Original Article

An Exploratory Study of Spirituality and Spiritual Care among Turkey Nurses

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Abstract

Aim: This study is aimed to explore Turkish nurses' perceptions of spirituality and spiritual care and to investigate the relationship between their perceptions and some variables.
Method: This descriptive study was conducted between November 2012 and August 2013. The population of the study consisted of nurses working in Faculty of Medicine Hospitals in 7 city centers (Tokat, Ordu, Samsun, Elazıg, Van, Erzincan, Malatya) located in the Central Black Sea and Eastern Anatolian Regions. The sample of the study consisted of 747 nurses who worked in the Faculty of Medicine Hospitals of the same cities and agreed to participate in the study. The data were collected by using "Personal Information Form" and "Spirituality and Spiritual Care Rating Scale" (SSCRS). The data were analyzed by using mean and percentage calculations in SPSS 16 package program.
Results: The average age of the nurses agreeing to participate in the study was 29.38±6.4 and 68.5% of them had bachelor degree, 62.8% stated that they did not receive training concerning spirituality and spiritual care. 60% of those who stated that they received training on spirituality and spiritual care reported that they received this training during their nursing education. The mean score obtained by the nurses was 2.46±0.5 in spirituality and spiritual care subscale, 3.22±0.5 in religiosity subscale and 2.64±0.5 in individual care subscale; whereas, total mean score of SSCRS was 2.83±0.3.
Conclusions: While the results of the study indicate that the knowledge of the nurses concerning spirituality and spiritual care was insufficient, it is thought that spiritual aspect of the care services in both vocational education and in-service training should be examined.

Key words: Spirituality, spiritual care, nursing.

Background

Spiritual care is considered as actions such as embraces, respect, offering comfort, listening to the patient, instilling hope, prayer, and holding the patient's hand (McSherry and Jamieson 2011).Spirituality and spiritual care are very important for patient care (Kanwal 2017, Kaddourah, Abu-Shaheen and Al-Tannir 2018). Spirituality is also accepted as a principle of health promotion by WHO (Mahmoodistan et al., 2010). Most of the studies have revealed the necessity of spiritual care especially in terms of patients' perspective. It has been determined in the literature that there is a correlation between health and spirituality (Vlasblom, Steen, Knol and Jochemsen 2011, Vlasblom, Steen, Walton and Jochemsen 2015)

Spiritual nursing care is defined as "activities and ways bringing spiritual quality of life, well being, function (including all aspects of health for patients)". According to other definition, it means "health promotion contributions to responses against stress that influence spiritual view of an individual or community". Spiritual nursing care supports spiritual health (the balance between biopyschosocial and spiritual sides of a person) providing a well-being and integrity feeling (McEwen 2005).

Nurses' personal belief systems, spiritual need and care perception, life expectancies, voluntariness, and spiritual awareness are important factors for nurses to provide an efficient spiritual care (Karadag Arli et al., 2016, Canfield et al., 2016).

Perception of spirituality among nurses can influence how they act and communicate with patients regarding the delivery of spiritual care. Moreover, spirituality and spiritual care are culturally interrelated and affected by nurse's ethnicity, religious, educational level, and clinical experience **(**Campesino, Belyea, and Schwartz 2009, Ozbasaran et al., 2011)

Spiritual care is at the core of the holistic care provided by nurses. however, the literature regarding spiritual care among nurses is mainly focused only on belief systems and religious context **(**Christensen and Turner 2008, McSherry and Jamieson 2011, Ozbasaran et al., 2011).

Previous studies have revealed that there is a dearth of knowledge concerning nurses' perceptions and interventions towards spiritual care (McSherry and Jamieson 2011, Ozbasaran et al., 2011, Melhem 2016). Additionally, spirituality and spiritual care in the healthcare delivery system are not formally integrated within programs of nursing education (Ross 2006). Lack of spiritual care training often makes nurses feel inadequate regarding the the provision of spiritual care to their patients (Yilmaz and Okyay 2009)

Even though physiological and psychosocial aspects of the individual have a major place in nursing literature, spiritual aspects have been involved less until recent times (McEwen 2005) and have been neglected in daily nursing practices most of the time (Chan et al., 2006, McEwen 2005, Vlasblom et al., 2011). In the study by Narassamay (2006), it was reported that negligence of spiritual needs of patients may lead to experience feelings of spiritual stress and isolation (Tirgari et al., 2013). Ross (1998) and Greasley (2000) suggest that spiritual care is likely to be associated with recognizing honor of patients by showing love for patients and helping them to reach emotional well-being and inner peace (Tirgari et al., 2013).

Recently, the need for nurses to deliver spiritual care has been emphasized in the literature (McSherry, Jamieson 2011, Ozbasaran et al., 2011, Melhem 2016). However, little is known about spirituality and the provision of spiritual care among nurses in Turkey. (Cetinkaya, Altundag and Azak 2007, Ergul and Temel-Bayik 2007, Keskin, Bilge and Babacan 2005, Khorshid and Gurol 2006, Kostak 2007). Given the paucity of research, there is a need to investigate the views of nurses about spirituality and spiritual care.

This study is aimed to explore Turkish nurses' perceptions of spirituality and spiritual care and to investigate the relationship between their perceptions and some variables.

Material and Method

This research was conducted as a descriptive. Research, located to the east of Turkey were made by nurses who work in the Faculty of Medicine Hospital in 8 different cities. A convenience sample of 825 staff nurses was invited to participate in this study. The response rate was 91% (n = 747).

The data of the study were collected using "Personal Information Form" and "Spirituality and Spiritual Care Rating Scale (SSCRS)".

Personal Information Form: The form prepared by the researchers included questions regarding the topics such as age, gender, education, years of clinical experience, clinic, being informed about spirituality and spiritual care, reading articles on spirituality, doing practices regarding spirituality, holistic care, etc.

Spirituality and Spiritual Care Rating Scale (SSCRS): It is a scale with 17 items which was developed by McSherry et al., (2002). This is a five-point likert-type scale including the subscales of spirituality and spiritual care (items 6,7,8,9,11,12,14), religiosity (items 4,5,13,16), and

personalized care (items 1,2,10, 15). Items are scored from 1 ("I absolutely disagree") to 5 ("I absolutely agree"). While the first 13 items are scored regularly, the last four items are scored reversely. It shows that perception level of spirituality and spiritual care concepts is high when total mean score approximates to 5 (Ergul and Temel-Bayik 2007, McSherry, Draper and Kendrick, 2002). In the study by McSherry et al., (2002), Cronbach value of the scale was 0.64. Reliability and validity tests of the scale were conducted by Ergul and Bayik-Temel (2007) in Turkey and Cronbach's coefficient was determined as 0.76. Cronbach's coefficient was found to be 0.72 for the present study. When the total points average is close to 5, this indicates that there is a high perception of spirituality and spiritual healing.18,19

The data were collected between November 2012 and August 2013. Official written permissions were obtained from each of institutions and verbal consents were taken from nurses participating in the study. Data collection forms were taken back several days after they were delivered to the nurses.

The data were assessed in the computer environment via SPSS packaged software using mean, percentage, Kruskal Wallis Analysis of Variance, Mann Whitney U-test, and One-way Analysis of Variance.

Ethical matters

Before starting the study, written permissions were obtained from the Ethics Committee of Erzurum Ataturk University Nursing Faculty, and from the head physician of the hospital where the study was conducted.

Results

Demographic characteristics of nurses

Mean age of the nurses was 29.38±6.40 and mean working years was 7.45±6.68. 80% of the nurses participating in the study were female, 51.9% were married, 68.3% had bachelor's degree, and 22.5% were working at intensive care clinic. It was found that 62% of nurses stated that they did not get information about spiritual care (Table 2).

Nurses' perceptions of spirituality and spiritual care

The mean scores for the SSCRS are presented in Table 3. The highest mean scores for SSCRS related to spiritual care were achieved by item 4: "I think spirituality involves going to just any prayer place (mosque/church)" (4.00 ± 1.03), and item 16: "I think spirituality does not involve those without faith in God/superior power" (3.63±1.16).

Table 1. Scale mean scores of the nurses

Subscales	**Item mean score of Scale (Mean±sd)**
Spiritual Care	2.11±0.67 (14.77±4.69)
Religiosity	3.53±0.70 (14.12±2.8)
Personalized care	2.38±0.64 (9.52±2.56)
Total	2.58±0.44 (43.86±7.48)

The highest mean scores related to the perception of 'spirituality' was obtained by item 13: "I think spirituality does not include issues such as art, creativity, and self expression" (3.41 ± 1.11). The item that attained the lowermost mean scores was item 2: "I think nurses can provide spiritual care by compassionate, caring, and smiling attitude while providing care"(1.65 ± 0.78).

When mean scores of items obtained by the nurses from SSCRS subscales were evaluated, it was found to be 2.11±0.67 for spirituality and spiritual care, 3.53±0.70 for religiosity, and 2.38±0.64 for personalized care. The total score obtained from the scale was 2.58±0.44 (Table 1). The spiritual care scale score was not influenced by whether the age, education, profession, the total years of employment, current employment field, and getting information about spirituality and spiritual care ($p>0.05$) (Table 2).

Table 2. The comparison of scale mean scores of the nurses in terms of their socio-demographic characteristics

	N (%)	Spiritual care	Religiosity	Personalized Care	Total
Age					
25 years and younger	229(31.2)	2.10±0.63	3.53±0.78	2.33±0.65	2.56±0.45
26-35 years	377(51.4)	2.10±0.70	3.54±0.65	2.41±0.65	2.59±0.44
36-45 years	119(16.2)	2.13±0.63	3.52±0.70	2.34±0.60	2.58±0.45
46-55 years	9(1.2)	2.19±0.56	3.61±0.45	2.58±0.58	2.69±0.36
		KW:0.269p>0.05	KW:0.175 p>0.05	KW:4.714 p>0.05	KW:0.775 p>0.05
Working Years					
0-10 years	552(75.3)	2.11±0.70	3.53±0.71	2.38±0.66	2.58±0.45
11-20 years	135(18.4)	2.09±0.60	3.52±0.69	2.37±0.59	2.57±0.44
21-30 years	44(6.0)	2.09±0.47	3.56±0.61	2.30±0.57	2.57±0.35
31-40 years	3(.0)	2.07±0.10	3.50±0.35	2.50±0.35	2.58±0.16
		KW:0.013p>0.05	KW:0.215p>0.05	KW:1.218p>0.05	KW:0.023p>0.05
Gender					
Female	587(80.0)	2.10±0.67	3.55±0.67	2.38±0.62	2.58±0.42
Male	147(20.0)	2.12±0.68	3.46±0.82	2.37±0.71	2.56±0.51
		MW-U:42522.50 p>0.05	MW-U: 40647.00 p>0.05	MW-U:43078.00 p>0.05	MW-U: 41856.00 p>0.05
Education					
High school	98(13.4)	2.16±0.67	3.43±0.83	2.45±0.68	2.59±0,52
Associate's degree	94(12.8)	2.09±0.67	3.63±0.66	2.50±0.56	2.62±0.45
Bachelor's degree	501(68.3)	2.11±0.67	3.53±0.66	2.34±0.64	2.57±0.43
Postgraduate degree	41(5.5)	1.96±0.63	3.54±0.88	2.32±0.72	2.52±0.40
		KW: 2.77p>0.05	KW:3.08p>0.05	KW:6.46p>0.05	KW:2.03p>0.05
Clinic		2.11±0.70	3.42±0.67	2.34±0.63	2.54±0.45
Surgery	122(16.6)	2.19±0.76	3.55±0.64	2.26±0.62	2.61±0.46
Internal Medicine	157(21.4)	2.10±0.56	3.50±0.76	2.44±0.59	2.58±0.36
Pediatrics	71(9.7)	2.02±0.57	3.60±0.75	2.46±0.68	2.57±0.41
Intensive care	165(22.5)	2.11±0.67	3.54±0.70	2.39±0.64	2.58±0.47
Other	219(29.8)	KW: 3.96p>0.05	KW: 7.04p>0.05	KW: 9.29p>0.05	KW: 1.47p>0.05
Getting information about Spirituality and Spiritual care					
Yes	274(37.3)	2.09±0.67	3.53±0.74	2.33±0.66	2.56±0.46
No	460(62.7)	2.12±0.67	3.53±0.67	2.40±0.63	2.59±0.43
		MW-U:61274.50 p>0.05	MW-U: 63011.00 p>0.05	MW-U: 58785.50 p>0.05	MW-U: 59895.00 p>0.05

Table 3. The distribution of answers given by the nurses to the scale questions

QUESTIONS	Min.	Max.	Mean ± SD
1.I think nurses can provide spiritual care in hospital by calling a religious official if the patient asks	1	5	2.59 ± 1.22
2.I think nurses can provide spiritual care by compassionate, caring, and smiling attitude while providing care	1	5	1.65 ± 0.78
3.I think spirituality is related to only a need of forgiving and being forgiven	1	5	3.46 ± 1.10
4.I think spirituality involves going to just any prayer place (mosque/church)	1	5	4.00 ± 1.03
5. I think spirituality is not about believing and worshipping to God or an ultimate power	1	5	3.11 ± 1.27
6. I think spirituality is related to interpretation from good and bad events in our lives	1	5	2.44 ± 1.02
7.I think nurses can provide spiritual care by making time to support when patient needs	1	5	2.12 ± 0.99
8. I think nurses can provide spiritual care by helping the patient to find the meaning and reason of disease	1	5	2.16 ± 0.97
9. I think spirituality is a matter associated with having hope of life	1	5	2.21 ± 1.01
10. I think spirituality is one's living of life by guiding them with the approach of "now and here"	1	5	2.80 ± 1.06
11. I think nurses can provide spiritual care by allocating enough time for patients to explain and discuss their fears, concerns, and sadness and listening them	1	5	2.12 ± 1.01
12. I think spirituality is a connective power that ensures a person to be at peace with him/herself and the environment	1	5	1.90 ± 0.89
13. I think spirituality does not include issues such as art, creativity, and self expression	1	5	3.41 ± 1.11
14. I think nurses can provide spiritual care by respecting privacy, honor, religion, and cultural beliefs of patients	1	5	1.77 ± 0.83
15. I think spirituality includes personal friendships and relationships	1	5	2.48 ± 1.10
16. I think spirituality does not involve those without faith in God/superior power	1	5	3.63 ± 1.16
17. I think spirituality is an issue including humanistic ethics	1	5	2.02 ± 0.93

Discussion

The results of this study reveal several valuable understandings regarding nurses' perception towards spirituality and spiritual care in Turkey.

In the present study, the opinions of 747 nurses working in eastern Turkey regarding spirituality and spiritual care were evaluated by using SSCRS. Mean score received by nurses from the scale was found to be 2.58±0.44 (Table 1). The data of the

present study are in parallel to other studies. (Herlianital et al., 2017, Bakir, Samancıoglu and Kilic 2017, Daghan 2017, Ugurlu, Cevirme, Yavuz and Eker 2017, Sahin and Ozdemir 2016, Eglence and Simsek 2014, Ozbasaran et al., 2011, Yilmaz and Okyay 2009). It is possible to state that spirituality and spiritual care levels of the nurses were medium in the present study considering the fact that mean score of scale items approximating to 5 indicates a good perception level for spirituality and spiritual care concepts. When it was taken into account that 62% of the nurses included in the study did not receive information about spiritual care, the result may be asserted to be at expected level. Although nurses were aware of spiritual needs of patients, very few of them can provide spiritual care for these needs. When its reasons were examined; nursing education is not able to prepare students enough about providing spiritual care and the concepts of spirituality and spiritual care are interpreted within a close framework (Stranahan 2001, Narayanasamy 2001, Ergul and Temel Bayik 2007, Sanders et al., 2016). This result made us think that awareness about spiritual care is not provided enough in nursing education.

When examining the mean score obtained by the nurses from SSCRS subscales; it was found that the subscale of spirituality and spiritual care had the highest mean score with 2.11±0.67 which was followed by religiosity with 3.53±0.70 and personalized care 2.38±0.64 respectively. Spirituality and spiritual care subscale had the highest score in another study (Bakir, Samancıoglu and Kilic 2017, Kavak et al., 2014). Scores obtained by nurses from subscales can be expressed as low. In the study by Kostak (2007), nurses attached importance to spiritual care; however, they needed information regarding the issue. Similar results were also obtained in other studies (Yilmaz and Okyay 2009) (Table 1).

Mean scores obtained by nurses from SSCRS and subscales as well as age, working years, gender, educational level, clinic, and having information about spiritual care were determined not to affect spirituality and spiritual care mean scores statistically. Studies conducted in Turkey also revealed that these characteristics did not have an effect on spirituality and spiritual care (Celik, Ozdemir, Durmaz and Pasinlioglu 2014, Kostak 2007, Yilmaz and Okyay 2009, Ozbasaran et al., 2011). Another Chinese study revealed a significant correlation between educational level and scores of spirituality and spiritual care (Wong and Yau 2010). In the study by Bakir et al.,(2017), it was concluded that while gender, type of clinic, and working years did not affect spirituality and spiritual care, mean score of the scale increased with increasing education level and the difference between them was statistically significant. There are studies indicating that mean scores of spirituality increased in parallel to educational level (Ozbasaran et al., 2011, Yilmaz and Okyay 2009). Even though there was no statistically significant correlation between education and SSCRS mean score, educational level increased recognition of spiritual need (Yilmaz and Okyay 2009).

The mean score of the statement “I think spirituality involves going to just any prayer place (mosque/church)” in the scale was found to be high. In their study Ozbasaran et al., (2011), it was determined that the mean score given for the same statement was 4.09±0.98. The same statement was ranked as the second with 3.83±1.04 points in the study of Gurdogan et al., (2017). The study results were observed to be compatible with the literature. This makes us think that spirituality and worship are used alternatively by nurses in Turkey.

The mean score of the statement “I think spirituality does not involve those without faith in God/superior power” in the scale was found to be high. Nurses tend toequate spirituality with religion, possibly due to their nursing heritage (Chan 2009, Stranahan 2001, Strang, Strang and Ternestedt 2002). Yet, Bown and Williams (1993) suggest that when nurse rearchers focus on religion but not spirituality in the study of holistic care, they limit their understanding of holistic care because holistic care supports spirituality as a dimension of person hood, including those with no formal religious beliefs. Similarly, in the study of Wong and Yau (2010), nurses defined spirituality as mostly related with religion.

The statement “I think nurses can provide spiritual care by compassionate, caring, and smiling attitude while providing care” was the one with the lowest mean score (1.65 ± 0.78) from the scale. While the statement “I think spirituality is not about

believing in God or a superior power and worship" had the lowest mean score in the study by Gurdogan et al., (2017), the statement "I think nurses can provide spiritual care in hospital by calling a religious official if the patient asks" had the lowest mean score in study of Ozbasaran et al., (2011). There is not a spiritual support unit which functions routinely amongst the hospital care services provided in Turkey. Spiritual support units are substantially limited. The mean score of this statement was thought to be low because a great majority of nurses perceived spirituality as worship.

Conclusion

Spiritual care is a practice that should not be ignored in patient care and involves holistic approach. Even though spirituality and spiritual care mean scores of the nurses were found to be low, a great majority believed the necessity of providing spiritual care. However, the fact that nurses did not receive any education for spiritual care explains this situation. Organizing education programs to ensure sufficient awareness of nurses about spirituality concept and spiritual needs of patients will pave the way for common use of spiritual care practices in the clinics. In accordance with these results, it was considered important to provide education to nurses for spiritual care during their education.

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