

## Spiritual Care Competence – Nurses Perspective

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**Abstract:** Background of the study: Spiritual care has recognized as part of holistic nursing care in promoting health and well-being. A holistic approach encourages the nurses to address all the physical, mental, emotional, spiritual and social needs of the patient by providing a complete model of care. Aim: To investigate the nurse's perceptive on spiritual care competence. Materials and Methods: Cross-sectional descriptive design was used to describe the perceptive of nurses on spiritual care competency at selected hospitals in Najran. Convenience-sampling technique with 100 samples and the data was obtained through the spiritual care competence scale (SCCS) and a demographic questionnaire. Data were analysed by descriptive and inferential statistics using SPSS statistical package. Results: The results showed that the mean score for the nurse's perceptive on spiritual care competence was 67.6 that indicates that the nurses were average in providing spiritual care competency. The highest score was related to attitude towards patient spirituality mean, that is, 22.43 with SD 0.57 and the lowest score was related to communication domain that is, 10.6 with 0.68 standard deviation. Conclusion: The research findings suggest that the perceptive of nurses on spiritual care competency is average and they have to pay attention to the patient spiritual care to improve their spiritual needs.

**Keywords:** Spiritual care, competence, perspective, nurses

### INTRODUCTION

Spirituality is the nature of human life that gives meaning to life and provides hope to live<sup>1</sup>. Spiritual care is an emotionally sensitive, empathetic care of human spirit and not specific to religion<sup>2</sup>. The World Health Organization stated that health care needs include physical, mental, social and spiritual needs and also defined as the ability to experience the religious and ethical believes<sup>3</sup>. Spiritual care is part of holistic nursing care in promoting health and well-being<sup>4</sup>. The term spirituality and religion have different meanings. Religion is considered as a particular set of beliefs in an organized group and spirituality is considered a personal feeling of peace, purpose, and believes about life.<sup>6</sup>

Spiritual needs can be completely non-religious or incorporated with religious believes. The patient's spiritual needs are religious in nature. Spiritual needs are consisting of more than religious worship are highly individual for each patient.<sup>7</sup> Spirituality increases the coping strategy of an individual against diseases improves the recovery and reduction of disease relapse decreases the symptoms of depression and improves the quality of life<sup>8, 9, 10</sup>. Nurses need to focus on providing spiritual care needs to the patients. Spiritual dimensions have a considerable effect on different aspects of human life and one of the responsibilities of the nurses.<sup>11</sup>

Nurses has to understand the specific skills in spiritual care dimension<sup>12</sup>. Spiritual competencies are a set of skills such as attentive listening, communication, empathy, and reassurance<sup>13, 14</sup> and need to be competent enough to identify the spiritual competencies that will improve the patient-centered care<sup>15</sup>. Many research studies have been conducted on various aspects of spirituality and spiritual training program among the nurses

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and pointing out the need to improve on the spiritual care aspects. The International Council of Nurses reported that the nurses have to meet the holistic nursing care to the clients and considered to be unethical if it is not met,<sup>16</sup> and the American Nurses Association has integrated the spiritual care program in their baccalaureate education to promote the spiritual dimension of the care.

An online survey was conducted among nurses in the United Kingdom revealed that 95% of nurses are encountering patients with their basic needs and reported that 5.3% of nurses were able to meet the spiritual needs<sup>18</sup>. Similarly, another study reported that the nurses did not meet the patients from diverse ethnic backgrounds spiritual needs and they were busy with their regular routine work<sup>19, 20</sup>. Nurse's perception of spiritual care influence with their ability to understand the perception of spirituality before assessing the spiritual needs of others has to be encouraged<sup>21</sup>. With the background hence the investigator felt the need to conduct the study aimed to determine the nurse's perspective on spiritual care competency.

### MATERIALS AND METHODS

A cross-sectional descriptive design was adopted to describe the perceptiveness of nurses on spiritual care competency among the nurses. The study was conducted at the Ministry of Health Hospitals in Najran. The investigator conducted a survey to collect the data and to obtain basic information to view their perceptiveness of spiritual care. The investigator explained the study and obtained informed consent from the participants. The samples who included in the study were all the registered nurses working under the Ministry of Health hospitals, both genders and willing to participate. All registered nurses who met the inclusion criteria and agreed to participate received an information sheet. At first, the four hospitals under the ministry of health in Najran city were selected by using a random sampling technique and to determine the sample size consisted of 100 registered nurses. Then, the nurses who were voluntarily willing to participate in the study were selected through the convenience sampling technique. The data was obtained through the spiritual care competence scale (SCCS) and a demographic questionnaire. The researcher met the majority of registered nurses who were available in various departments at the proposed hospitals during the data collection period and invited them to participate in the study. After 10 days, the researcher returned to take backfilled questionnaires. Confidentiality and anonymity in handling the data were assured throughout the study period. There was no consequence loss for their regular work and all the staff continued their routine work. Data were analyzed by descriptive and inferential statistics using SPSS statistical package.

### RESULTS

Table:1 Describe the demographic characteristics of the participants were expressed. The present study findings observed that around 43% of the participants were in the age group of 25-35 years and the majority of them were female and the majority of the participants were single. More than 64% of the participants were bachelor's degree and 46% of them were Indian. Regarding the experience, the majority of them belongs 1- 5 years and with the position, 68% of the participants were staff nurse. More than 76% of the participants were not aware of the spiritual care competency.

Table:2 explained the response of nurses to the spiritual care competence scale: Mean and the standard deviation were used to express the score. The questionnaire had 27 scores and a maximum of 135. 64 is low spiritual competence, 64-98 indicates average spiritual care, and above 98 shows high spiritual competence. Most of the nurses who participated in the study have an average score. Regarding attitude towards patient spirituality mean score was 22.43 with SD 0.57 which has the highest score among all the domains and regarding the communication domain mean score was 10.6 with 0.68 standard deviations has got a lower score among all the domains. In relation to the assessment and implementation of the spiritual needs, the mean score was 20.4 and the referral means the score was 12.6. Regarding the personal support and patient counselling, the mean score was 20.28 with 0.74 standard deviation, which indicated that the nurses are competent in providing

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counselling to patients in their day-to-day practice. In relation to professionalization and improving the quality of professional care, the mean score was 22.8 and overall the spiritual care competency score was 67.6, which indicates that the nurses were average in providing the spiritual care competency.

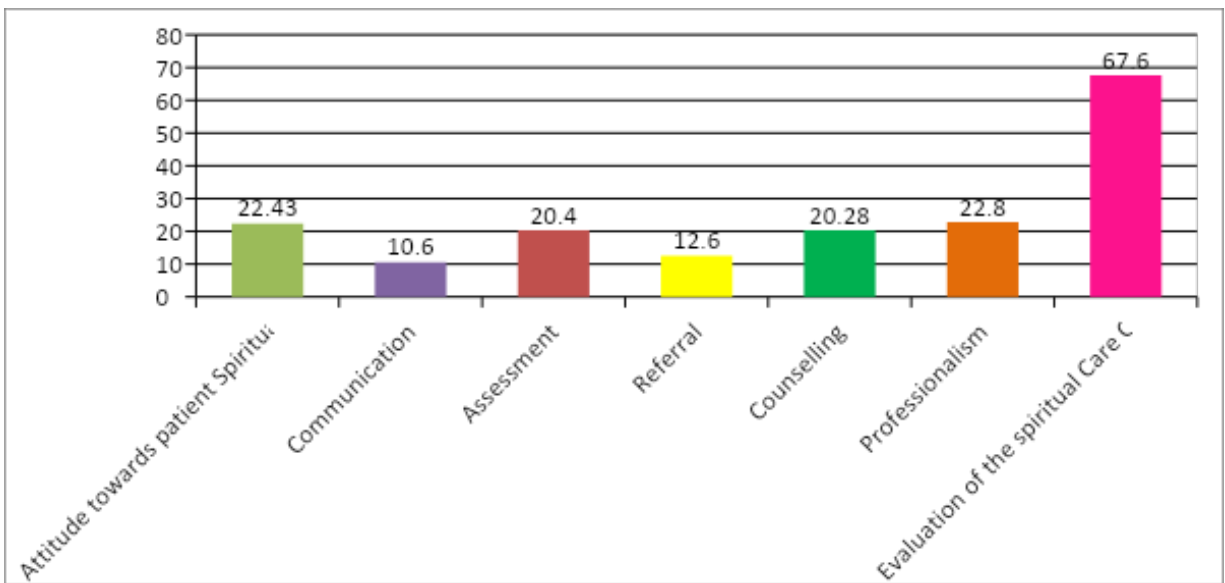
**Table1.** Frequency and percentage distribution of the demographic characteristic of the participants

Variable	Category	Frequency	Percentage	P Value
Age	25-35	43	43%	0.002
	36-45	34	34%	
	46-55	12	12%	
	56-65	11	11%	
Gender	Female	88	88%	0.052
	Male	12	12%	
Marital status	Single	58	58%	0.033
	Married	42	42%	
Professional Qualification	Diploma	32	32%	0.151
	Bachelor	64	64%	
	Masters	04	4%	
Nationality	Saudi	12	12%	0.062
	Indian	46	46%	
	Pilipino	34	34%	
	others	08	8%	
Experience	1-5 years	64	64%	0.523
	6-15 years	24	24%	
	More than 15 years	12	12%	
Position	Staff Nurse	68	68%	0.036
	Head Nurse	18	18%	
	Supervisor	14	14%	
Aware about the spiritual care competency	Yes	24	24%	0.002
	No	76	76%	

**Table2.** Mean and standard deviation of the nurse's response to Spiritual care competence scale

Spiritual care Competence Domain	Mean	Standard Deviation
Attitude towards patient Spirituality	22.43	0.57
Communication	10.6	0.18
Assessment	20.4	0.68
Referral	12.6	0.26
Counselling	20.28	0.74
Professionalism	22.8	0.56
Evaluation of the spiritual Care Competency of nurses	67.6	1.86

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**Fig1.** Mean Score of the nurse's response to Spiritual Care Competence scale

## DISCUSSION

Spiritual care promotes spiritual well-being of the patients and it's necessary to consider the importance of spiritual care on individual health<sup>22</sup>. The present study analysed the perceptiveness of the nurses on spiritual care competency in Najran and revealed that the majority of the nurse's perception on spiritual care competence was average. Adib-Hajbagheri et al. conducted a study on nurse's competency in providing spiritual care among nurses in Iran and the results reported that the nurses were competent in providing spiritual care<sup>23</sup>. The present study findings reported that the highest score obtained towards the attitude of the patient spirituality domain, which indicates that the nurses were busy with regular routine work and they do respect rituals, values, cultural beliefs, and customs of their patients. The results were supported by Wong et al. who conducted a study to assess the level of knowledge on spirituality among nurses and reported that the nurses had an adequate level of understanding and awareness of spirituality and great interest in providing spiritual care to their patients<sup>24</sup>. Similarly, another study reported that nurses maintain a trusting relationship with patients while addressing their spiritual needs. The present study findings reported that the communication domain has got a lower score in all the domains and most of the nurses reported that they were much busy with their regular routine work and do not find sufficient time to communicate with patients related to their spiritual needs. Baldacchino conducted a study on nursing competencies among senior nursing students and reported that the communication domain has a low score and emphasized that communication skills need to be improved among the senior nurses while meeting the spiritual needs<sup>25</sup>. Similarly, another study reported that nurses were comprehensive in meeting the physical needs and poor in meeting the spiritual needs<sup>26</sup>. The present study reported that the perceptiveness of providing spiritual care competencies were very limited among nurses. The researcher has also studied other aspects of spirituality and spiritual care and only limited studies focused on the spiritual care competencies. A descriptive study was conducted among nurses on the perception of spiritual care and reported that there was an issue in assessing spiritual needs<sup>27</sup>. Similarly, an exploratory research study was conducted on spirituality and provision of spiritual care among nurses working at PICU and the results revealed that there was a positive significance in identifying the spiritual needs among the nurses<sup>29</sup>. The nurse's perception of spirituality can influence their attitude and behaviour and it is important to understand their own perception of spirituality before assessing the spiritual needs of others. There are certain limitations in this study as it was assessed only

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the perceptive of the spiritual care competence among the nurses in Najran. The results are not generalizable to the large population of the nurses and a small number of participants participated in the study. Therefore, the study will be strengthened if could have some training program on spiritual care competency in the future; the interventional study can be focused on large samples

### CONCLUSION

The research findings suggest that the perceptive of nurses on spiritual care competency is average and they have to pay attention to spiritual care to improve the spiritual needs of the patients. However, according to the study findings, it is necessary to emphasize the spiritual care competency-training program for the nurses in health care settings.

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