

Attitude towards Spirituality and Spiritual Care among Nurses of Bharatpur Hospital

Shubhekshya Malla,¹ Anita Ghimire¹

¹Shree Medical and Technical College, Chitwan, Bagmati Province, Nepal.

ABSTRACT

Background: Understanding spirituality and spiritual care is a prerequisite for holistic care in nursing. Spirituality is an important dimension of human existence with a crucial role in health promotion. The objective of this study was to assess the level of attitude towards spirituality and spiritual care among nurses.

Methods: A cross-sectional analytical study design was used among 208 nurses to assess attitude toward spirituality and spiritual care among nurses of Bharatpur Hospital. A pretested semi-structured, self-administered questionnaire was used to collect data from the respondents. The instrument spirituality and spiritual care rating scales were used. Collected data were coded and entered in Microsoft office excel and SPSS version 22 was used for analysis.

Results: The finding of the study revealed that, out of 208 respondents, the majority (74.0%) of respondents were of age 20-29 years with a mean and SD of 28.2±5.510. Among all, 125(60.1%) respondents had a moderate attitude score of 32-62, 83(39.9%) had a high level of attitude score of 63-92, whereas 0.5% had a low level of attitude towards spirituality and spiritual care score (0-31). There is no statistically significant relationship between the level of attitude and socio-demographic variables.

Conclusions: It is concluded that most of the respondents had a moderate level of attitude. In-service education and awareness on providing spiritual care among nurses needs to be focused.

Keywords: Attitude; holistic nursing; nurses; spirituality.

INTRODUCTION

Psychosocial needs are support and help from others while religious spiritual needs comprise actively practicing religion by reading religious texts, participating in religious rituals, and talking to a priest or religious leaders.¹ Attitude to spirituality consist of 4 levels, being able to receive, respond, appreciate and be responsible. The cognitive domain towards spirituality rises with the age.²

Spiritual care in nursing is a critical part of providing holistic care and is recognized as an essential part of holistic health care.³ In providing holistic care, a nurse must consider physical, social, emotional, cultural, and spiritual aspects to meet client needs. However, there is a lack of certainty over spirituality and the delivery of spiritual care.^{4,5}

A descriptive analytical cross-sectional study on spirituality and spiritual care among nurses of Iran in 2016 showed negative attitude towards spirituality.⁶

Despite the importance and role of spirituality in nursing care, nurses' attitude towards spiritual aspects of care is low.

METHODS

A cross-sectional study design was adopted to assess the attitude toward spirituality and spiritual care among nurses. The study was conducted indifferent wards of Bharatpur Hospital, Nepal from 2078/11/20 to 2078/12/5. Research permission was taken from Shree Medical and Technical College to conduct the study. Ethical permission was obtained from Shree Medical and Technical College Institutional Review Committee (SMTC-

Correspondence:- Shubhekshya Malla, Shree Medical and Technical College, Chitwan, Bagmati Province, Nepal. Email: mallashubhekshya@gmail.com, Phone: +9779848096766.

IRC). Permission was taken from concerned authorities of Bharatpur Hospital, Chitwan. Written informed consent was taken from each respondent by clarifying the purpose of the study prior to the data collection. Anonymity was maintained by giving a code number. Respondents' dignity was maintained by allowing them to terminate their participation at any given time from the study. Confidentiality of the respondent was maintained by assuring them that the information given by them will not be disclosed under any circumstances and will be used only for the study purpose. Nurses who were working in different wards of Bharatpur hospital were included in the study and who were not willing to participate and on long leave were excluded in this study. Spirituality and spiritual care rating scales (SSCRS) was used so . was the Reliability maintained by pre-testing in 10% of estimated population in similar setting. Using Cronbach's alpha. The reliability score was 0.725. The sample size was estimated on the basis of previous study by using $(n) = Z\alpha^2 pq/d^2$. Data was collected from 208 samples using non-probability purposive sampling technique. The collected data was analyzed by statistical package for social sciences (SPSS) version 22 and interpreted in terms of descriptive statistics such as frequency, percentage, mean and standard deviation and inferential statistics (chi-square) to measure the association between respondent's attitude towards spirituality and spiritual care with socio demographic variables.

RESULTS

The finding of the study revealed that, out of 208 respondents, majority (74.0%) of the respondents were of age 20-29 years with mean and SD 28.2±5.510 (Table 1). The result showed that level of attitude towards spirituality and spiritual care among respondents in which 125(60.1%) respondents had moderate attitude score 32-62, 83(39.9%) had high level of attitude score 63-92, whereas 0.5% had low level of attitude towards spirituality and spiritual care score (0-31) a shown in (Table 4). There is statistically no significant relationship between level of attitude and socio-demographic variables as shown in (Table 5).

Table 1. Socio-demographic characteristics of the respondents (n=208).		
Variables	Frequency	Percent
Age Group/Years		
20 - 29	154	74.0
30 - 39	42	20.2
40 - 49	12	5.8

Table 1. Socio-demographic characteristics of the respondents (n=208).

Variables	Frequency	Percent
Mean±SD= 28.2±5.510, Minimum age= 20, Maximum age= 48 years		
Religion		
Hinduism	182	87.5
Buddhism	23	11.1
Christianity	2	1.0
Islam	1	0.5
Ethnicity		
Dalit	7	3.4
Janajati	70	33.7
Madhesi	8	3.8
Muslim	1	0.5
Brahmin/Chhetri	122	58.7
Marital status		
Married	135	64.9
Unmarried	73	35.1
Academic qualification		
PCL Nursing	115	55.3
BNS/ BSC Nursing	71	34.1
MN/MSC Nursing	1	0.5
ANM	21	10.1
Currently working ward		
Surgical	12	5.8
Medical	24	11.5
Pediatric	18	8.7
Orthopedics	11	5.3
Gynae	43	20.7
Other		
Covid-ICU	1	0.5
ER	6	2.9
Hemodialysis	8	3.8
ICU	29	13.9
NICU	14	6.7
Observation/psychiatric	11	5.3
OT	22	10.6
Post-operative	9	4.3
Years of experience		
Less than 5 years	110	52.9
5 to 10 years	75	36.1
More than 10 years	23	11.1
Mean ±SD= 5.8±4.65, Minimum= 1, Maximum= 25 years		

Table 2. Statement related to attitude towards spirituality and spiritual care among the respondents (N=208).

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe spirituality is a unifying force which enables one to be at peace with oneself and the world	6 (2.9)	8 (3.8)	54 (26.0)	120 (57.7)	20 (9.6)
I believe spirituality is about having a sense of hope in life	6 (2.9)	17 (8.2)	32 (15.4)	114 (54.8)	39 (18.8)
I believe spirituality is to do with the way one conducts one's life here and now	12 (5.8)	25 (12.0)	62 (29.8)	90 (43.3)	19 (9.1)
I believe spirituality involves personal friendships and relationships	6 (2.9)	17 (8.2)	50 (24.0)	109 (52.4)	26 (12.5)
I believe nurses can provide spiritual care by having respect for the privacy, dignity and religious and cultural beliefs of a patient	3 (1.4)	11 (5.3)	25 (12.0)	95 (45.7)	74 (35.6)
I believe spirituality includes peoples' Morals	4 (1.9)	19 (9.1)	41 (19.7)	96 (46.2)	48 (23.1)
I believe spirituality is about finding meaning in the good and bad events of life	5 (2.4)	14 (6.7)	52 (25.0)	99 (47.6)	38 (18.3)
I believe nurses can provide spiritual care by enabling a patient to find meaning and purpose in their illness	11 (5.3)	12 (5.8)	45 (21.6)	110 (52.9)	30 (14.4)
I believe spirituality is concerned with a need to forgive and need to be forgiven	9 (4.3)	33 (15.9)	61 (29.3)	87 (41.8)	18 (8.7)
I believe nurses can provide spiritual care by spending time with a patient, giving support and reassurance specially in times of need	7 (3.4)	16 (7.7)	34 (16.3)	112 (53.8)	39 (18.8)
I believe nurses can provide spiritual care by showing kindness, concern and cheerfulness when giving care	4 (1.9)	19 (9.1)	34 (16.3)	107 (51.4)	44 (21.2)
I believe nurses can provide spiritual care by arranging a visit by the hospital chaplain or the patient's own religious leader if requested	7 (3.4)	34 (16.3)	72 (34.6)	86 (41.3)	9 (4.3)
I believe nurses can provide spiritual care by listening to patients and giving them time to discuss and explore their fears, anxieties and troubles	9 (4.3)	18 (8.7)	38 (18.3)	108 (51.9)	35 (16.8)
I believe spirituality only involves going to church/place of worship	47 (22.6)	87 (41.8)	39 (18.8)	25 (12.0)	10 (4.8)
I believe spirituality is not concerned with a belief and faith in God or a Supreme being	34 (16.3)	71 (34.1)	61 (29.3)	37 (17.8)	5 (2.4)
I believe spirituality does not include areas such as art, creativity and self-expression	24 (11.5)	79 (38.0)	53 (25.5)	45 (21.6)	7 (3.4)
I believe spirituality does not apply to Atheists or Agnostics	23 (11.1)	73 (35.1)	70 (33.7)	37 (17.8)	5 (2.4)

Table 3. Statement related to attitude towards spirituality and spiritual care among the respondents (N=208).

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe that spirituality and spiritual care are fundamental aspects of nursing	7 (3.4)	18 (8.7)	43 (20.7)	116 (55.8)	24 (11.5)
I believe that nurses do not receive sufficient education and training in order to provide quality spiritual care to the patient	18 (8.7)	48 (23.1)	41 (19.7)	82 (39.4)	19 (9.1)
I believe that spirituality and spiritual care should not be addressed within programs of nurse education	18 (8.7)	84 (40.4)	49 (23.6)	47 (22.6)	10 (4.8)
I believe that Ministry of Health should provide clear guidance and support for nurses to deal with spiritual and religious issues	8 (3.8)	13 (6.3)	57 (27.4)	100 (48.1)	30 (14.4)
I believe that Nurses and Midwives Association of Bharatpur should provide clear guidance and support for nurses to deal with spiritual and religious issues	3 (1.4)	21 (10.1)	49 (23.6)	99 (47.6)	36 (17.3)
I believe that spiritual care should be an integral part of nursing lifelong education and mandatory content for the renewal of licenses	5 (2.4)	24 (11.5)	69 (33.2)	83 (39.9)	27 (13.0)

Table 4. Respondents' level of attitude towards spirituality and spiritual care (n=208).

Level of Attitude	Frequency	Percent
Moderate (32-62)	125	60.1
High (63-92) Mean±SD 58.91±10.104 Min 26; Max 83	83	39.9

Table 5. Association between respondents' level of attitude with selected socio-demographic variables.

Variables	Level of Attitude		χ ² Value	p Value
	Moderate	High		
Age Group/Years			1.803	0.406*
20 - 29	89	65		
30 - 39	29	13		
40 - 49	7	5		
Religion			4.173	0.243*
Hinduism	108	74		
Buddhism	15	8		
Christianity	2	0		
Islam	0	1		
Ethnicity			3.998	0.406*

Dalit	4	3		
Janajati	47	23		
Madhesi	5	3		
Muslim	0	1		
Brahmin/Chhetri	69	53		
Marital status			0.001	0.969*
Married	81	54		
Unmarried	44	29		
Academic qualification			2.673	0.445*
PCL Nursing	69	46		
BNS/ BSC Nursing	45	26		
MN/MSc Nursing	0	1		
ANM	11	10		
Currently working ward			3.265	0.659*
Surgical	6	6		
Medical	17	7		
Pediatric	12	6		
Orthopedic	8	3		
Gynaecology	25	18		
Covid-ICU	1	0		
ER	1	5		
Hemodialysis	6	2		
ICU	13	16		
NICU	9	5		
Observation/psychiatric	7	4		
OT	16	6		
Post Operative	4	5		
Years of experience			0.100	0.951*
< 5 years	65	45		
5 - 10 years	46	29		
> 10 years	14	9		

* Likelihood Ratio

DISCUSSION

The present study shows that majority (74.0%) of respondents were of age 20-29 years which is consistent with study done by Leeuwen and Akkerman in 2015 which shows 57.0% of participants were less than 30 years of age.⁴

The study shows majority of the (64.9%) respondents was married and 35.1% were unmarried which is supported by the findings of study done by Ozbasaranet in 2011 where more than half of the respondents were married (64.0%), as in context of Nepal married girl are more devoted to god in compare to unmarried.⁶

The result of the study shows regarding academic qualification, 34.1% of them were BNS/BSC Nursing and 0.5% were Master in Nursing/ Master of Science Nursing which is inconsistent with the result of the study done by Marhamat Farahaninia et al, in 2018 where 98.2% of participants were bachelor's degree and 1.8% of participants were master's degree because in context of Nepal there is the Proficiency Certificate Level inNursing programme which is diploma level as majority of respondents are PCL Nurses.⁷

The present study showed that more than half (52.9%) of respondents have 5 years' experience which contradicts the finding of a study done by Deluge et al, in 2020 where nurses have 12 years of working experience.⁸

The finding of the study showed that the level of attitude toward spirituality and spiritual care among respondents in which more than half (60.1%) of respondents had a moderate attitude score of 32-62, 39.9% had a high level of attitude score of 63-92, whereas the least number of respondents had a low level of attitude towards spirituality and spiritual care that score (0-31) which is supported by the finding of study done by Babamohamadi in 2017 where 33.9% of respondents had high (63-92) score, 64.3% had Moderate (32-62) score and 1.8% had Low (0-31) score.⁹The study finding is also consistent with the result of prior research Abdollahyar et.al., 2021 with (68.8%) had a moderate average score for attitude towards spirituality and spiritual care.¹⁰

The finding of the study showed that mean score is 58.91 ± 10.104 . In other words, the nurse's level of attitude towards spirituality and spiritual care was moderate which is similar to the study done by various studies reported 59 ± 10.9 , 52 ± 10.4 , 55.92 ± 8.46 , and 57.64 ± 7.01 , respectively.^{5,7,9,11}The findings of present study showed that there was no significant association between the level of attitude towards spirituality and spiritual care regarding age, religion, ethnicity, marital status, academic qualification, currently working ward and years of experience which is supported by findings of study done by Chan et al. in 2006 found no significant relationship between attitudes toward spirituality and spiritual care and socio-demographic characteristics.¹² Likewise another study by Wu on 2011 showed the contrast result where attitude towards spirituality and spiritual care had significant relationship with level of education ($p=0.01$).¹³

This study was limited with in specific population on limited area. The study was conducted in 208 nurses of Bharatpur Hospital. So, it cannot be generalized to other settings.

CONCLUSIONS

The majority of respondents had moderate level of attitude towards spirituality and spiritual care and capacity enhancement and in service education towards it will definitely be paramount towards patient care and improving quality of health service delivery.

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CONFLICT OF INTEREST

None

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