

# The spirituality and spiritual care rating scale nursing essay

[Health & Medicine](#), [Nursing](#)



## Introduction

Spirituality includes the meaning of and the struggle to accept an individual's relationships with him/herself and with other people, his/her place in the universe, and meaning of life and at the same time includes the meaning that comes to an individual as a result of information gained throughout his/her life and that form his/her purpose in life. 1 Even though spiritualism and religion are frequently used in the same meaning, there are important differences between these two concepts. Religion is commonly defined as a system, which includes sacred and metaphysical values or the idea of God in the belief system and stipulates a lifestyle for believers. 2, 3 Spiritualism is much more comprehensive than religious practices; however, it can also include religious practices. Whether they formally perform the religious practices or not, all human beings have a spiritual dimension. The spiritual dimension enables individuals to find the meaning of life, health, disease, sorrow, pain and death. 4-7 The nursing researches, which were conducted on spirituality and spiritual care, determined that nurses are aware of the spiritual needs of patients; however, only a few of them provide spiritual care aimed at these needs. While the primary reason for this is that nursing education can not sufficiently prepare students to provide spiritual care; the secondary reason is that the concepts of spirituality and spiritual care are interpreted within a limited scope. 8-10 Another reason is that in studies conducted on spirituality and spiritual care involved in the nursing literature, these concepts are included as a subjective concept, which is based on the world views and interpretations of individuals. In addition, personal thought system, spiritual needs and care perceptions, life hopes, volunteerism and

sensibility of nurses have also an effect on the care. 11-12 There is a limited number of studies conducted on spirituality and spiritual care in our country. 3, 6, 13-19 However, as is known, the concept of spiritual care is included as a human need within the scope of the integrated care philosophy in nursing education in our country, as well. The concept has started to be given as a separate course in some of the schools that offer nursing education.

Considering the practice, on the other hand, it could be asserted that the changes have not been sufficient. In Turkey, studies on the subject of spiritual care are rare and if the different levels of nurses' spiritual care practices affect patients' well-being, then understanding nurses' spiritual care perceptions and their practices related to such care is important for future professional development. The aim of this research was to study nurses' attitudes to practising spiritual care.

## **2. Methods**

This study was a descriptive survey conducted at a general hospital in the city of Kars, at the eastern part of Turkey. 2. 1. Study participants There were 222 permanent staff positions for clinical nurses in the hospital at the time of study, but 29 of the nurses were not on duty for a variety of reasons, including leave, time off, and maternity leave. The response rate was 87% (n = 193) 2. 2. Instruments and measurements The present study was conducted between June and July, 2012. Before the application of data collection tools, nurses were informed about the objective of the research and their informed consent was received about their voluntary participation in the research. Nurses who accepted to participate in the research were

given the questions; approximately 20 minutes were allocated for the completion. Permission for conducting this study was obtained from the management of the hospital. Participants were informed of the purpose and procedure of the study. Written consents were obtained from the participants.

2. 2. 1. Questionnaire: A demographic questionnaire was prepared by the researchers based on the relevant literature, was comprised of 9 questions about their age, educational background, marital status, income level, length of clinical experience, department, weekly working hours, hospitalization experiences, receiving spiritual care lessons during nurse training.

3, 202. 2. 2. The Spirituality and Spiritual Care Rating Scale (SSCRS)The SSCRS was developed by McSherry et al. (2002). 21 The SSCRS measures spirituality by quantifying participants' perceptions of the extent to which they hold certain spiritual views and engage in certain spiritually related activities. The tool is composed of 17 items rated on a five-point Likert-type scale. The SSCRS is scored by calculating the arithmetic mean across all items, for a total score that ranges from 1-5. In general, higher scores indicate a higher level of perception of spirituality or provision of spiritual care. The Turkish version of SSCRS was used in this study. The Turkish adaptation of the SSCRS was developed in 2007 by Ergül and Temel.

16 The original Cronbach  $\alpha$  coefficients for the scale in Ergül and Temel's research study was . 76. In our research, Cronbach  $\alpha$  value was calculated as . 80.

2. 3. Data AnalysisData were analysed using the SPSS for Windows, Version 13. 0 (SPSS, Inc., Chicago, IL, USA) Descriptive statistics were used to describe nurses' demographic characteristics. An independent t test and one-way analysis of variables (ANOVA) were used to determine differences in

participants' perceptions of spirituality or provision of spiritual care and participants' demographic characteristics. The level of significance was set at .05.

### **3. Results**

All nurses were women (100%). Ages ranged from 18 to 53 years, with a mean age of  $32.88 \pm 5.45$  years. More than half of the participants were married (62.2%). The highest educational level of participants was associate degree (43.5%), perceived income level was middle (50.8%) and their clinical experience (59.1%) had  $\geq 11$  years. The mean length of clinical experience was  $12.14 \pm 8.45$  years. They were employed in a medical department (55.4%). Most participants (62.2%) reported hospitalization experience. Nurses had  $\geq 41$  weekly working hours (63.7%). A few of the participants (11.3%) had received spiritual care lessons during nurse training. The overall potential range of scores on the SSCRS was 1 to 85. The mean score of the SSCRS was  $54.41 \pm 8.17$ . The mean scores for the SSCRS items are given in Table 1. The highest three mean scores for SSCRS were obtained by item 3; I think that spirituality is only concerned with a need to forgive and be forgiven ( $3.97 \pm 1.13$ ), item 13. I think that spirituality does not involve areas such as art, creativity and self-expression ( $3.88 \pm 1.12$ ) and item 16; 'I think that spirituality does not apply to those who do not have a belief in God/Supreme Power' ( $3.87 \pm 1.11$ ).

### **4. Discussion**

This article presented the results of the perception of spirituality and spiritual care of clinical nurses in Kars. In this study, it was seen that nurses who were

older, married and with a high educational level had higher spirituality and spiritual care scores. Similar studies, such as Chung and Chan (2007); Tuck et al. (2001); Kendrick and Robinson (2000) reported that older nurses had higher spirituality. 22-24 Tuck et al. (2001); Cavendish et al. (2004) found that married nurses were relatively higher spirituality and spiritual care scores. 23, 25 In the study, the level of education increased, nurses' scale mean scores also increased significantly. Findings of previous studies (Wong et al., 2008; Yılmaz and Okyay 2009; Özbaşaran et al. 2001; Wu and Lin 2011) emphasized that as the level of education increased, nurses' scale mean scores also increased significantly. 19, 25-28 These findings are in parallel with the findings of other studies. In this study revealed that nurses who worked in medical departments and  $\geq 11$  years clinical experience had higher scale scores. Previous studies also claimed that medical nurses 19, 29-31, experienced nurses had higher spirituality and spiritual care scores. 19, 28, 32 Similarly to the previous studies, hospitalisation experience had higher spirituality and spiritual care scores. 29 Findings concurred with previous studies emphasized that receive spiritual care lessons during nursing training indicate a higher level of perception of spirituality and spiritual care. 28, 33 According to nurses, the most important items were identified as " I think that spirituality is only concerned with a need to forgive and be forgiven", " I think that spirituality does not involve areas such as art, creativity and self-expression" and ' I think that spirituality does not apply to those who do not have a belief in God/Supreme Power" When these items are considered, it is seen that nurses relate spirituality mainly with religious elements. Weaver and Flannelly (2004) 34 who claimed that, although

spirituality is not equal to religion, a 'beyond' dimension makes a connection with God (or the deist's Supreme Being). Spirituality, however, can be defined as the quality of having a dynamic and personal relationship with God. 27 Nurses tend to equate spirituality with religion<sup>20, 29, 35</sup>, possibly due to their nursing heritage. Brown and Williams, (1993), however, suggest that when nurse researchers focus on religion but not spirituality in the study of holism, they limit the understanding of holistic care, as holism supports spirituality as a dimension of personhood including those with no formal religious beliefs. 36 Similarly, in the study of Wong and Yau (2009), nurses defined spirituality as mostly related with religion. There are a limited number of studies on spirituality and spiritual care in our country<sup>37</sup>. Other studies conducted in Turkey (Özbaşaran et al. 2011; Yılmaz, & Okyay, 2009), where employed the same scale, it was seen that nurses associated spirituality and spiritual care generally with religion. 17, 27 These concepts are still analysed on a theoretical basis. 3, 16 Ross (2006), in a literature review, found that nurses' awareness of patients' spiritual requirements were quite limited and that they tended to focus on religious requirements related with spiritual care and they had difficulty in defining spiritual care. 11 International studies have shown that there is a lack of knowledge and general confusion regarding nurses' perceptions and interventions related to spiritual care. 10, 17, 39

## 5. Conclusion

In this study, performed to determine the spirituality and spiritual care practices of nurses working in east part of Turkey. The findings of this study

provide preliminary insights into nurses' views of spirituality and spiritual care. Education, marital status, older age, experience, working department and receiving spiritual care lessons had higher scale scores. Results recommend that additional education programs or trainings on spiritual care are needed to improve the ability of nurses in catering to the spiritual needs of patients and guide clinical nurses when conducting spiritual care. In this study, all (n = 193, 100%) nurses were women, for that reason, it is recommended that further study be conducted to explore the influence of gender on nurses' perceptions of spirituality and spiritual care. The current study was limited by its focus on one hospital, thus a random sampling of different hospitals is recommended for a future study. As the findings in this study come from nurses' perspectives. Further studies are recommended to focus on the patients' perspectives as well.