



## Research Article

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### SPIRITUAL WELLBEING OF PATIENTS WITH STROKE AND THEIR EXPERIENCE ON SPIRITUAL CARE COMPETENCE OF NURSES

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#### ABSTRACT

Spiritual Wellbeing is a state that provides inner harmony. It enables an individual to perform activities in accordance with ethical and religious beliefs in daily life. It facilitates coping among patients with chronic illness. The study discusses the findings related to spiritual wellbeing of patients with stroke and their experience related to spiritual care competence of nurses who were undergoing a training program in spiritual nursing care in the selected unit. A significant difference was found in the spiritual wellbeing of patients on day 10, day 15 and day 20 when compared to pre test ( $H=230.657$   $P<0.001$ ). Patients experience related to the spiritual care competence of their nurses also has shown a significant difference from pre test to post test ( $Z=7, P<0.001$ )

**Keywords:** Spiritual wellbeing, nurses, spiritual care competence

#### INTRODUCTION

Stroke is one of the leading causes of adult disabilities and comes as unanticipated shock to patients. Spiritual wellbeing can motivate stroke patients towards effective coping. It can reduce anxiety related to disease process and rehabilitation<sup>1</sup>. Religious affiliations are found to have positive effect on spiritual wellbeing. Attitude of nurses towards spiritual care and their spiritual wellbeing has shown positive correlation with spiritual care competence<sup>2</sup>. Enhancing spiritual wellbeing of stroke patients is a vital function of nurses and it can be achieved through practice of holistic care including spiritual care<sup>3</sup>.

#### Statement of the problem

A study to assess the Spiritual wellbeing of patients with stroke and their experience on spiritual care competence of nurses in a selected stroke unit

#### Objectives

- To assess and compare the spiritual wellbeing of patients with stroke during their hospitalization
- To assess and compare the experience of patients with stroke, on spiritual care competence of nurses in the selected stroke unit

#### Research Hypotheses

- H1: There will be a significant difference in spiritual wellbeing of patients with stroke during hospitalization
- H2: There will be a significant difference in the experience of stroke patients regarding spiritual care competence of nurses assigned to them during hospitalization.

#### MATERIALS AND METHODS

##### Research Approach and Design

In this study a quantitative approach<sup>4</sup> with non experimental comparative design was used to assess the spiritual wellbeing of patients with stroke and their experience on spiritual care competence of nurses assigned to them.

##### Sample

70 patients with stroke who were admitted to the stroke unit of the selected hospital was included in the study.

##### Sampling Technique

Total enumerative sampling was used and all patients with stroke who fulfilled the inclusion and exclusion criteria were selected for the study.

##### Inclusion criteria

All patients with stroke who were admitted to the selected unit for a minimum period of one week prior to data collection, literate and able to communicate were included in the study.

##### Exclusion criteria

Patients who were non believers in spirituality and not willing to participate were excluded.

##### Tool

The tool used for the study had three sections, Section A dealt with demographic data of participants, Section B was the Spiritual Well Being Scale (FACIT Sp.Ex-version 14) which is a standardized scale with 23 items on a rating scale of 0 to 4 and Section C was a questionnaire on patient's experience regarding

spiritual care competence of nurses. Section B and C were self administered by the participants.

### Data Collection Process

After explaining the purpose of study, informed consent was obtained from the participants. Pre –test data was collected on Day I using Section A, Section B and Section C of the tool. It took nearly 40 minutes by the patients to complete the questionnaire.

Post test data regarding spiritual wellbeing was obtained on Day 10 and Day 15. On day 20, both Section B (FACIT Sp-Ex version14) and Section C, Questionnaire on patients experience regarding spiritual care competence of nurses was administered. All ethical principles were followed during the study and no risks were encountered.

### Ethical Consideration

Formal permission was obtained from hospital authorities and informed consent was taken from the patients. Also written approval was obtained from the Institutional Human Ethics committee of Saveetha University (004/11/2013/IEC/SU dated 15<sup>th</sup> November 2013). Data collected were kept confidential, confidentiality was assured to participants and all ethical principles were followed throughout the study.

### Statistical Analysis

Results were analyzed using both descriptive and inferential statistics. Non parametric tests were used for analysis as the data was discrete and there were outliers. Kruskal Wallis one way analysis of variance was used to assess the improvement in spiritual wellbeing of patients from pre-test to post test 1, post-test 2 and post-test 3. Wilcoxon Signed Rank Test was used to compare the patients experience regarding spiritual care competence of those nurses assigned to them who were undergoing the 10 hour spiritual care training program. The analysis and plotting of graphs were carried out using the Sigma Plot 12(Systat Software Inc., USA).

## RESULTS

### Demographic Variables

Majority of the participants (58.5%) were males and 91% were above 50 years of age.47% were Christians (figure 3), 95.7% were married and 45.7% had two children. Majority, (54.2%) were educated up to secondary school, 42.8% didn't had a specific job and 34.2% had a monthly income of 5000 to 15000. 82.8% belonged to nuclear family. Association was found between spiritual well being of patients and selected demographic variables like religion and number of children.

### Spiritual Well being of patients with Stroke

**Figure 1** shows the box plot on significant improvement in spiritual wellbeing of patients from Pre-test to Post-test 1, post-test 2 and post–test 3. It shows the median value, 25<sup>th</sup> percentile, 75<sup>th</sup> percentile and level of significance. The median value of pretest, post-test1, post-test 2 and post- test 3 were 48.5, 75, 80.5 and 89 respectively and there was a significant difference in spiritual wellbeing of the patients ( $H=230.657$ ,  $P<0.001$ ). Also there was significant difference in spiritual wellbeing of patients from pre-test to post-test 1( $Q=5.8$ ), Post-test 2 ( $Q=10.351$ ) and post-test 3 ( $Q=14.431$ ). All values were significant at  $P <0.001$

level. It shows that spiritual wellbeing can be enhanced in a short duration of 10 days if a spiritual care ambience prevails in the unit.

### Patients experience regarding spiritual care competence of nurses assigned to them.

**Figure 2** shows the box plot on comparison of patients experience regarding spiritual care competence of those nurses assigned to them from pre-test to post-test. It shows the median value, 25<sup>th</sup> percentile, 75<sup>th</sup> percentile and level of significance. The median value of pre- test was 53.5 and that of post-test was 75. There was a significant difference in patients experience regarding spiritual care competence of those nurses assigned to them ( $Z=7$ ,  $P< 0.001$ ). It can be inferred that patients were able to identify in general the spiritual care competence of nurses which contributed to their spiritual wellbeing and nurses were equipped to provide spiritual care in a way that was noticed by patients.

## DISCUSSION

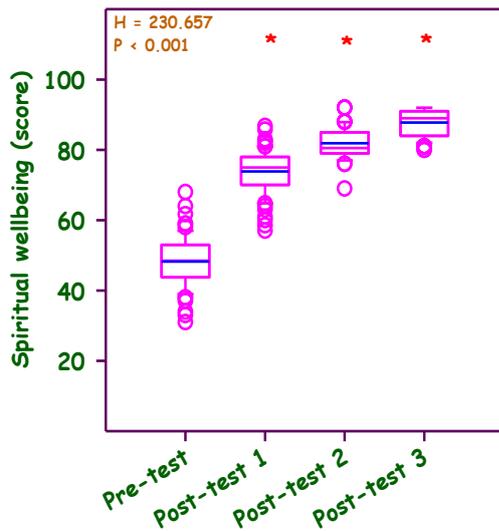
Spiritual wellbeing is significant component of total wellbeing. It has become of central importance in many health care settings as researchers continue to study its effects upon health<sup>5</sup>. It can promote patients recovery and help them to successfully go through rehabilitation phase. Patients capacity to accept life with certain disabilities, positive outlook to future, feeling of internal peace etc are reflections of spiritual wellbeing. Hospital environment plays a significant role; especially nurses have a prominent role in identifying and meeting the spiritual needs of patients. Spiritual wellbeing enables the patient to adhere to disease management and rehabilitation programs and it capacitates them to learn to live with disabilities

A study conducted on a group of women with end stage renal disease and dialysis has found that spiritual wellbeing has provided them with strength to endure and accept the diagnosis as well as self acceptance. It helped them to buffer negative coping, live day to day thus fostering coping<sup>6</sup>.

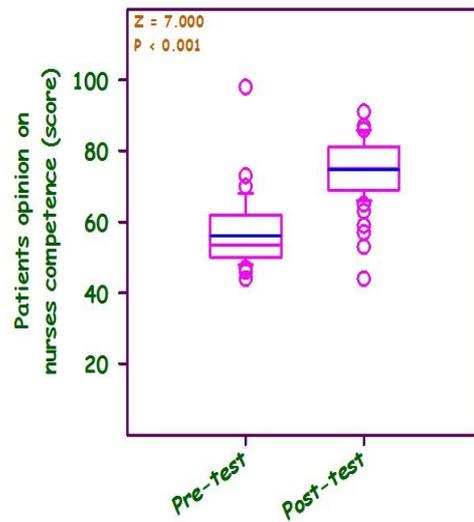
An Iranian study<sup>7</sup> has explored the spiritual wellbeing of 236 patients with multiple sclerosis using. spiritual Wellbeing Scale using a descriptive co relational approach.97.9% of the samples has shown moderate spiritual wellbeing, existential wellbeing was more than religious wellbeing and a relation was found between economic status and spiritual wellbeing.

A pilot study was conducted on role of religious and spiritual beliefs in stroke rehabilitation of 112 stroke patients who underwent a two months rehabilitation program. Hospital Anxiety and Depression scale was used to assess the mood and a semi structured interview (Registered Tree Interview) was conducted to assess religious and spiritual beliefs of participants. Functional studies also were assessed by means of Functional Independence Measure. Statistical analysis showed no association between faith and recovery of functional independence of participants<sup>8</sup>.

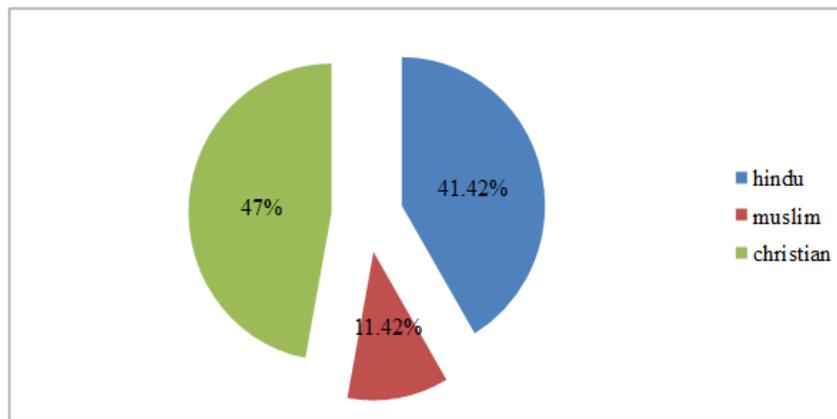
The present study findings were supported by the study conducted by Ruder S in which the investigator reported no correlation between spiritual well being and demographic variables such as age and sex. It also supports the fact that spiritual wellbeing of the patient can be enhanced if the nurses are prepared to address the spiritual needs of patients<sup>9</sup>.



**Figure 1: Spiritual wellbeing of patients with stroke in pre-test, post-test 1, post-test 2 and post-test 3.**  
The middle pink line is median and the blue line is mean (n = 70 each).  
The 'H' and 'P' values are by Kruskal Wallis one way analysis of variance on ranks.  
\*Significantly different from pre-test.



**Figure 2: Patients experience on nurses spiritual care competence**  
The middle pink line is median and the blue line is mean (n = 70 each).  
The 'Z' and 'P' values are by Wilcoxon signed rank test  
\*Significantly different from pre-test.



**Figure 3: Distribution of sample based on religion**

**CONCLUSION**

Holistic nursing care cannot exist without considering the spiritual well being of patients. A detailed analysis of spiritual wellbeing of patients with stroke and comparison of patients experience regarding spiritual care competence of those nurses assigned to them from pre-test to post-test was done. Results have shown that there was a significant improvement in spiritual wellbeing of patients and significant difference in their experience related to spiritual care competence of nurses assigned to them.

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