

Relationship between Nurses' Spiritual Well-being and Nurses' perception of competence in providing spiritual care for patients

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Abstract

Objective: As an important factor affecting human's health consequences, spiritual well-being has been the center of attention in recent years. According to literature, nurses' spiritual well-being affects how they provide spiritual care. This paper, thus, aims to find the relationship between nurses' spiritual well-being and their perception of their competence in providing spiritual care for patients in Tabriz Educational-Therapeutic centers

Material and Methods: This is cross sectional-analytical research which is conducted on 555 nurses of medical-educational centers in Tabriz in 2014. Data were gathered using three-part questionnaire including demographic information and Spiritual Care Competence Scale (SCCS) and spiritual well-being scale (SWBS). Data analysis was done using descriptive (frequency, percent, mean, standard deviation) and inferential (independent t, Pearson, Spearman, ANOVA Tukey test) statistics using SPSS 21 software.

Results: Results showed that nurses' spiritual well-being is significantly and directly associated with their perception of spiritual care delivery ($P < 0.05$). Also, Mean score of nurses' perception of their care competence 95.2 (14.4) and Mean score of spiritual well-being 92.4 (12.3) were both above average ($P < 0.05$). Type of employment and experience in participating workshops had significant relationship with the nurses' perception of their competence for providing spiritual care and spiritual well-being ($P < 0.05$).

Conclusion: Research findings indicate that nurses' perception of their spiritual well-being and spiritual care competence were above average. There was also a significant and positive correlation between spiritual health and the nurses' perception of their spiritual care competence

Key words: spiritual care, spirituality, spiritual well-being, nurses

Introduction

Spirituality is a dimension of human existence inducing people a sense of being with qualities such as mettle, a capacity for internal recognition and reinforcement resource, sacred mental experience, individual's ascendancy to the love capacity and superior knowledge, integrating with a general shadow of the whole life and finding a meaning for the person's existence (1). The spiritual dimension including biological, mental and social is one of the quadruplet holistic dimensions, which is especially important. Nursing is a holistic field of study according which human being is a multidimensional creature with the spirituality at the center of these dimensions playing a key role in being healthy.

Therefore, spiritual care and paying attention to patients' spiritual needs shape an important part of nurses' performance (2).

Spiritual care is a set of used skills in the professional field or nursing process which includes therapeutic relationship between nurse and patient, being accessible for patient, active listening, showing empathy, and hope, providing religious facilities for patients with certain religious beliefs, helping patients and etc (3).

Spiritual care is an important nursing responsibility. American Nurses Association regards spiritual care as of important nursing responsibilities.

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Providing spiritual care for patients is a therapeutic solution having good benefits for patients and the treatment team. At first, it reduces the length of hospital stay among patients. Noticing patients' spiritual problems, identifying their spiritual needs, and giving them a chance to express their spiritual beliefs decrease the use of health resources and consequently their physical and mental problems and raise their satisfaction. Patients are, thus, expected to stay for a shorter time in the hospital (4).

Spiritual well-being produces an integrated and coordinated link between inner forces. It is identified by fixed characteristics of life, peace, the sense of a close connection with self, God, society and the environment. It consists of two dimensions. First, religious well-being is associated with the quality of people's perceptions of health in the spiritual life when in relation with a supreme power. Second, the existential well-being relates to social and mental concerns and how people connect with God, society and self (5). When the spiritual well-being is seriously threatened, individuals may suffer from mental disorders such as feeling of loneliness, depression, and meaninglessness (6). The more nurses become aware of their spiritual condition, they will be more aware of the spiritual state of their patients. This awareness and spirituality in nurses is a prerequisite for creating commitment in the spiritual care process (7). When nurses are completely healthy, they would deliver higher quality care and patients are more satisfied of their professional services (8).

Studying the connection between nurses' spirituality and spiritual care delivery, Vance indicated that there was a significant positive correlation between nurses' spiritual well-being and the quality of spiritual care (9). According to Walter, spiritual care delivery is not a job all nurses can handle it. It depends on nurses' situation and their spiritual context (10).

In a study on 685 nurses, Ross found out that nurses being aware of their inner spirituality delivered better spiritual cares (11). He relates self-awareness and spiritual care delivery and argues that those nurses seeking their life goal and meaning may provide deeper spiritual cares in spite of identifying limited spiritual needs than those lacking such quality (12). Nurses should be able to completely look after patients. In such all-inclusive investigation, studying the patients' spiritual dimension and considering their spiritual well-being matters more. Therefore, it should be cleared how informed they are of spirituality and spiritual care. Folton recommends that nurses' knowledge and information about spirituality should be expanded up in order to enjoy a better understanding of patients' spirituality and their spiritual needs (13).

The importance of spiritual well-being among nurses and its effect on their perception of spiritual care competence, at the same time lack of literature on this lead us to conduct this research to find an answer for this question: how are nurses' spiritual well-being connected with their perception of their competence in providing spiritual care

Material and Methods

This is a Cross sectional-analytical research. Study population was all nurses who were nurse or nursing manager in one of the medical-educational centers of Tabriz University of Medical Sciences (head nurse, supervisor, and director of nursing care) and have study criteria (one year work experience and university degree). In order to determine sample size, Morgan table was used (considering 95% and error 5%). Sample consisted of 555 nurses in hospitals related of Tabriz University of medical sciences. Multistage random sampling was used and suitable assignment was used for allocation to wards. Therefore, after selecting hospital, samples were selected randomly considering number of nursing staff in different wards of hospitals. In order to gather data, first, researcher submitted her request from research deputy to related hospitals. Then, researcher referred to selected wards and after explaining the purpose and delivered questionnaires to nurses in there different shifts to complete. Researcher returned one week later to take back questionnaires. Data were entered into SPSS21 and was analyzed.

In order to gather data from demographic questionnaire , Spiritual Care Competence Scale (SCCS) and spiritual well-being questionnaire were used.

Spiritual Care Competence Scale (SCCS) were designed by Van Leeuwen and Cusveller (2009) (14). This scale has 27 questions with 5 point Likert scale (1. Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly agree) which is divided to 6 categories individual support and consultation with patient (6 questions 1-6), being professional and improving quality of spiritual care (6 questions, 7-12), attitude toward religious states (4 questions, 13-16), communication (2 questions, 17-18), evaluating and implementing spiritual care (6 questions, 19-24) and referral to experts (3 questions, 25-27).

Questionnaire has minimum 27 score and maximum 135 score such that below 64 is low spiritual competence, 64-98 indicates average spiritual care, and above 98 shows high spiritual competence. In order to obtain perceived mean for each aspect of questionnaire, following procedure was used. Individual support, professionalism, evaluating and implementing spiritual care includes 6 questions in 5-point Likert scale from 1 to 5;

therefore, their score range between 6 to 30 with mean 18. Attitude toward religious states has 4 questions ranging 4 to 20 with mean 12. Communication field with score 2 to 10 has mean 6. Referral to expert ranges 3 to 15 with mean 9.

Back translation to Persian was done by two English language experts. Then Persian version was translated again into English. Content validity of Persian version was done by experts' opinion such that the scale was delivered to 10 faculty members of nursing to study questions regarding ease, being clear and relevant. Cronbach alpha was used for reliability of scale and its coefficient was .93. Cronbach alpha was calculated .60 to .89 for each categories. It should be mentioned that said questionnaire as .56 to .82.(14) Reliability and validity was measured by Khalaj et.al in 2013 and Cronbach alpha of questionnaire was .77 and for subscales was .65 to 0.85 (15).

Developed by Palutzian and Ellison in 1982, the spiritual well-being scale (SEBS) includes 20 items. Even questions measure existence well-being and odd questions evaluate regional well-being, and their sum forms the total score of spiritual well-being. Items are measured on the 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree). Therefore, the score of spiritual well-being range between 20 and 120 and it was investigated in the religious and existential dimensions in the range of 10 to 60. Spiritual well-being was divided into three groups of low (20 to 40), average (41-99), and high (100-120). This questionnaire was employed in various studies inside and outside of the country with reliability and validity confirmed. Palutzian and Ellison validated it and reported the Cronbach's alpha coefficients of religious and existential well-being and the total scale 0.91, 0.91, and 0.93 respectively (16). In their study, Dehshiri et al. estimated the Cronbach's alpha coefficients of religious and existential well-being and the total scale at 0.90, 0.82, and 0.87, and by test-retest at 0.85, 0.78, and 0.81. Here, the same values were calculated by Cronbach's alpha at 0.83, 0.60, and 0.83.

Data analysis was done using SPSS software version 21 and by using descriptive statistics and inferential statistics through t-test, Pearson correlation and Spearman and ANOVA and Tukey test (18).

Before implementing study, proposal was approved by ethics committee of Tabriz University of Medical Sciences. Required information and rights of participants were given to research units and confidentiality of responses was emphasized

Results

Results indicate that, 88.5 percent of participants were women and 11.5 were men. In terms of education, 91.7 percent held Bachelor's Degree, 4.5 had Master's Degree, and 3.1 percent were with Associates Degree. 429 were married, 118 were single, and 4 were divorced. Regarding the employment conditions, 51.9 percent were contract workers, 34.2 percent were employed on a formal contract, and 13.9 worked in a project. Fewer had participated in morality workshops.

According to findings, the mean score of perception of spiritual care competence (95.2 (14.5)) and spiritual well-being (92.4 (12.3)) were significantly average (see table 1).

Findings showed that the mean score of each items of questionnaire on the perception of spiritual care competence and spiritual well-being were significantly above average (see table 2).

Results disclosed that a significant direct correlation between the mean score of the perception of spiritual care competence and spiritual well-being ($p < 0.05$) (see table 3).

According to findings, the mean scores of the perception of spiritual care competence and spiritual well-being were found to have a significant difference with the type of employment and participating workshops ($p < 0.05$) (see tables 4 and 5). No significant difference was observed in other items (sex, education, working turn, revenue, and position) ($p > 0.05$).

Table 1: one-sample t-test results to obtain the mean score of nurses' perception of their spiritual care competence and spiritual well-being

Variable	Mean Score	Standard Deviation	Significance Level
Nurses' perception of their spiritual care competence	95.2	14.4	0.000
spiritual well-being	92.4	12.3	0.000

Table 2: one-sample t-test results to compare means in the areas of studying questionnaire

Variable	Items	Mean (Standard Deviation)	Average
Spiritual care competence	Individually supporting and counseling with patients	21.1 (4.0)	18
	Professional and high quality spiritual care	20.5 (4.3)	18
	Attitude toward patients' religious spirits	16.0 (2.5)	12
	Communication	7.8 (1.4)	6
	Evaluating and delivering spiritual care	20.0 (4.3)	18
	Visiting specialists	9.5 (2.3)	9
spiritual well-being	Religious health	49.6 (7.3)	35
	Existential health	42.7 (5.8)	35

Table 3: simple correlation coefficient between the nurses' perception of their spiritual care competence and their spiritual well-being

Criterion Variable	Statistical Index	Correlation Coefficient (r)	Significance Level
Nurses' perception of their spiritual care competence	Nurses' spiritual well-being	0.374	0.000

Table 4: comparing the total mean-scores for the nurses' perception of their spiritual care competence and their spiritual well-being in Tabriz Educational-Therapeutic centers participating in moral workshops based on independent t-test

Variable	Participating in Workshop	Number (%)	Mean	Standard Deviation	Statistical test results (p-value)
Spiritual care competence	Yes	59 (10.6)	100.8	14.9	0.002
	No	496 (89.4)	94.5	14.2	
spiritual well-being	Yes	59 (10.6)	95.5	12.0	0.036
	No	496 (89.4)	92.0	12.2	

Table 5: Comparing the total mean-scores for the nurses' perception of their spiritual care competence and their spiritual well-being in Tabriz Educational-Therapeutic centers with employment based on ANOVA test

Variable	Employment	Number (%)	Mean	Standard Deviation	Statistical Test Results (p-value)
Spiritual care competence	Plan	77 (13.9)	90.7	16.4	0.002
	Contractual	288 (51.9)	94.9	12.4	
	Formal	190(34.2)	97.4	14.9	
spiritual well-being	Plan	77 (13.9)	90.4	12.7	0.045
	Contractual	288 (51.9)	91.8	12.6	
	Formal	190 (34.2)	94.8	11.4	

Discussion

Providing spiritual care for patients are influenced by personal, cultural, and educational factors (23). and those who present these cares should have spiritual and ethical competence. Findings of research show that scores for nurses' spiritual competence care is between (38-135) with mean 95.2 (14.5). which indicates perception of nurses from providing spiritual care for patients is average. Most nurses participated in this research gained average score. In other study, mean spiritual care competence of nurses was 97.5 (13.6) which is consistent with our study (3).

Results showed that the mean scores for each item were significantly above average. The highest and lowest scores respectively related to the attitude toward patients' religious spirits and visiting specialists.

According to findings, the mean score for participating nurses' spiritual well-being was 92.4 (12.3) with the level of spiritual health between 31 and 115. This shows the participants with average spiritual level. Our findings relatively agree with results Akeberi et al. achieved (94.3 (16)) (20). In their study, Farahani et al. also reported an average spiritual level for nursing students (6). The mean scores among participants on religious and existential well-being were reported 49.6 (7.3) and 42.7 (5.8) respectively. This reveals that the mean score of religious health is higher than the existential well-being. This agrees with scores claimed by Fatemi et al. for religious well-being (53.0 (6.1)) and existential well-being (48.3 (5.2)) (20). Such results are not unexpected for our society respecting religious and spiritual values. Regarding the importance of spirituality and spiritual care and their relation with spiritual well-being, nurses' spiritual well-being seems to be improved. On the other hand, Iran's religious attitudes might have helped participants answering the questionnaire items and evaluating themselves in higher level.

A significant direct association was observed between nurses' perception of their spiritual care competence and their spiritual well-being ($p < 0.05$). Put it differently, spiritual well-being increases with their perception of their spiritual care competence. Fatemi et al. reported a significant correlation between nurses' spirituality and patients' satisfaction (20).

Many researchers believe that the capacity of providing spiritual care intensifies with higher awareness of spirituality and spiritual well-being (6).

Improved spiritual well-being and higher perception of spiritual care delivery seems to be linked with nurses' performance and spiritual care competence. This should be studied further in future.

Studying the relationship between the mean scores of spiritual care competence and spiritual well-being with nurses' individual characteristics disclosed a significant difference between the type of employment and attending workshops ($p < 0.05$). According to ANOVA and Tukey test results, such difference was observed in working as formal nurses. Formal nurses got higher mean scores for spiritual well-being and the perception of their spiritual care competence. This indicates that formal nurses have higher level of spiritual health and competence than other groups. Maslow has specified the last category of the basic needs pyramid to ego ascendancy. He believes that those with satisfied low level needs may achieve deeper needs (21). Frankle and Travellbee regard spiritual needs as the deepest ones in human being. If people can identify such needs, they will be able to moderately act at the time of crises and find the meaning, value, goal and the hope of their life (8). Formal nurses seem to identify a degree of such deep spiritual needs and seek to satisfy them. The t-test results also show a significant difference between attending workshop and the scores of spiritual health and the perception of spiritual care competence. This means that those who had participated in courses and workshops on spiritual well-being and spiritual care received higher scores. Ours results agree with what Sabzevari et al. found on this subject (8). Regarding the effect of participating in morality workshops on spiritual well-being and spiritual care, hospitals are suggested to provide the required ground for nurses to participate in training courses, workshops and congresses on spiritual well-being

Conclusion

As to the association between the spiritual well-being and nurses' perception of their spiritual care competence, improved spiritual well-being increases the nurses' perception of their spiritual care delivery to patients. Therefore, it is necessary to hold training workshops and courses for increasing the nurses' spiritual well-being and their competence in providing spiritual care within training programs delivering health and treatment services.

Limitations: One of the research limitations was that this research was conducted only on a group of nurses in Tabriz and this sample is not representative of large nurses' society. Future study can be for other areas' nurses with different culture and religious beliefs. Qualitative research can be promising in implementing higher spiritual care for patients and promoting competence of nurses.

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