

■ Original article

The concept of spiritual health from the viewpoint of nurses working in intensive care units

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(Received: 26 Jan 2015; Accepted: 7 May 2015)

Abstract

Background and Purpose: Based on a holistic model of health care, human beings have biological, psychological, social and spiritual dimensions, which should be considered in the provision of comprehensive care. Given the fact that spiritual health coordinates different aspects of human life, we aimed to explore the viewpoints of nurses working in intensive care units about the concept of spiritual well-being.

Methods: This cross-sectional study was conducted on a random sample of nurses (n=62), working in the intensive care unit during 2014-2015. Data were collected, using a questionnaire consisting of demographic characteristics and statements evaluating nurses' attitudes towards spiritual health. Face and content validity of the questionnaire were confirmed, and its reliability was assessed by Cronbach's alpha. Descriptive and inferential statistics were calculated, using tests such as Chi-square, t-test and ANOVA. For data analysis, SPSS version 17 was used. P-value less than 0.05 was considered statistically significant.

Results: The mean age and work experience of nurses were 32.5±9.21 and 12.1±1.9 years, respectively. The obtained results showed that 33 (53.2%), 17 (27.4%) and 12 (19.3%) nurses had good, moderate and poor attitudes towards spiritual well-being, respectively. According to ANOVA test results, spiritual care was significantly correlated with nurses' age and work experience (P<0.05).

Conclusion: Considering the positive attitude of our participants towards spiritual well-being and the importance of spiritual dimension in nursing care, besides physical and mental aspects, continuous educational workshops on spiritual care are recommended for promoting nursing skills.

Keywords: Intensive care unit, Nurse, Spiritual well-being

Introduction

The healing effects of spirituality, as the core of human beings, have been increasingly recognized over the years. The importance of spirituality has been reflected in nursing studies, leading to a growing interest in spirituality and spiritual care for patients in nursing practice (1).

So far, various definitions of spirituality have been proposed. Some regard spirituality as the most valuable human relationship and some consider it as a pursuit for the meaning of existence, noble role

models and behaviors which connect the individual to a transcendent dimension or beyond physical being (2). Some believe that spirituality is a concept beyond religion, which includes other notions such as spiritual well-being, peace and comfort, attained by faith and spiritual coping. Also, spirituality is introduced as the experiences and manifestations of the soul in a unique and dynamic manner, which reflects one's belief in God or an infinite power.

One's interactions with others, God and nature

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affect all aspects of human life (3). Currently, most models of health care include spiritual health. The concept of spirituality, which is associated with all aspects of health in all age groups, has attracted the attention of researchers, worldwide. Spiritual well-being as one of the human aspects is dependent on one's religious beliefs (4). Besides physical, psychological and social dimensions, spiritual well-being is one of the aspects of human health, which promotes one's general health and coordinates different aspects of life; this coordination increases mental functioning and adaptation (5, 6).

Spiritual well-being is considered as an integral aspect of life and is essential for satisfying one's need for purpose, meaning, love and forgiveness. General well-being refers to the sense of purpose and satisfaction with life, while religious well-being pertains to the sense of satisfaction with one's relationship with a higher power or God (7).

Spiritual well-being is related to human's spiritual experiences from two different perspectives: religious health which focuses on people's understanding of spiritual health when connected to a higher power and general well-being which focuses on one's social and mental concerns about adapting with oneself, community and environment (8, 9).

According to a holistic model of health care, human beings have biological, psychological, social and spiritual dimensions, which should be considered in the provision of comprehensive care (10). Spiritual health is introduced as a new dimension of health, which is acknowledged besides physical, psychological and social aspects; however, it is difficult to accurately define this aspect of health. Undoubtedly, spiritual well-being is not limited to the effects of prayers and one's emotional status on disease treatment (11).

In recent years, the Joint Commission on Accreditation of Health Organizations, World Health Organization, the American Nurses Association's ethical code, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting and the Canadian Council on Health Services Accreditation have introduced legislations to evaluate the spiritual health of individuals, especially patients (12).

During treatment, nurses are involved in patients'

private issues; hence, they should be able to easily engage in their spiritual matters. Considering the definition of nursing as the recognition and treatment of human responses, nurses must provide spiritual care for their patients (13). Nurses comprise the largest group of care providers in health care systems and play important roles in helping patients find meaning and purpose in life and promote health and disease management (14).

Today, the importance of spiritual dimension in nursing care has been highlighted. Therefore, the views and attitudes of nurses towards spiritual care can play important roles in the implementation of nursing care (15). Nurses are the largest group of care providers in health care systems (14) and spiritual health is one of the most important aspects of health (16). However, there are few studies on nurses' attitudes in intensive care units (ICUs) toward spiritual well-being. Therefore, this study was designed to explore the viewpoints of nurses working in the ICU about the concept of spiritual well-being.

Materials and Methods

In this cross-sectional study, we explored the views of 62 nurses, working in the ICU, about spiritual well-being during 2014-2015. The participants were randomly selected at the ICU. The inclusion criteria were as follows: 1) working in the ICU for at least six months, and 2) holding a bachelor's degree or higher.

The data collection tool was a two-part questionnaire. The first part included demographic information (e.g., age, gender, marital status, work experience and educational level), and the second part consisted of 12 specific items about spiritual well-being, which was prepared and modified, based on literature review (6, 8, 9).

The content validity of the questionnaire was assessed based on previous studies. Also, 10 faculty members at the nursing department of Tehran University of Medical Sciences (TUMS) were asked to comment on the questionnaire; finally, the questionnaire was revised according to expert advice. The reliability of the questionnaire was determined, using Cronbach's alpha ($r=0.8$).

The items in the questionnaire were graded, using

a 5-point Likert scale, ranging from «completely disagree» (score 0) to «completely agree» (score 5). Spiritual well-being was classified into three levels: low (0-16), medium (16.1-32) and high (32.1-48), with the scores ranging between 0 and 48.

Data analysis was performed by calculating descriptive (i.e., frequency, mean, median and standard deviation) and inferential statistics (i.e., t-test, Chi-square and ANOVA). SPSS version 17 (SPSS Inc., Chicago, IL, USA) was used for statistical analysis. P-value less than 0.05 was considered statistically significant.

The study design was approved by the Ethics Committee of Medical Ethics and History of Medicine Research Center at TUMS (Project number: 23096-50-03-92). The subjects were voluntarily included in the study and were allowed to withdraw from the study at any time. Also, the collected information was kept confidential by the researchers.

Results

The majority of subjects were female (70.9%) and married (61.2%). Also, most participants had a bachelor's degree (96.6%), were employed in one single hospital (59.6%) and worked various shifts (48.3%). The mean age and work experience of nurses were 32.5 ± 9.21 and 12.1 ± 1.9 years, respectively (Table 1).

According to ANOVA test results, spiritual care was significantly associated with nurses' age and work experience ($P < 0.05$). Overall, 53.2% ($n=33$) of subjects had a positive attitude towards spiritual health, 27.4% ($n=7$) had a moderate to somewhat favorable attitude, and 19.3% (12) had a negative attitude towards spiritual health. In general, participants had a favorable attitude towards spiritual care (35 ± 1.35). In Table 2, the items of the questionnaire related to spiritual well-being are presented.

Discussion

The present study showed that nurses' attitude towards spiritual well-being was favorable. Compared to our findings, Zare et al. and Hsiao et al. showed that nurses' spiritual well-being was at

Table 1. The demographic characteristics of nurses ($n=62$) and the relationship between spiritual well-being and demographic information

	Variables	Number (%)	Statistical test
Sex	Female	44(70.9)	P=0.31
	Male	18(29.3)	
Marital status	Married	38(61.2)	P=2.63
	Single	24(38.7)	
Age	>25	10(16.1)	P=0.004*
	26-35	26(41.9)	
	36-45	18(29)	
	<46	8(12.9)	
	Mean	32.5 + 9.21	
Educational level	B.Sc. (Bachelor of Science)	60(96.6)	P=0.08
	M.Sc. (Master of Science)	2(3.3)	
Employment status	Contraction (free education commitment)	7(11.2)	P=8.06
	Corporate (part time)	21(33.8)	
	Contract	15(24.1)	
	Formal (permanent)	19(30.6)	
Work experience years	>5	5(8)	P=0.001*
	6-10	17(27.4)	
	11-15	24(38.7)	
	16-20	9(14.5)	
	<20	7(11.2)	
	Mean	12.1 + 1.9	
shift status	One shift	37(59.6)	P=2.61
	Two shifts	24(38.7)	
	Three shifts	1(1.6)	
Working shifts	Only in the morning	13(20.9)	P=0.91
	Evening and night	19(30.6)	
	Rotational	30(48.3)	

*The correlation was significant.

medium and moderate (to good) levels in Iran and Taiwan, respectively (7, 17). Positive attitude and sufficient knowledge about spiritual care are the first steps of care provision. In general, spiritual health in Iran's health system is less recognized in formal contexts, whereas it is not neglected in

Table 2. The frequency of nurses' responses to questionnaire statements regarding spiritual well-being (in the ICU)

	Statements	Totally agree	Agree	Not sure	Disagree	Completely disagree
		(Number) percent	(Number) percent	(Number) percent	(Number) percent	(Number) percent
1	Spiritual care is an important part of nursing practice.	35.4(22)	20.9(13)	22.5(14)	4.8(3)	12.9(8)
2	Nurses can provide spiritual care by inviting a religious cleric to the patients bedside if they desired.	51.6(32)	16.1(10)	11.2(7)	3.2(2)	17.7(11)
3	Nurses can provide spiritual care by showing kindness, respect and comfort while providing care.	30.6(19)	35.4(22)	20.9(13)	1.6(1)	11.2(7)
4	Nurses can provide spiritual care by respecting patients' privacy.	33.8(21)	27.4(17)	14.5(9)	19.3(12)	4.8(3)
5	I believe that nurses can provide spiritual care by respecting patients' value and dignity.	20.9(13)	37(23)	22.5(14)	17.7(11)	1.6(1)
6	I believe that nurses can provide spiritual care by respecting patients' religious and cultural beliefs.	27.4(17)	25.8(16)	16.1(10)	22.5(14)	6.4(4)
7	When nurses help patients find meaning and purpose in their disease, they have offered spiritual care for their patients.	50(31)	29(18)	11.2(7)	0	9.6(6)
8	Nurses can provide spiritual care by allowing patients to talk about their fears, anxieties and problems.	67.7(42)	4.8(3)	12.6(8)	12.9(8)	1.6(1)
9	Nurses can provide spiritual care by listening to their patients.	50(31)	12.9(8)	22.5(14)	8.06(5)	9.6(6)
10	Spiritual care includes confidence in ones' superiority and the need to communicate with others.	29.03(18)	29.03(18)	29.03(18)	8.06(5)	4.8(3)
11	Spiritual care contributes to happiness and meaningfulness in life.	46.7(29)	19.3(12)	9.6(6)	17.7(11)	6.4(4)
12	For spiritual care, nurses need to update their relevant knowledge and skills.	25.8(16)	24.1(15)	43.5(17)	1.6(1)	4.8(3)

private settings.

As the review of the history of health care systems indicates, the importance of spiritual health has been recognized informally by patients' relatives and even health care systems. Therefore, it can be said that the majority of nurses have informally acknowledged spirituality by raising patients' hope and trust in God. This can be rooted in the fact that Iranian nurses have positive attitudes towards spirituality, despite the poor level of spiritual care.

Researchers have shown that nurses with religious beliefs tend to know more about the spiritual needs of patients (18). The capacity of nurses to provide spiritual care is associated with their spirituality and the spiritual dimensions of their training (19). In the present study, regarding the relationship between one's attitude towards spiritual care and demographic characteristics, there was a positive significant correlation between spiritual care, age and work experience. In other words, nurses' advancing age and increased work experience in clinical settings improved their attitudes towards

spiritual care.

Other similar studies have also shown the effect of age on spiritual well-being (20, 21). Butell reported that nurses, aged 50-59 years, tended to assess the spiritual needs of their patients more than nurses, aged 30-39 years (22). However, Mazaheri showed no relationship between work experience and attitudes towards spiritual care, which was inconsistent with the current findings (13).

In conclusion, nurses had a positive attitude towards spiritual care. Moreover, a significant relationship was observed between nurses' attitude towards spiritual care and their age and work experience. Considering the importance of the spiritual dimension of nursing in providing spiritual care for patients (besides physical and psychiatric care) and the need to enforce these skills in nurses, we suggest that continuous educational workshops be implemented about spiritual care. Regarding the abovementioned points, hospital services can be integrated with Islamic religious principles to strengthen nursing care.

Conflicts of interest

There were no conflicts of interest in this study.

Author's contributions

All authors participated in writing the scientific proposal, data collection and writing the manuscript. All authors read and approved the final manuscript.

Acknowledgements

This study was supported by the research deputy of Medical Ethics and History of Medicine Research Center at TUMS (No: 23096-50-03-92). We would like to thank all the nurses who sincerely cooperated with us in data collection.

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