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# The effect of spiritual care training on nurses' perceptions of spirituality and spiritual care

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**Abstract**---Spirituality and spiritual care are essential components of health in meeting patient needs holistically. The fulfillment of spiritual needs can be a source of support and strength for patients to face their illnesses. Positive spirituality will have an impact on improving health, disease prevention, and patients' quality of life. This study aimed to determine the effect of spiritual care training on nurses' perceptions of spirituality and spiritual care. This was a pre-experimental study without a control group conducted on 124 nurses who were working at Udayana University Hospital. The study data were collected using the Spirituality and Spiritual Care Rating Scale Questionnaire (SSCRS). The training was conducted through lecture and group discussion with a duration of 120 minutes for each session. The data were analyzed using the Wilcoxon test with a 95% confidence level ( $\alpha=0.05$ ). The results showed that there was a significant difference in the perception scores of nurses' spiritual care before and after the training ( $p=0.006$ ). This illustrates that spiritual care training is effective in increasing the perception of spirituality and spiritual care of nurses in providing health care for patients.

**Keywords**---nurse, spiritual, spiritual perception, spirituality, training.

## Introduction

Health can be define as a general concept that includes physical, social, cultural, emotional, and spiritual dimensions. A holistic approach is needed to fulfill all these dimensions of health in the delivery of care (Potter et al. 2013). Nursing as a part of the health workers also emphasizes holistic nursing care including the fulfillment of the spiritual needs of patients (Burkhart & Schmidt 2012). The

benefit of meeting the spiritual needs of patients can be a source of support and strength in dealing with the patient's illness. Positive spirituality will have an effect on improving health, quality of life, and disease prevention activities (Potter & Perry, 2010). In addition, the practice of fulfilling spiritual needs has various benefits, including accelerating recovery, preventing disease, and providing peace of mind for patients (Wu, Tseng, & Yu, 2016). Spiritual care also plays a role in reducing anxiety, psychological stress, depression, sadness, and improving quality of life (Abu-El-Noor & Abu-El-Noor, 2014).

Spiritual competence is one of the basic competencies that must be possessed by a nurse to meet the spiritual needs of patients as core element of holistic nursing. Starc, Karnjuš, & Babnik (2019) stated that spiritual care includes how a nurse can respect a patient's privacy, dignity, beliefs, culture, and religion, as well as kindness, concern, and joy. Spiritual competence in nursing is based primarily in understanding of spirituality as a component of an individual's being, which includes dimensions of immanence and transcendence, and that it may or may not be incorporated into religious beliefs and religious practices that have an impact on patient care (Babnik & Karnjuš, 2014).

Previous researchs showed that the competence of nurses in meeting the spiritual needs of patients is not entirely good, even the majority are not good. Arini, Susilowati, and Mulyono (2015) found that only 50% of nurses were able to meet the spiritual needs of patients quite well. Furthermore, Ristianingsih, Septiwi, and Yuniar (2014) reported that 42% of spiritual nursing actions were still lacking. Even some nurses expressed uncertainty about the statement that spirituality and spiritual care are fundamental aspects of nursing care (Starc, Karnjuš, & Babnik, 2019).

The low competence of nurses in carrying out spiritual practice can be influenced by several factors. Chiang et al. (2016) and Wu, Tseng, and Yu, (2016) stated that the factors causing the lack of practice of nurses in meeting the spiritual needs of patients due to insufficiency awareness and understanding of nurses about spirituality in nursing, limited training on spiritual nursing care, inability of nurses to provide spiritual care, high workload, limited time, and assume that spiritual needs are not the responsibility of nurses but the religious leaders. Therefore, in clinical setting, the patients' spiritual needs often remaining unmet and this integral aspect of holistic care often ignored (McCarthy, Cassidy, & Tuohy, 2013).

Increasing awareness, understanding, and spiritual competence of nurses is very important. One of the most effective ways to do this is through training. Research has shown that medical personnel who have undergone spiritual care training are more likely to meet patients' spiritual needs when providing spiritual care (O'Brien et al, 2019; Paal, Helo, & Frick, 2015; Sankhe et al, 2017; Selman et al, 2018; Van de Geer et al, 2017; Zimmermann et al, 2014). Additionally, previous studies found that teaching methods such as group reflection has a positive outcome in spiritual care. Reflection is an approach through modern teaching that has been proven to be effective in increasing the knowledge and skills of nurses in clinical situations, and can be used to teach aspects of spiritual care (Momennasab et al, 2019).

Based on a preliminary study at the Udayana University Hospital in November 2019, nursing staff have never received training or learning about spiritual care. Moreover, nurses' knowledge and competence about spiritual care is still insufficient, nurses have not been able to identify spiritual problems that patients may face. Thus, the proper implementation of spiritual nursing has never been done. The nurses also revealed that physical problems are much more important to overcome than spiritual problems.

Considers the poor spiritual care of nurses and the urgent need to improve nurses' understanding of spiritual care so as to gain practical experience, analyze critical situations and apply new perspectives gained to future experiences. This study aims to evaluate the impact of spiritual care training on nurses, whether nurses gain benefits from this training on their perception of spirituality and spiritual care.

### **Methods**

This was a pre-experimental study without a control group. This study was carried out on nurses working at Udayana University Hospital, Indonesia. The sample consisted of 124 nurses who were willing participate on this study. Exclusion criteria were nurse on leave from work and not willing to be a respondent.

The study data were collected using The Spirituality and Spiritual Care Rating Scale Questionnaire (SSCRS). The SSCRS questionnaire was developed by McSherry, Draper, and Kendrick (2002) (Sahin & Ozdemir, 2016). The development of the SSCRS questionnaire can assist researchers who wish to research the area of spirituality and spiritual care by providing them with a framework to gain a deeper understanding of the concept (McSherry et al, 2002). In addition, the SSCRS questionnaire was used to measure spirituality by assessing the level of perception held by participants regarding views and participation in certain spiritual and spiritual activities. This instrument consists of 17 statements which are divided into four subscales including spirituality, spiritual care, religiosity, and personalized care. This questionnaire uses a five-point Likert scale in its scoring system, which ranges from 'strongly disagree' (1) to 'strongly agree' (5). The SSCRS questionnaire has been used in more than 42 studies in 11 countries showing consistency in the validity and reliability tests with a Cronbach's Alpha coefficient value of 0.64 (Martins, et al 2015; McSherry et al 2002; Van Leeuwen 2015).

Lecture activities were carried out to deliver material on spirituality and demonstrations regarding the practice of spirituality processes in nursing. Group discussions were held to discuss cases of nursing care related to the application of the importance of spirituality for patients. Each group consisted of 15-16 nurses and was accompanied by one facilitator from the research team. Post-test data collection was carried out one week after the training activities were completed.

The collected data were analyzed using bivariate analysis (the Wilcoxon test) with a 95% confidence level ( $\alpha = 0.05$ ) to determine the effect of spiritual care training

on nurses' spiritual competence. This study was approved by ethics committee of research has received a certificate of ethical conduct from the Health Research Ethics Commission, Faculty of Medicine, Udayana University (No. 833/UN14.2.2.VII.14/LT/2020).

## Result

Demographic characteristics of the participant are shown in Table 1. There are 124 nurses who have participated and completed the training in this study. The average age of the participants was 19 years and their age ranged from 19 to 41 years with the majority of working experience less than one year. Among the participants, 106 (85.5%) were female dan 110 (88.7%) were unmarried.

Table 1  
Demographic characteristics of respondents (n = 124)

No.	Variable	f (%)	Median (Min-Maks)
1	Age (year)	-	19 (19-41)
2	Length of working (year)	-	<1 (<1-11)
3	Gender		
	Male	18 (14,5%)	-
	Female	106 (85,5%)	-
4	Marital status		
	Unmarried	110 (88,7%)	-
	Married	14 (11,3%)	-

Table 2  
The SSCRS scores before and after training Using the Wilcoxon Test (n = 124)

Variable	f		Median (Min-Maks)	P value
Nurses' spiritual competency	124	Pre-test	65 (51-79)	0,006
	124	Post-test	66 (58-81)	

The SSCRS scores before and after training are presented in Table 2. The Median scores before and after training for SSCRS were 65 and 66, respectively. Nurses' spiritual competency scores slightly increased after being given spiritual health training. Based on the Wilcoxon test, the results revealed that there was significant differences between nurses' spiritual competence scores before and after training ( $p = 0.006$ ).

## Discussion

The results of this study provide some valuable insights into nurses' perceptions of spirituality and spiritual care at Udayana University Hospital. It was found that the participants who attended the training ranged from 19-41 years with a median value of 19 years and the majority did not have much experience in providing nursing care to patients. The results of the research by Kesten, El-

Banna, and Blakely (2019) found that work experience significantly predicts the level of knowledge and positive attitudes in meeting patient needs. This indicated experience of a nurse will improve along with the increase in age.

The majority of nurses who attended training in this study were female. This result is in line with previous researchs on spiritual training or spiritual care, where most of the participants who took part in the spirituality training were woman (Jalili et al., 2020; Riahi et al 2018). This indicates that the nurse population is dominated by women. Health services are generally considered a natural activity for women, this may account for the fact that encouraging the nursing profession to be basically dominated by women (Liminana-Gras et al, 2013). On the other hand, the result of current study obtained 110 participants (88.7%) were not married. Rivai and Mulyadi (2012) argue that someone who is married will feel more satisfied and serious compared to the unmarried. Marriage can indirectly increase a sense of responsibility towards work. According to research by Ramadhiani and Siregar (2019), unmarried nurses have a lower level of concern than married nurses. Therefore, married nurses will have a responsibility and a sense of care in meeting the spiritual needs of patients.

In this study, the SSCRS score showed a slight increase after spiritual care training, when compared to the SSCRS scores before and after training, statistically significant differences were obtained. These results confirmed contribution of the spiritual care training to enhanced the nurses' spiritual competence. The pre-test SSCRS assessment was conducted shortly before the training started, while the post-test evaluation was carried out immediately after the training ended. The training was carried out only for one day. These aim to reduce bias towards the data obtained due to exposure of the information regarding spiritual competence in nurses.

Based on the results of statistical tests indicate that there is a significant difference between competencies before and after being given training. The results of this analysis illustrate that this training related to spiritual health can improve the spiritual competence of participants. This training is carried out in one meeting and evaluation through a pre-test is carried out before the training begins and a post-test is also carried out after the training ends on the same day, with the principle of reducing bias towards the data obtained due to exposure to information related to spiritual competence in nurses.

Earlier study examined the level of spiritual care competence of pediatric oncology nurses through online education programs, found differences in the level of spiritual care competencies at each meeting (three meetings) (Petersen et al 2017). Hu, Jiao and Li (2019) reported spiritual care training benefit in improving overall spiritual health and spiritual care competency scores of nurses. However, the difference in the duration of the training may affect the results. The results of statistical tests in the analysis of training data are not in line with previous studies that measured the effect of increasing knowledge on meeting the spiritual needs of patients on nurses which found there was no significant difference in knowledge before and after the intervention (Wardah, Febtrina, & Dewi, 2017). It should be note that the difference finding of previous studies indicated that spirituality and spiritual care is affected not only by personal value but also by

other factors such as culture and duration of training that can affect the results of the study.

Nurses who do not understand or know the concept of spiritual care and lack of preparation of nurses in providing spiritual care for patients are one of the internal factors of nurses that can affect the differences in the results of the study by Frouzndeh, Aein, & Noorian, 2015. In addition, differences in research methods and obstacles obtained during data collection may be the cause of the difference in results between previous studies. Different research results can also be caused by the demographic factors of the participants involved. A younger age in the control group may have less exposure to the concept of spiritual care when compared to the intervention group which causes lower scores, besides nurses in the intervention group show greater spiritual care competence when compared to nurses who are in the intervention group. were in the control group after 12 months of intervention (Hu, Jiao, & Li, 2019).

The purpose of spiritual care training for patients is to help nurses understand the methods and techniques they use to provide spiritual care for patients (Hu et al, 2019). Training in a short period of time may be effective in building a sense of self-efficacy in order to improve the communication skills and work experience of nurses (Frouzndeh, Aein, & Noorian, 2015), which is compatible with this training. Spiritual care is an important aspect of comprehensive nursing care for patients, from birth to the end of one's life. Spiritual care involves nurses facilitating spirituality through purposeful monitoring and compassionate responses to patients' feelings of spiritual need, with the aim of helping individuals to find meaning, connectedness, and peace (Petersen et al 2017).

Spiritual needs are recognized as an important part of nursing care and assessment, and they are considered as patient outcomes. Spiritual care is also believed to be a big part of the nurse's role, which is a profession that has diverse abilities, focuses on holistic care, integrates the physical, psychological, social and spiritual needs of patients (Rachel et al, 2019). Nurses should have self-awareness of spiritual competence before observing and emphasizing the spiritual needs of patients, so nurses must be aware of spirituality within themselves in order to provide spiritual care more effectively (Farahaninia et al, 2018). Therefore, spiritual care education can increase nurses' awareness regarding this aspect (Farahaninia et al, 2018).

## **Conclusion**

There was an increase in the nurse's competency score after spiritual care training. Nurses with positive perception of spiritual care have a better ability to recognize and respond to patients' spiritual needs. This study recommends spiritual care training in enhancing nurses' perception of spirituality and spiritual care for their future professional practice. Also, by improving their spirituality, nurses can positively influence the provision of holistic care for the patient.

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