

Evaluation of Nurses' Spirituality and Perceptions of Spiritual Care

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ABSTRACT The purpose of the present study is to investigate the nurses' opinions about spirituality and spiritual care. The study was conducted with 250 nurses, midwives and health officers working in Muğla Sitki Koçman University Education and Research Hospital. The data of the study was collected using a "Personal Information Form" and "Spirituality and Spiritual Care Scaling Questionnaire (SSCQ)" by means of a questionnaire method. The collected data was evaluated using One-way ANOVA, Independent Samples t-Test and Kruskal-Wallis analyses. The findings of the study show that 63.6 percent of the participants have heard of the topic of spiritual care, twenty-four percent of them have had no information about spiritual life and 53.22 percent of them are providing spiritual care. It can be argued that spiritual care is a basic component of integrated nursing care and yet, the concepts of spirituality and spiritual care are new concepts in the field of nursing.

INTRODUCTION

The human being is a creature with biological, psychological, moral, social and cultural dimensions. As is known, all of these dimensions of human beings are in interaction with each other. In this context, a problem occurring in the physical field may cause problems in social and psychological fields while a problem in the moral field may cause problems in the physical field (Öz 2004; Gulnar et al. 2015). Therefore, being healthy means having no problems in any of these dimensions and harmony between the dimensions. Being healthy is defined by American Holistic Nurses Association (AHNA), as the harmony level between the body, brain and soul (Hutchinson 2014).

Although spirituality is not a new concept in nursery, the efforts for explaining the concept has intensified in 19th century when modern med-

icine was initiated. In the 1980s, nursery literature started to mention the moral, psychological and emotional parts of nursery care with an increasing interest (Ergül and Bayik 2004; Balzacchino 2015). In nursery literature, the information related with spirituality was handled in a narrow scale for a long time as they were related with belief and religious applications especially in Muslim and Christian communities. Therefore, moral coping strategies were limited to religious belief. However, spirituality includes but is not limited to religion and it has a wider dimension compared to religion concept. While spirituality includes searching for the meaning and purpose of life, religion includes applications and beliefs related with God (Okuy 2008; Odbehr et al. 2015).

It is stated that it is difficult to understand and define the spirituality concept, as there is a comment about the concept in literature (Leeuwen and Cusveller 2004). Spirituality is characterized as a wide concept surrounded by purpose and values. Oldnall defined spirituality as the spirit that every individual feels within and a motivating force, which adds meaning to human life and helps the individual to create an order of beliefs and values (Ergül and Bayik 2004). In

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other words, spirituality is defined as the unconditional love of a person towards himself and his surroundings and the ability to work in harmony in order to continue living.

In literature it is stated that spiritual values are effective in not losing hope, decreasing anxiety for death and feeling the existence of support in life. On the other hand, as spirituality ensures the individual to introduce himself at high level and be happy, strong and peaceful by supporting his powers and positive lifestyle so it has strong effects on illness and health (Ergül and Bayik 2004; Coakley and Barron 2015). As is known, realizing spiritual and psychological requirements such as loneliness, hopelessness and fear of unknown are more difficult compared to physical requirements. Therefore, notional requirements are less fulfilled by nurses compared to concrete and easily measurable requirements. This situation may cause holistic care not to be given to individuals (Pesut and Sawatzky 2005).

Joyce Travelbee (1971) defined nursing as a profession, which has a holistic approach towards humans instead of a limited profession, which aims to relieve physical pain and provide physical care (Ergül and Bayik 2004). Holistic care concept is explained as fulfilling physical, psychological, social and spiritual requirements of individuals. The International Council of Nurses (ICN) stated that the role of the nurse is to create an environment where respect is shown to human rights, values, habits and spiritual beliefs (Baldacchino 2006).

In literature many factors are mentioned related with spiritual care giving by nurses. These are especially the thinking system of a nurse (being aware of the spiritual power in her own life, seeking meaning in life, interest), her perception of spiritual requirements and care, her own life hope, her willingness and her sensitivity towards the issue. Besides, factors such as the working environment of nurse, working conditions, her communication with other care givers and the patients being open to communication are stated to be effective on spiritual care (Pesut and Sawatzky 2005).

In the literature scan performed by Ross (1995) about this issue, it was stated that the awareness of nurses about the spiritual requirements of patients is very limited and that they tend to focus on religious requirements, that they have difficulty in describing spiritual care and that they feel themselves to be insufficient for

providing spiritual care stated that nurses have tendency in religious requirements related with spiritual care and that these may be originating from their lack of knowledge about spiritual care (Balacchino 2006). While Narayanasamy (2001) stated in the study he conducted that nurses are not fully aware of the spiritual requirements of patients, Oldnall (1996) stated that nurses are not sufficiently informed about the spiritual requirements of patients during their education and that they do not have the equipment related with spiritual care in creation of the nursery care plan (Ergül and Bayik 2004; Baldacchino and Draper 2001; Narayanasamy 2001; Oldnall 1996).

MATERIAL AND METHODS

Aim of the Research

This research was planned descriptively in order to determine the opinions of nurses and effective factors about spirituality and spiritual care and increase the sensitivity about the subject.

Research Style

The universe of the study, which was conducted after legal permissions were taken, between February 2014 and April 2014 consisted of 313 people employed in Mugla Sitki Koçman Education and Research Hospital, 250 of which were reached. In the study, a survey form of 9 items consisted of spirituality and spiritual care scale and introductive properties were applied. The spirituality and spiritual care scale consisted of three sub-dimensions, which included "spirituality and spiritual care", "individual care" and religiosity. It consisted of a total of 15 items, 7 of which were about spirituality and spiritual care, four of which were on individual care and four of which were to do with religiosity. The Turkish validity and reliability of the "Spirituality and Spiritual Care Grading Scale" (SSCQ), which was developed by Mc Sherry, Droper and Kendrick, were performed by Ergül and Temel (Ergül and Bayik 2004). The number of items in the scale was reduced from 17 to 15 by performing factor analysis.

Data Collection Types

Surveys were handed to employees between February 2014 and April 2014. A request was

made to them for instant completion of survey but some employees did not participate in the study with the excuse of workload, disbelief for a benefit gain from the survey result or difficulty in understanding the questions.

Evaluation of Data

The data was evaluated by using SPSS (Statistical Package for Social Sciences), frequency distribution, t-test, One-way ANOVA (variance analysis) and non-parametric test (Kruskal-Wallis).

RESULTS

The point average of the participants were found as spirituality and spiritual care $\bar{X}=26.22$, religiosity $\bar{X}=15.15$, individual care $\bar{X}=13.49$, and total SSCQ $\bar{X}=54.86$ (Table 1).

The relation between the age group of participants and their SSCQ religiosity sub-dimen-

sion was determined to be statistically significant at K.W.=0.01 level ($p<0.05$) (Table 2).

It was observed that there is a statistically significant difference between the points of the ones among the participants who said yes and who said no about hearing spiritual care issue, according to the SSCQ individual care sub-dimension ($t=0.04$, $p<0.05$) (Table 3).

It was also determined that the difference between the participant points according to gaining information about spiritual care, according to SSCQ individual care sub-dimension ($t=0.02$, $p<0.05$) (Table 4).

DISCUSSION

In this study, the spirituality and spiritual care grading scale total score was calculated as $\bar{X}=54.86$. In the study conducted by Okyay in 2008 it is observed that similar results were obtained in SSCQ total point (Okay 2008). It was

Table 1: Participants in the study, the total SSCQ. The scores of sub-size averages

Scale and sub-dimensions	N	Item number	Min	Max	$\bar{X}\pm SD$
Spirituality and spiritual care	250	7	7.00	35.00	26.22±5.74
Spirituality	250	4	4.00	20.00	15.15±3.07
Individual care	250	4	4.00	20.00	13.49±3.24
Total	250	15	19.00	75.00	54.86±8.45

Table 2: SSCQ the sub-dimensions of religiosity descriptive characteristics by age group and comparison

Introductory feature age	n	%	$\bar{X}\pm SD$	Min	Max	Significance level
19-24	9	3.6	15.55±3.08	12.00	20.00	K.W.=0.01 $p<0.05$
25-29	11	4.4	14.63±1.43	12.00	17.00	
30-35	80	32.0	15.88±3.24	4.00	20.00	
36+	150	60.0	14.77±3.01	6.00	20.00	

Table 3: SSCQ according to the personal care sub-dimensions descriptive characteristics of the spiritual care issues status comparison with hearing

Introductory feature hearing	n	%	$\bar{X}\pm SD$	Significance level
Yes	159	63.6	13.80±3.22	t=0.04
No	91	36.4	12.94±3.23	$p<0.05$

Table 4: SSCQ descriptive characteristics by being informed about the spiritual care comparison

Introductory feature informed	n	%	$\bar{X}\pm SD$	Significance level
Yes	60	24	56.95±8.67	t=0.02
No	190	76	54.20±8.29	$p<0.05$

also observed in the study of Kostak et al. (2007) that the total obtained SSCQ point was higher than this study. It was also observed that in the study of Eglence and Simsek, the total obtained SSCQ point was lower than this study (Kostak 2007; Eglence and Simsek 2014).

In this study it is observed that there was a significant relation between the age groups of participants and SSCQ religiosity sub-dimension. While participants in the 30-35 age interval demonstrated the highest religiosity tendency, participants with 25-29 age interval demonstrated the lowest religiosity tendency. Depending on age, religiosity tendency first decreased and then increased and then decreased again. It can be considered that these changes may be originated due to high quantity of employees of Mugla Sitki Koçman Education and Research Hospital, belonging to 36 and higher age group.

It is also observed that the difference of SSCQ individual care sub-dimension according to hearing of participants about spiritual care subject was significant. It was concluded that individual care tendency of the ones who heard about spiritual care was higher than the ones who did not hear about it. It can be considered that hearing about spiritual care may effect providing spiritual care. As a result this will increase the pleasure from the work done and this will accordingly affect the reliance feeling of employees. Accordingly it can be thought that individual care tendency increased.

In this study it is observed that the difference between SSCQ of the participants according to getting information about spiritual care, was significant. It was found out that the SSCQ points of the ones who said yes for getting information about spiritual care were higher. It can be said that the spirituality of the informed people was higher. In a study conducted by Okyay in 2008, difference between SSCQ of the participants according to getting information about spiritual care, was found to be similar (Okyay 2008). In the study conducted by Kostak et al. in 2007, when the difference of SSCQ points of the participants according to Get Information About Spiritual Care (GIASC) was examined, a similar result was obtained (Kostak 2007).

CONCLUSION

It was found that 63.60 percent of the participants heard about spiritual care, seventy-six percent of the participants were not informed

about spiritual care and 53.2 percent of the participants provide spiritual care. The total SSCQ point of the participants ($\bar{X}=54.86$) was a little bit higher compared to the average ($\bar{X}=45.00$). Among the participants the religiosity point of the 30-35 age group, which is a sub-dimension of SSCQ, the individual care point of singles which is a sub-dimension of SSCQ, the individual care point of the ones who heard about spiritual care subject which is a sub-dimension of SSCQ the total SSCQ points of the ones who were informed about spiritual care, the individual care point of spiritual care givers, which is a sub-dimension of SSCQ and the spirituality and spiritual care points of spiritual care givers which is a sub-dimension of SSCQ were found to be high. Based on the research results, spiritual care is one of the basic elements of holistic nursery care. However, spirituality and spiritual care are new concepts for nursery field.

RECOMMENDATIONS

The positive effects of the applications related with spiritual care on the recovery process of the patients are well known. Research findings state that nurses and midwives did not get sufficient information about spirituality and spiritual caregiving, that they do not give a proper spiritual care, that the points they got from spirituality and spiritual care grading scale affects their status of being informed about spiritual care, and their status of giving spiritual care to patients.

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