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Araştırma Makalesi

Determining The Nurses' Perception of Spirituality And Spiritual Care And Its Relationship With Job Satisfaction

Hemşirelerin Spiritüalite ve Spiritüel Bakım Algısının Belirlenmesi ve İş Doyumu İlişkinin İncelenmesi

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Özet:
Amaç: Çalışmanın amacı, hemşirelerin spiritüalite ve spiritüel bakım algıları ve spiritüalite ile iş doyumu arasındaki ilişkisinin belirlenmesidir.
Yöntem: Araştırma tanımlayıcı tiptedir. Araştırmanın evrenini bir üniversite ve bir devlet hastanesinde çalışan 374 hemşire oluşturmuştur. Çalışmanın örneklemine alınacak hemşire sayısı power analizi ile belirlenmiş olup 275 hemşire örneklemi oluşturmuştur. Araştırmanın verileri Tanıtıcı Bilgi Formu, Maneviyat ve Manevi Bakım Derecelendirme Ölçeği ve Minnesota İş Doyum Ölçeği ile toplanmıştır. Verilerin analizinde Kolmogorov-Smirnov testi, yüzdelik, ortalama ve standart sapma, ki-kare, student t-testi, ANOVA ve Pearson's korelasyon kullanılmıştır.
Bulgular: Hemşirelerin %85.8'i kadın, yaş ortalaması 28.59±6.85, çalışma yılı ortalaması 6.97±6.82 ve yarısından fazlası (%55.3) lisans mezunudur. Hemşirelerin maneviyat ve manevi bakım derecelendirme ölçeği puan ortalaması 53.76 ± 4.58'dir. Maneviyat ve manevi bakım derecelendirme ölçeği puan ortalaması ile iş doyum ölçeği puan ortalaması arasında pozitif yönde anlamlı bir ilişki gösterdiği bulunmuştur.
Sonuç: Hemşirelerin spiritüalite ve spiritüel bakım algılarının orta düzeyde ve iş doyumu arasında pozitif yönde ilişki olduğu bulunmuştur.

Anahtar Kelimeler: Hemşirelik; spiritüalite; spiritüel bakım; iş doyumu

Abstract:
Aim: This study aims to determine perception of nurses' spirituality and spiritual care and the relationship between spirituality and job satisfaction.
Methods: The research is descriptive type. The universe of the study consisted of 374 nurses working at one university and one state hospitals. The sample of the study was determined by power analysis and consisted of 275 nurses. A Personal Information Form, Spirituality and Spiritual Care Rating Scale and Minnesota Satisfaction Questionnaire were used for data collection. The data were analyzed by using frequency, percentage, Kolmogorov-Smirnov test, mean, standard deviation, Chi-square, student t-test, ANOVA, and Pearson's correlation.
Results: 85.8% of the nurses are female, average age is 28,59 ± 6.85, average of the study year is 6.97 ± 6,82 and more than half (55.3%) is undergraduate. The mean score of nurses' Spirituality and Spiritual Care Rating Scale is 53.76 ± 4.58. It was determined that the nurses' job satisfaction scale mean score was positively correlated with the spirituality and spiritual care rating scale mean score.
Conclusion: It has been found that the nurses are a intermediate nurses' perception levels of spirituality and spiritual care and there is a positive correlation between spirituality and job satisfaction.

Key Words: Nursing, spirituality; spiritual care; job satisfaction

Introduction

Holistic approach is now widely preferred in various fields of scientific practice, particularly in nursing, while providing public services [(1)]. Holistic approach to human health encompasses all dimensions of human life, including spiritual dimensions. Spirituality becomes even more preeminent especially when one is compelled with emotional stress, diseases and death, existential angst, or despair [(2)]. The spiritual dimension is an indispensable aspect of holistic care and it directly impacts health attitudes and behaviors [(1)]. Narayanasamy and Owens [(3)]

found that spiritual care practices reduce distress, directly or indirectly, and emotionally support patients in coping with diseases or pain.

Patients often need guidance and spiritual support about such critical concepts involving life, death and diseases, and seek for professional assistance, especially from nurses [4]. Today, the Joint Commission on Accreditation for Health Care Organizations and International Council of Nurses (ICN) identifies spiritual nursing care as high quality medical care [5]. Both national and international studies have shown shown that nurses are not fully aware of the significance of the spiritual needs of their patients [2,5-11]. The results of the study also show that in Turkey, as in different countries of the world, it is not sufficient for nurses to be aware of and determine the spirituality care needs of patients. Poor recognition of the spiritual needs, heavy workload, and insufficient sources impair provision of efficient spiritual care services [1, 5, 7]. One of the major reasons of incompetent spiritual care is the nurses' own spiritual concerns such as their perception of spirituality, their own spiritual needs, and awareness towards spiritual care [8, 12]. If nurses are aware of their own spiritual needs, they will first meet their own needs and will be more sensitive to the care needs of their patients in this regard. At the same time, their own experiences will guide nurses about how important it is to meet the patient's spiritual care needs. The nurse will be therapeutically and emotionally satisfied by meeting the spiritual care needs of both her own and her patient's. Goddard [13] defined nursing as an inherently spiritual profession. Graber and Johnson [14] argued that medical services, especially nursing, and spirituality are interrelated. Nurses with a high level of self-awareness regarding their own spirituality and spiritual needs are more likely to pay attention to the spiritual needs of their patients and deliver medical care services with a special emphasis on spiritual care.

Job satisfaction ensures high quality nursing services. Holland investigated the correlation between spirituality and job satisfaction among nurses and reported that enhancing the spiritual quality of nurses certainly enhanced their job satisfaction [15]. Kinjerski and Skrypnek [16]

conducted a study with nurses and doctors and found a positive moderate correlation between spirituality scores and job satisfaction.

As the vitality of spiritual needs is globally established, it is now impossible to overlook its crucial function in nursing practices. Therefore, this study primarily aimed to study the nurses' perception of spirituality and spiritual care, and the correlation between spirituality and job satisfaction, which would eventually help design spiritual care.

The aim of research

This research aims to determine perception of nurses' spirituality and spiritual care and the relationship between spirituality and job satisfaction.

To achieve this aim, the following questionsanswer has been seek:

• What are the current levels of nurses' perception of spirituality and spiritual care?

• What factors basically influence nurses' perception of spirituality and spiritual care?

• Is nurses' perception of spirituality and spiritual care correlated with job satisfaction?

Material and Methods

Research type

This research is descriptive type and relational model.

The universe and sample of the research

The universe of the study consisted of 374 nurses working at a university hospital and a public hospital in the western Black Sea Region of Turkey. These 374 nurses were working in 11 intensive care units, surgery units, and 9 internal diseases units at the time of this research. The research sample comprised all nurses who were present at the clinic and consented to participate, therefore, no sampling method was used. The number of nurses to participate in the study was determined using power analysis, which indicated that the ideal number of nurses was 263 with a power of 0.90 and 0.05 type I error [(17)]. The research was completed with 275 nurses. The nurses in outpatient clinics were excluded from the research.

Data Collection Tools

A "Personal Information Form", the "Spirituality and Spiritual Care Rating Scale (SSCRS)"for perceptions of spirituality and spiritual care and the "Minnesota Satisfaction Questionnaire (MSQ)" were used for data collection.

The personal information form; The personal information form included questions about the socio-demographic characteristics of the nurses, job characteristics, their levels and sources of information on spirituality, the constraints in determining spiritual care needs, and their spiritual care practices. The difficulty level of nurses in determining the spiritual care needs of patients (0=not at all difficult-10=very difficult) and the level of nurses' meeting the spiritual care needs of their patients (0=not at all 10=I meet at a very good level) were determined with 10-point ruler.

In this form, questions about effective factors in giving spiritual care to patients were also included. The personal information fom also included questions about the influence of care quality and providing spiritual care on job satisfaction.

Spirituality and Spiritual Care Rating Scale; The scale was developed by McSherry, Draper and Kendric [(18).] The Turkish version of the scale was tested for reliability and validity by Ergül and Temel [(9)] . It is a 5 point Likert-type scale with 17 items scored from" absolutely disagree" (1) to "absolutely agree" (5). The lowest score is 17 and the highest score is 85. Higher scores indicate desired levels of perception of spirituality and spiritual care. McSherry et. al [(18)] found Cronbach alpha coefficient of the scale as 0.64. The other hand, Ergül and Temel [(9)] found Cronbach alpha coefficient as 0.76. In this research, the Cronbach's alpha coefficient of the scale was found to be 0.50.

Minnesota Satisfaction Questionnaire; The questionnaire was developed by Weiss, Dawis, England and Lofquist [(19)]. Baycan (1985) tested the reliability and validity of the Turkish version of the questionnaire [(20)]. The scale simply measures job satisfaction or dissatisfaction.

It is a 5 point Likert-type questionnaire that includes 20 items. The items are scored from 1-not satisfied to 5-very satisfied. The lowest score in the scale is 1 while the highest score is 5. The Cronbach Alpha coefficient is found to be 0.77 [20]. In this research, the Cronbach's alpha coefficient of the scale was found to be 0.88.

Ethical Consideration

This study was conducted in compliance with the Helsinki Declaration. Ethical approval was obtained from the Board of Ethics for Humanities of the university where the study was conducted. Written consent was obtained from the participants and hospitals. In addition, necessary permissions were obtained for the scales used to collect data.

Analysis of the Data

The study data were evaluated using a statistical package software. The data were assessed with number, percentage, average, and standard deviation tests. The distribution of data was analyzed with Kolmogorov- Smirnov test. The study data with a Kolmogorov-Smirnov (K-S) result of $p>0.05$ were analyzed with parametric tests. The difference significance test (student's t-test) was carried out to analyze the difference between the mean scores of two groups, whereas one-way variance analysis (ANOVA) was used to compare the mean scores of more than two groups. The Pearson's correlation test was used to analyze the correlation between continuous variables. The significance level was taken as $p<0.05$.

Limitations

The research is limited to nurses working in the clinics of a university hospital and a public hospital in the western Black Sea Region of Turkey.

Results

The study results showed that 85.8% of the participant nurses were female with an average age of 28.59±6.85. More than half of the participants (55.3%) had a university degree while 26.9% of them graduated from vocational high schools and 6.9% had a graduate degree. The average

duration of service was 6.97±6.82. The nurses reported that a majority of them (60.7%) was already familiar with spiritual care and they were informed during their professional training at the university (46.9%) or through scientific articles (18.8%), congresses and symposiums (14.8%), in-service training programs (13.0%) or mass media (6.5%). The nurses asked to grade their spiritual care experiences and the constraints in providing spiritual care between 0 and 10. It was reported that the level of constraints was 4.66±2.04 and spiritual care practice level was 5.79±1.97. Most nurses stated that their training (92.4%) and their own spirituality (74.5%) were efficient for providing spiritual care.

The mean score of the "Spirituality and Spiritual Care Rating Scale (SSCRS)" was reported to be 53.76±4.58. The distribution of mean scores of the "Spirituality and Spiritual Care Rating Scale (SSCRS)" in relation to certain variables is given in Table 1.

Table 1. **The Distribution of Mean Scores of the Spirituality and Spiritual Care Rating Scale According to Some Variables**

Variables	SSCRS Mean	Sd	Statistical Analysis
Sex			
Female	53.84	4.56	t: 0.694
Male	53.28	4.69	p: 0.491
Educational status			
Vocational high school of health	53.78	4.97	
Health college	53.50	4.58	F: 1.772
Undergraduate degree	53.51	4.47	p: 0.153
Graduate degree	56.05	3.35	
Unit			
Intensive care	53.34	4.25	
Internal ward	53.88	4.82	F: 0.843
Surgery ward	54.32	4.61	p: 0.432
Familiarity with the concept of spiritual care			
Familiar	54.06	4.29	t: 2.018
Unfamiliar	52.74	5.36	**p: 0.040**
Efficiency of education in giving spiritual care			
Efficient	54.07	4.39	t: 4.077
Not efficient	49.95	5.18	**p<0.001**
Efficiency of nurse's own spirituality in providing spiritual care			
Efficient	54.17	4.57	t: 2.577
Not efficient	52.55	4.41	**p: 0.010**
Influence of spiritual care on care quality			

It enhances care quality	53.99	4.48	t: 2.583
It does not enhance care quality	51.57	4.98	**p: 0.010**

SSCRS:Spirituality and Spiritual Care Rating Scale; Sd:standard deviation; t:student's t-test; F:one-way variance analysis

It was demonstrated that the mean scores of the SSCRS did not vary according to sex, educational status, and units worked in (p>0,05). The nurses with higher SSCRS mean scores were familiar with spiritual care and believed that education and one's own spirituality were efficient in giving spiritual care, and that spiritual care practices would enhance care quality, which was noted to be statistically significant (p<0.05).

Table 2. The Correlation between SSCRS Mean Scores and Variables

Variables	**1**	**2**	**3**	**4**	**5**
1- Average age	1				
2- Average duration of service	0.809**	1			
3- Mean scores of constraint levels in determining spiritual care needs	-0.027	-0.071	1		
4- Mean scores of giving spiritual care	-0.012	0.052	-0.140*	1	
5- SSCRS mean scores	-0.041	-0.044	-0.060	0.258**	1
6- MSQ mean scores	-0.041	0.027	-0.079	0.209**	0.142*

SSCRS:Spirituality and Spiritual Care Rating Scale; MSQ: Minnesota Satisfaction Questionnaire; Pearson's correlation;*p<0.05 **p<0.01

SSCRS mean scores of nurses indicated a positive correlation between mean scores of spiritual care practice and MSQ mean scores (p<0.05). The results also suggested that positive spirituality and spiritual care perceptions gave rise to enhanced levels of spiritual care practice and job satisfaction. It was also found that there was a positive correlation between MSQ mean scores and mean scores of practice spiritual care (p<0.05). Higher job satisfaction levels signified higher levels of spiritual care practices, which, in turn, ensured higher levels of job satisfaction. The constraints in determining spiritual care needs reduce the levels of spiritual care practices (p<0.05). Nurses challenged with constraints in determining spiritual care needs also have difficulties in meeting spiritual care (Table 2).

Table 3. The Distribution of Spiritual Care Practices, SSCRS and MSQ Mean Scores, Care Quality, and Job Satisfaction

Variables	Spiritual Care Practice Level		SSCRS score		MSQ score	
	Mean	Sd	Mean	Sd	Mean	Sd
Influence of care quality on job satisfaction						
It enhances	6.05	1.76	54.07	4.25	2.99	0.59
It does not enhance	4.58	2.41	52.27	5.72	2.76	0.63
Statistical Analysis	t: 3.987 **p< 0.001**		t: 2.072 **p: 0.043**		t: 2.378 **p: 0.018**	
Influence of spiritual care practices on job satisfaction						
It enhances	5.96	1.82	54.00	4.35	2.99	0.60
It does not enhance	4.88	2.45	52.42	5.57	2.74	0.60
Statistical Analysis	t: 2.712 **p<0.01**		t: 2.063 **p: 0.040**		t: 2.458 **p: 0.015**	

SSCRS:Spirituality and Spiritual Care Rating Scale; MSQ: Minnesota Satisfaction Questionnaire; Sd:standard deviation; t:student's t-test; F:one-way variance analysis

The nurses, who believed that care quality enhanced job satisfaction, had a higher level of spiritual care practices (6.05±1.76), SSCRS mean scores (54.07±4.25) and MSQ mean scores (2.99±0.59) in comparison with those who did not, which was considered to be statistically significant ($p<0.05$). It was further stated that the nurses, who believed spiritual care practices improved job satisfaction, reported comparatively higher levels of spiritual care practices (5.96±1.82), SSCRS mean scores (54.00±4.35) and MSQ mean scores (2.99±0.60), which was found to be statistically significant ($p<0.05$) (Table 3).

Discussion

A majority of the nurses, who participated in the study, stated that they were informed about the concept of spirituality via their professional training at the university, scientific articles, congresses and symposiums, in-service training programs, and mass media, respectively. In a relevant study, it was reported that 34.8% of the nurses in the study were already familiar with spirituality and spiritual care and that they were informed through professional training at the university, mass media, in service training courses, congresses and symposiums, and scientific articles [(11)]. Given the fact that most of the participants were university graduates and that the

main source of information was university education, it could be reasonably suggested that spirituality and spiritual care became increasingly popular among nurses, which confirmed the findings that nursing education influenced their perception of spirituality and that higher levels of education also changed the perceptions of spirituality and spiritual care [21]. On the other hand, the results of two relevant studies implied that nurses were poorly informed about spiritual care practices [6, 11]. It was further noted that the levels of constraints in determining spiritual care needs were under moderate levels. Narayanasamy and Owens [3] and Ross [22] found that nurses were not fully aware of their spiritual needs, they were unable to clearly identify spiritual care, and they were not thoroughly informed about spiritual care in designing nursing care plans. This study did not particularly focus on the constraints in determining spiritual needs, however, it could be deduced that they might as well experience challenges and constraints due to their lack of information. Additionally, it has often been reported that nurses were not fully informed about spirituality [6, 11, 23] and they were challenged with many constraints in providing spiritual care [5]. In a study conducted in Sweden, it was noted that spiritual care was a must for 98% of the participant nurses and 48% of them provided spiritual care. In another study, almost half of the nurses in the study responded to the spiritual care needs of their patients [24]. In a similar study, 95% of the nurses agreed that spiritual needs must be carefully attended while only 70% of the participants paid attention to the spiritual care needs in their unit [11]. In this particular study, the levels of spiritual care practices were above moderate levels (5.79±1.97).

Meeting the spiritual needs of patients entered the agenda of the Ministry of Health in Turkey in 2012. Accordingly, a joint project was initiated by the Ministry of Health and the Directorate of Religious Affairs of Turkey, covering 13 hospitals in 6 provincial centers of Turkey in 2015 [25]. It has been reported that there has been an increasing interest in the wellness of body and mind, spirituality, and spiritual care during the last 10 years [26-28] and that spiritual support has

been integrated into a variety of nursing practices (dealing with anxieties of individuals, establishing bonds of empathy, etc.) [3]. It was indicated that patients, whose spiritual needs were met, had reduced levels of stress, pain, and anxiety, which improved physiological and psychological well-being and communication [1, 29, 30]. The perception towards spirituality and spiritual care is very crucial for nurses while they practice spiritual care. It was noted that the SSRCS mean score was 53.76±4.58 in this study. It was 54.57±5.09 in another study conducted by Yılmaz and Okyay [11] and 60.97±7.92 in a similar study carried out by Kostak, Çelikkalp and Demir [27].

It was additionally reported that the SSRCS mean scores did not differ according to sex variable. Yılmaz and Okyay [11] stated that mean scores of the female participants were higher. The SSRCS did not show any differences in regard to educational status, either. Nevertheless, the results of relevant studies presented inconsistent data in relation to the effect of educational status. While some argue that SSRCS mean scores do not vary according to educational status of nurses [27] others claim that higher levels of education resulted in higher SSRCS mean scores [11, 32]. Özbaşaran et. al.[31] reported that the perception of spirituality and spiritual care mean scores was correlated with the units that the nurses worked in, whereas Yılmaz and Okyay [11] presented conflicting results. The results of our study seemed to comply with the results of Yılmaz and Okyay [11].

Recently, spiritual care has been in the limelight globally in school curricula, conference programs, and mass media. Familiarity with spiritual care has been reported to increase SSRCS mean scores. However, it still remains challenging to establish the fundamentals of spiritual care and determine the care needs due to its subjective nature and individual differences. It has been suggested to implement education programs in order to better clarify the frame of spiritual care [29, 32, 33]. The results of our study also affirmed that nurses, who were previously informed about spiritual care, had higher scores of perception of spirituality and spiritual care, which was

confirmed with the results of a similar study that 59% of the participant nurses were aware of the significance of spiritual care needs [24].

The study results also demonstrated that nurses should first raise awareness towards their own spirituality in order to explore the spiritual care needs of others [10]. Nurses' awareness towards spiritual care, their belief in a divine power, merits, and optimism helps them in adopting a more sensitive approach towards spiritual needs of their patients and also, assists them in planning and implementing spiritual care [34]. The results of our study indicated that nurses, who believed that their own spirituality improved spiritual care practices, had higher SSRCS mean scores. It could be reasonably argued that nurses would more easily embrace a holistic approach when they are more sensitive to the spiritual needs of their patients and a holistic approach would certainly enhance the care quality. It has been widely maintained that spiritual care ameliorates uneasiness, fear, anxiety, and stress and increases physiological and psychological well-being [1, 29, 30]. The Joint Commission on Accreditation for Health Care Organizations and International Council of Nurses (ICN) also recognized spiritual care as high quality nursing, [5] which complied with the results of our study indicating that nurses, who believed that spiritual care could enhance quality care, reported more positive perceptions of spiritual care.

The results of our study further showed that nurses with better perceptions of spirituality and spiritual care had better spiritual care practices and better job satisfaction. The study results also suggested a positive correlation between job satisfaction and spiritual care practices. Millman et al [35] and Garcia-Zamor [36] similarly reported that certain dimensions of spirituality, i.e. harmony of life, dimensions such as signification and purpose of life, were positively correlated with job satisfaction and work-related dimensions like sense of belonging. Kinjerski and Skrypnek [16] conducted a study with doctors and nurses and pointed out a moderately positive correlation between spirituality and job satisfaction. In light of the results of our study, it was

emphasized that nurses, who believed that nursing care quality enhanced job satisfaction, had higher scores of spiritual care practices, perception of spiritual care, and job satisfaction. Besides, nurses, who believed that spiritual care practices increased job satisfaction, were noted to have higher scores of perception of spiritual care and job satisfaction. It has been assumed that a high quality nursing care depends on the nurses' level of job satisfaction as well as the adequacy of the number of medical personnel. It was maintained in a recent study that nurses with high levels of spirituality and spiritual awareness had higher levels of job satisfaction [37]. It has often been suggested that spirituality and job satisfaction among nurses are often correlated because a nurse with high levels of spirituality can achieve better results in a job that requires spiritual devotion, which would eventually increase job satisfaction [15]. It has also been affirmed that nurses, who are familiar with spiritual care and respond to the spiritual care needs of their patients, have elevated levels of job satisfaction even when they are underpaid [38]. Clark et al.[37] developed a model and stated that medical personnel had better results in terms of job satisfaction not only owing to having higher levels of spiritual awareness but also owing to better integration of their spiritual qualities into their care practice. The integration of spiritual care into nursing care practices [27, 28, 39] might lead to better care quality and enhanced job satisfaction. Nursing scholars today identify spiritual care as an indispensable aspect of a holistic quality nursing care [2]. In a relevant study, it was reported that 95.5% of the participant nurses thought holistic care was important, 64% of them stated that they were practicing holistic care in their units, and finally, 78.8% of the participants placed a great emphasis on implementing spiritual care in their units [11]. Therefore, nurses, who are aware of the significance of holistic care and who provide nursing care accordingly, can increase the overall care quality.

Conclusion and Recommendations

It was concluded that more than half of the nurses in the study stated that they were already familiar with spiritual care, they experienced constraints in providing spiritual care, and they could provide spiritual care at moderate levels. It was further found that perceptions of spirituality and spiritual care did not vary in relation to socio-demographic characteristics and job characteristics. However, their perceptions varied according to the efficiency of their education and their own spirituality in providing spiritual care. Positive perceptions of spirituality and spiritual care were noted to enhance spiritual care practices and job satisfaction. There was also a positive correlation between job satisfaction and spiritual care practices.

It is considered to be of utmost importance to integrate spiritual care courses into the nursing curriculum and spiritual care case studies into in-service training programs, in order to raise awareness towards nurses' own spiritual nature, and to improve job satisfaction among nurses.

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