





# Nurses' characteristics and spiritual care knowledge in hospital setting: A cross-sectional study

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## ABSTRACT

**Background:** The low awareness among nurses regarding the provision of spiritual services in healthcare settings results in unmet spiritual needs among patients, leading hospitals to be perceived solely as centers focusing on physical aspects. This stems from nurses' low competence in providing spiritual care services.

**Objective:** This study aims to analyze the correlation between nurses' characteristics and their knowledge of spiritual care in a hospital setting.

**Methods:** A retrospective cross-sectional study was conducted, with respondents recruited using a purposive sampling technique. Inclusion criteria included nurses working in hospitals who directly care for patients. Data were analyzed using univariate analysis (frequency and percentage) and bivariate analysis using Fisher's exact test.

**Result:** A total of 117 nurses participated in this study, of whom 59.8% were female, 63.25% were aged <31 years old, 77.8% were permanent workers, 57.2% had work experience < 5 years, 91.5% were Muslim, 55.6% attended workshops/seminars, and 76.9% had moderate knowledge. Workshops/seminars had a positive correlation with knowledge and were statistically significant.

**Conclusion:** Spiritual workshops/seminars have a positive correlation and are statistically significant in enhancing nurses' knowledge of spiritual care in a hospital setting. Therefore, there is a need to improve nurses' spiritual care knowledge through continuing education, such as training, seminars, or workshops.

**Keywords:** spiritual care, spiritual services, nurses, spiritual competence

## INTRODUCTION

Spiritual fulfillment is still very rarely carried out by most nurses in health services, such as hospitals, even though most agree on the importance of patient spiritual fulfillment. Whether we realize it or not, the existence of religious and spiritual dimensions in a nurse can increase nurses' awareness in carrying out clinical practice, especially in spiritual care. Research has widely shown the relevance of the positive relationship between spirituality and

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- *This research emphasized the importance of spiritual care knowledge among nurses in a hospital setting.*
- *The majority of nurses showed adequate knowledge of spiritual care.*
- *Training, including workshops/seminars, has a positive correlation with knowledge improvement among nurses.*

well-being, happiness, optimism, meaning and purpose in life, self-esteem and self-control, and is believed to protect individuals from anxiety, suicide, and depression. Beliefs arising from good spirituality can be associated with better immunological functioning, a lower incidence of cardiovascular disease, lower blood pressure, and better health behaviors resulting in greater survival (Lucchetti et al., 2012). This belief is, of course, based on good knowledge and understanding of what is believed. These points make us realize the importance of increasing the spiritual competence of nurses, which must be possessed by all nurses involved in nursing care services because this is the main raw material in cultivating human potential that can develop positively. Several studies have stated that spirituality has a major contribution to individual mental health, fostering positive moral behavior, forming individuals who are professional, providing physical health, as well as developing characters who have better spiritual intelligence in providing spiritual care to patients (Novitasari, 2017).

The significant benefits apparently do not compel nurses to undertake spiritual care for patients in their care services. This observation arises from various research reports, which indicate that many obstacles are encountered when providing spiritual fulfillment to patients. The level of understanding and skills among nurses is identified as one of the main factors hindering the effective management of spiritual nursing care (Khasha & Permana, 2021). Strategies for addressing these obstacles must be implemented promptly, considering the numerous benefits that patients and nurses themselves can experience when they successfully implement the spiritual care

process. Various studies provide insights indicating that the majority of nurses feel unprepared to provide spiritual care due to a lack of knowledge and competence in spiritual nursing care (Green et al., 2020). Additionally, the lack of information related to spiritual care in nursing education presents a significant obstacle for nurses in its implementation. This is further compounded by the numerous limitations nurses face in delivering spiritual care, such as a lack of self-confidence, concerns about infringing upon patient privacy, and feeling that they do not meet the requirements to serve as role models (Jones et al., 2021).

The issue of providing care also presents an obstacle to meeting the spiritual needs of patients, considering that nurses are often quite busy in their duties (Selman et al., 2018). An intervention is necessary to address these various obstacles, and this foundation must be established by providing nurses with a true understanding of spiritual care. Several experiences of nurses who have undergone training offer different perspectives on spiritual care that can be applied in their daily practice (O'Brien et al., 2018). This research will examine the level of knowledge among nurses regarding the experiences of those who have attended training and workshops on spiritual care services, and the extent to which this training influences them.

## METHOD

### Design

The research design employed is a quantitative study with a retrospective approach, aiming to identify and reanalyze data to address new research questions that had not been thoroughly investigated before.

### Sample and setting

The population of this study comprised nurses working at a public hospital in Kolaka Regency, Southeast Sulawesi. The research sample was recruited from a public hospital owned by the local government in the district region using a probability sampling technique. The research sample was determined using a purposive sampling method based on the inclusion and exclusion criteria set by the researcher. The inclusion criteria were nurses who have experience in delivering nursing care to patients, nurses who have a role as a nurse in-

charge/nurse leader, and agree to participate in this study. The exclusion criteria were nurses who have a role as a nurse manager and have no experience delivering nursing care to patients. The number of nurses eligible and willing to participate in this study was 117.

### Variables

The dependent variable in this study was spiritual care knowledge, while the independent variables were gender, age group, employment status, work experience, religious affiliation, and workshop/seminar experience. Two variables were classified as nominal-based data, while the others were categorized as categorical-based data. Spiritual care knowledge was divided into three categories: low, moderate, and high.

### Instruments

The research instrument utilizes a questionnaire comprising several items, including sociodemographic data such as age, gender, age group, employment status, work experience, religious affiliation, and history of attending workshops or seminars. Meanwhile, to measure spiritual care knowledge, the Spiritual Care Competence Scale (SSCS) (Van Leeuwen et al., 2009) was employed. This scale has been tested for validity and reliability, with a Cronbach's Alpha value of 0.82, encompassing assessment and implementation of spiritual care, professionalization and improvement of the quality of spiritual care, personal support and patient counseling, referral to professionals, attitude towards patient spirituality, and communication. The instrument applied a five-

**Table 1.** Characteristics of Participants (n=117).

Characteristics	n	%
Gender		
Male	47	40.2
Female	70	59.8
Group of Age (in years)		
< 31 years	74	63.2
31 - 40 years	37	31.6
> 40 years	6	5.1
Employment Status		
Permanent worker	91	77.8
Short-term worker	26	22.2
Work Experience		
< 1 year	30	25.6
1 - 5 years	37	31.6
6 - 10 years	33	28.2
> 10 years	17	14.5
Religion affiliation		
Islam	107	91.5
Christianity	7	6
Hinduism	3	2.6
Workshop/seminar experience		
Have no experience	52	44.4
Have experience	65	55.6
Spiritual Care Knowledge		
Low	1	0.9
Moderate	90	76.9
High	26	22.2

**Table 2.** Relationship between characteristics and level of knowledge.

Characteristics	Spiritual Care Knowledge			p-value
	Low	Moderate	High	
Gender				
Male	0	35	12	0.409
Female	1	55	14	
Group of Age (in years)				
< 31 years	0	56	18	0.310
31 - 40 years	0	30	7	
> 40 years	1	4	1	
Employment Status				
Permanent worker	1	70	20	0.835
Short-term worker	0	20	6	
Work Experience				
< 1 year	0	23	7	0.313
1 - 5 years	0	26	11	
6 - 10 years	0	29	4	
> 10 years	1	12	4	
Religion Affiliation				
Islam	1	83	23	0.575
Christianity	0	4	3	
Hinduism	0	3	0	
Workshop/seminar Experience				
Have no experience	1	45	6	0.005
Have experience	0	45	26	

point Likert scale to gauge respondents' level of knowledge on spiritual care. The validity and reliability measurement resulted in three categories: weak validity and reliability for values  $\leq 0.4$ , moderate validity and reliability for values between 0.4 and 0.8, and strong validity and reliability for values  $\geq 0.8$ .

### Data Collection

The questionnaires were provided in paper form. All eligible nurses were invited to participate in this study, and those willing to participate were required to sign an informed consent form before answering and completing the questionnaires. All participants completed the questionnaires independently.

### Data Analysis

The focus of this study was to assess spiritual care knowledge among nurses in a hospital setting using a research questionnaire comprising a total of 27 statements related to spiritual care knowledge. The validity of the

questionnaire was tested with an r-table value above 0.50 using Pearson Product Moment, and reliability was tested with a Cronbach's Alpha of 0.82. Statistical analysis to test the hypotheses was conducted using the Chi-square test. However, when the cell count was too small ( $< 5$ ) for the chi-square analysis, the Fisher's exact test was used to determine whether this relationship was statistically significant.

### Ethical consideration

This research has obtained research ethics permission issued by the Health Research Ethics Commission of the Association of Indonesian Public Health Experts, Southeast Sulawesi Branch, with ethics number 62/KEPK-IAKMI/VI/2022. All nurses who participated in this study signed the informed consent, and each participant has the right to decide to cancel their participation and leave the questionnaire unfinished.

## RESULTS

At the beginning of the study, questionnaires and patient sociodemographic data were collected. Nurses' characteristics can be seen in Table 1. The research sample consisted of 117 nurses, with the largest number being women, 70 (59.8%). The largest age group was <31 years, comprising 74 people (63.2%). The highest employment status was permanent workers, with 91 people (77.8%), and the highest work experience fell within the range of 1-5 years, with 37 people (31.6%). The Islamic religion dominated, with 107 people (91.5%). Additionally, the majority of nurses, 65 people (55.6%), had received spiritual care training, and the average level of understanding among nurses regarding spiritual care was at a medium level.

Researchers conducted an analysis of the demographic characteristics of nurses to examine their correlation with knowledge of spiritual care, as shown in the following table (see Table 2). Table 2 shows that 65 nurses (55.6%) have experience in taking spiritual care training, while 52 people (44.4%) have never undergone such training. It is evident that nurses who have a history of spiritual care training exhibit the highest level of knowledge, with 20 people (30.8%), while the majority of nurses are at a medium level of knowledge, comprising 45 people (69.2%). From this table, it can also be observed that there is a positive correlation between nurses who have experience with spiritual training and their level of spiritual care knowledge. This positive correlation demonstrates strong significance, with a p-value of 0.005, indicating that the correlation between nurses' experience with spiritual training and their level of spiritual care knowledge is statistically significant.

## DISCUSSION

In this study, based on the analyzed data, it was found that none of the demographic characteristics of nurses correlated with their level of knowledge regarding spiritual care. Similar findings have been reported in other research where nurses' spiritual competence showed no significant relationship with their sociodemographic factors (Abusafia et al., 2021). This suggests that spiritual care does not discriminate based on labels or demographic data when serving patients, emphasizing the necessity for individuals from diverse backgrounds and cultures to adequately provide

spiritual care to patients. However, several other studies have indicated that the female gender demonstrates greater improvements in spiritual care services, possibly because women possess greater ability to convey feelings and emotions to patients compared to men (Melhem et al., 2016).

The bivariate research results indicate that nurses who have undergone spiritual training experience a positive correlation with the level of knowledge, signifying a significant relationship. These findings underscore the importance of spiritual education for nurses in enhancing their knowledge of spiritual care, thus equipping them to deliver effective spiritual nursing care services. Numerous research outcomes corroborate these findings, indicating that spiritual intelligence can be developed through nurses' competence gained from spiritual training, thereby enabling them to overcome barriers to spiritual services (Riahi et al., 2018). Successful learning outcomes from spiritual training are not solely dependent on individual will but also on environmental support and individual personality traits, which facilitate the absorption of knowledge and contribute to the enhancement of spiritual nursing services in healthcare settings (Rulanggi et al., 2021).

The competency possessed by nurses contributes to their satisfaction in providing spiritual services to patients. This results in an increase in nurses' understanding after receiving spiritual education, which undoubtedly has a psychological effect on nurses (Heydari et al., 2017). Moreover, spiritual education through training also has a positive behavioral impact on individuals, forming the basis for the cultivation of high moral values, particularly in caring for others, including patients (Jalili et al., 2020). Additionally, competency training in spiritual care is a crucial factor in enhancing nurses' ability to provide nursing care to patients (Chiang et al., 2020). The competence in spiritual care enables nurses to acquire knowledge and understanding of how to fulfill patients' needs, improving their relationship with God, and instilling a sense of optimism to help patients manage feelings of fear, anxiety, and disappointment stemming from the spiritual pressures they experience due to illness (Asadzandi et al., 2022). Therefore, nurses must possess competence in therapeutic communication with a spiritual approach (Asadzandi, 2021).



## CONCLUSION

Most of the characteristics of respondents showed no relationship in increasing the level of nurses' knowledge in patient spiritual care services. Only nurses who had experience in spiritual training exhibited a relationship in enhancing nurses' knowledge regarding spiritual care. This observation indicates that nurses' spirituality does not solely stem from their identity but rather that spiritual care competencies are acquired by nurses who have undergone spiritual education or training.

## Declaration of Interest

None

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## Data Availability

Authors can be contacted to access datasets created for and/or used in this study.

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