study's aims and their answers would be anonymous, and questionnaires were given to those nurses who agreed to participate.

Data Analysis

The data were coded using the SPSS 11.5 program and the figure and percentage distribution of the introductory information were calculated. The Cronbach Alpha Coefficient was examined to test the scale's reliability in this study. The One Way Anova test and the Mann Whitney U test were used to analyse the relationship between the variables, and Correlation Analysis was used to analyse the relationship between the averages. Statistical significance was accepted as $p < 0.05$.

FINDINGS

The study's population was made up of 733 nurses working at three hospitals in a province in the west of Turkey. The sample consisted of 289 nurses who agreed to take part in the study.

The average age of nurses participating in our research was found to be 35.64 ± 6.03 . Nurses' identifying characteristics are shown in table 1. The Cronbach Alpha Coefficient was established to be 0.70.

Table 1. Distribution of Nurses' Identifying Characteristics

Identifying Characteristics	n (%)
Gender	
Female	275(95.2)
Male	14(4.8)
Speciality	
Medical	90(31.1)
Surgical	87(30.1)
Intensive Care	64(22.1)
Pediatrics	12(4.2)
Other*	36(12.5)
Working System	
Night-time	100(34.6)
Daytime	16(5.5)
Shift	173(59.9)
Position	
Staff Nurse	241(83.4)
Senior Nurse	37(12.8)
Charge Nurse	11(3.8)

* Emergency Unit, Blood Collection Unit, Training and Management Unit

The study found that 96.9% of nurses had received no training on spirituality and spiritual care and that 3.1% had participated in a course on the subject.

The Spirituality and Spiritual Care Rating Scale point average for nurses in the study was determined to be 62.43 ± 7.54 .

The relation between the nurses' identifying characteristics and the The Spirituality and Spiritual Care Rating Scale total point averages was analysed. No significant difference ($p > 0.05$) was found between total scale points and gender, speciality, working system, training regarding spiritual care, level of education and position held in clinic. There was a significant relation ($p < 0.05$) between the average age of nurses who took part in the study and the The Spirituality and Spiritual Care Rating Scale total point averages.

DISCUSSION

Spiritual care is an important concept which should be included in the training of nurses (Giske 2012; Baldacchino 2008; McSherry and Draper 1997). The effect of spirituality on health has been known in nursing ever since the days of Florence Nightingale (Macrae 2001) and the concept of spirituality plays a major role in the Neuman systems model as well as in the nursing theories of Parse, Watson and Newman (Martsof and Mickley 1998).

In recent years efforts have been made to integrate spirituality into the nursing curriculum (Pesut 2003). Some researchers have targetted the teaching of spiritual care to student nurses and have brought clarity to education strategies (Cone and Giske 2012; Narayanasamy 1999; McSherry and Draper 1997).

In spiritual care training, strategies for increasing students' awareness of the fundamentals of spirituality, supporting students in overcoming personal barriers and mentoring students' adequacy in spiritual care are important. Furthermore, nurses are important role models in spiritual care training (Cone and Giske 2012).

McSherry and Drapper have stated that there are internal factors (politics, socio-economics, management, etc) and external factors (social, cultural, religious, etc) which prevent spiritual care from being included in the nursing curriculum. In order for these barriers to be overcome, a certain degree of flexibility and tolerance needs to be exhibited in educational institutions. Before the spiritual dimension is integrated into nursing programs, researched, methodologically planned pilot projects should be carried out by consultants. When the basic principles have been established, they should be integrated into nursing education programs (McSherry and Draper 1997).

Narayanasamy developed the ASSET (actioning spirituality and spiritual care education and training) model for the easy implementation of spiritual care into the nursing curriculum. This model has been effective in altering nurses' knowledge of spiritual care and in enabling them to understand patients' spiritual care requirements (Narayanasamy 1999).

In Baldacchino's study (2008), it was stated that students studying spiritual care as part of their undergraduate course have an increased awareness of patients' spiritual needs and spiritual distress and also of coping strategies for their patients (Baldacchino 2008).

The continual training of nurses in spiritual care will ensure its implementation and development (Baldacchino 2006). It was established that 96.9% of the nurses included in our study had not received any training regarding spirituality and spiritual healing. In one study, nurses who had not been trained in spiritual care stated they felt inadequate in regard to the administration of spiritual care to patients (Baldacchino 2006). Yilmaz and Okyay (2009) conducted a study aimed at establishing nurses' opinions on spirituality and spiritual care. This showed that 65.2% of nurses had not been informed about spirituality (Yilmaz and Okyay 2009). In order for

nurses to provide qualified spiritual care, it is important that they are trained as part of their undergraduate education and also in postgraduate training programs.

The Spirituality and Spiritual Care Rating Scale point average for nurses in our study was determined to be 62.43 ± 7.54 . This average shows that nurses' perception of spiritual care is high. In the studies by Yılmaz and Okyay (2009) it was stated that nurses see spirituality as a part of integrated care and that the majority considered integrated care to be important (Yılmaz and Okyay 2009).

In nursing, patient care is approached in an integrated way. Nurses evaluate the patient's physical, mental, psychological and spiritual facets when giving care. Therefore, although there is insufficient training on the subject of spiritual care, nurses are aware of its significance.

CONCLUSION

Our study's findings support the hypothesis that nurses do not receive sufficient training on the subject of spiritual care, both before and after graduation; but their perception of the topic is quite high. Spiritual care has significant effects on patients' physical and psychological recovery. A contribution will be made to the improvement of quality of care by integrating spiritual care into nursing education programs and by including the topic in post-graduate training.

Nurses' spiritual care practices can be enhanced by provision of the necessary manpower and resources for nurses by managers and by further interdisciplinary studies and studies on spirituality and spiritual care.

REFERENCES

- Baker, D.C. 2003. Studies of the inner life: The impact of spirituality on quality of life. *Quality of Life Research*, 12 Suppl 1:51–57.
- Baldacchino, D.R. and Draper, P. 2001. Spiritual coping strategies: a review of the nursing research literature. *Journal of Advanced Nursing*, 34(6):833-841.
- Baldacchino, D.R. 2008. Teaching on the spiritual dimension in care: the perceived impact on undergraduate nursing students. *Nurse Education Today*, 28:501–12.
- Baldacchino, D.R. 2006. Nursing competencies for spiritual care. *Journal of Clinical Nursing*, 15:885–896.
- Carpenito-Moyet, L.J. 2006. Handbook of nursing diagnosis (11th edn pp.468-473). Philadelphia, PA: Lippincott Williams & Wilkins.
- Cockell, N. and McSherry, W. 2012. Spiritual care in nursing: an overview of published international research. *Journal of Nursing Management*, 20:958-969.
- Cone, P.H. and Giske, T. 2012. Teaching spiritual care – a grounded theory study among undergraduate nursing educators. *Journal of Clinical Nursing*, 22: 1951-1960.
- Culliford, L. 2002. Spirituality and clinical care. *British Medical Journal*, 325:1434-5.
- Doenges, M.E., Moorhouse, M.F. and Murr, A.C. 2010. Nursing diagnosis manual: Planning, individualizing and documenting client care (3rd edn pp. 793-805). Philadelphia: F.A. Davis Company.
- Ergül, Ş., Bayık Temel, A. 2007. Maneviyet ve manevi bakım dereceleme ölçeği'nin Türkçe formunun geçerlilik ve güvenilirliği (in Turkish). [Validity and reliability of "The Spirituality and Spiritual Care Rating Scale" Turkish version]. *Ege Üniversitesi Hemşirelik Yüksekokulu Dergisi*, 23(1):75-87.
- Giske, T. 2012. How undergraduate nursing students learn to care for patients spiritually in clinical studies – a review of literature. *Journal of Nursing Management*, 20: 1049–1057.
- Kociszewski, C.A. 2003. Phenomenological pilot study of the nurses' experience providing spiritual care. *Journal of Holistic Nursing*, 21:131-148.
- Lind, B., Sendelbach, S. and Steen, S. 2011. Effects of a spirituality training program for nurses on patients in a progressive care unit. *Critical Care Nurse*, 31(3):87-90.
- Macrae, J.A. 2001. Nightingale on spirituality, in *Nursing as a Spiritual Practice* (1st edn pp.3-35). New York: Springer Publishing Company.
- Martsof, D.S. and Mickley, J.R. 1998. The concept of spirituality in nursing theories: differing world-views and extent of focus. *Journal of Advanced Nursing*, 27:294–303.
- McEven, M. 2005. Spiritual nursing care. *Holistic Nursing Practice*, 19:161-168.

- McSherry, W., Draper, P. and Kendrick, D. 2002. The construct validity of a rating scale designed to assess spirituality and spiritual care. *International Journal of Nursing Studies*, 39:723-734.
- McSherry, W. and Draper, P. 1997. The spiritual dimension: why the absence within nursing curricula?. *Nurse Education Today*, 17:413-417.
- Narayanasamy, A. 1999. ASSET: A model for actioning spirituality and spiritual care education and training. *Nurse Education Today*, 19(4):274-285.
- Narayanasamy, A. 2003. Spiritual coping mechanisms in chronic illness: A qualitative study. *British Journal of Nursing*, 11:1461-1470.
- Pesut, B. 2003. Developing spirituality in the curriculum: worldviews, intrapersonal connectedness, interpersonal connectedness. *Nursing Education Perspectives*, November/December:290-294.
- Pulchalski, C.M. 2001. The role of spirituality in health care. BUMC (Baylor University Medical Center) Proceedings, 14:352:357.
- Reed, P.G. 1992. An emerging paradigm for the investigation of spirituality in nursing. *Research in Nursing and Health*, 15:349-357.
- Rennick, P.J. 2005. A critical dialogue between theology and psychology, in A. Meier, T. St. James O'Connor, P. VanKatwyk (ed). *Spirituality and Health: Multidisciplinary Explorations* (1st edn pp.23-42). Canada: Wilfrid Laurier University Press.
- Sawatzky, R. and Pesut, B. 2005. Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing*, 23:19-33.
- Smith, J., McSherry, W. 2003. Spirituality and child development: a concept analysis. *Journal of Advanced Nursing*, 45(3):307-315.
- Strang, S., Strang, P. and Ternstedt, B.M. 2002. Spiritual needs as defined by Swedish nursing staff. *Journal of Clinical Nursing*, 11:48-57.
- Van Leeuwen, R., Tiesinga, L.J., Post, D. and Jochemsen, H. 2006. Spiritual care: implications for nurses' professional responsibility. *Journal of Clinical Nursing*, 15:875-884.
- Yılmaz, M., Okay, N. 2009. Hemşirelerin maneviyat ve manevi bakıma ilişkin düşünceleri (in Turkish). [Views related to spiritual care and spirituality of nurses]. *HEMAR-G*. 3:41-52.
- Wong, K.F. and Yau, S.Y. 2010. Nurses' experiences in spirituality and spiritual care in Hong Kong. *Applied Nursing Research*, 23:242-44.