



Research Article

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SPIRITUAL CARE COMPETENCE OF NURSES: A PRE EXPERIMENTAL STUDY

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ABSTRACT

Spiritual care is an inseparable element of nursing. Nurses have identified the importance of enhancing patient's spiritual health, and established nursing theories support holistic nursing care with special mention to spiritual component. The present study was undertaken to assess the effectiveness of spiritual care training program on spiritual care competence of nurses in a selected setting. A pre experimental, one group pretest-post test study design was used with repeated measures. 10 hours training program was given to 50 nurses working in the stroke unit selected for the study and Kruskal wallis one way analysis of variance on rank was used to compare the nurses competence on spiritual care from pre-test to post test 1, post-test 2 and post-test 3. Intervention was found to be effective in significantly improving spiritual care competence of nurses

Keywords: Spiritual care competence, nurses, spiritual care training

INTRODUCTION

Nurses play a significant role in providing holistic care to patients. Nurses have identified the importance of enhancing patient's spiritual health, and established nursing theories that support holistic nursing care with special mention to spiritual component. Formally spiritual care has been included in nursing curricula and nursing codes, but nursing educational institutions devote little attention to the development of competence of students in this domain of care. The result is unfamiliarity with spiritual care in the nursing profession and nurses being not well prepared for providing spiritual care^{1, 2}. Also accreditation agencies now mandate inclusion of spiritual care as a part of holistic care. Nurses doubt that their own spiritual /religious believes may interfere with that of patients while providing spiritual care. Thus nurses' awareness about their own spirituality and its relationship to care giving is an important factor that may influence the spiritual care competence of nurses. Need for spiritual care, which is a significant element of holistic approach³ can be identified for all patients but it is found as a priority need among patients with chronic illness who needs long term and rehabilitative care

Statement of the problem

A study to assess the effectiveness of spiritual care training program for nurses on their spiritual care competence

Objectives

- To assess the spiritual care competence of nurses before and after spiritual care training program.
- To compare the spiritual care competence of nurses before and after spiritual care training program.

Research Hypotheses

- H1: There will be a significant difference between spiritual care competence of nurses before and after spiritual care training program.
- H2: There will be a significant association between spiritual care competence and selected demographic variables of nurses.

MATERIALS AND METHODS

Research Approach and Design

The present study adopted quantitative approach⁴ with pre experimental design to assess the effectiveness of spiritual care training program for nurses on spiritual care competence of nurses.

Sample: 50 registered nurses working in the stroke unit of the selected hospital setting was selected for the study

Sampling technique

Total enumerative sampling was used and all nurses who fulfilled inclusion and exclusion criteria were selected for the study

Inclusion criteria: All registered nurses working in the selected unit and willing to participate in the study

Exclusion criteria: Nurses who were on floating duty at the time of study and nurses who were non believers in spirituality.

Tool

Tool used for the study had two sections, Section A dealt with demographic variables of nurses and section B was the Spiritual Care Competence Scale^{5,6}. It is a 27 item, self rated valid and reliable standardized questionnaire which tests nurses

competency on six domains. These domains were labelled as: assessment and implementation of spiritual care (Cronbach's alpha 0.82), professionalization and improving quality of spiritual care (Cronbach's alpha 0.82), personal support and patient counseling (Cronbach's alpha 0.81), referral to professionals (Cronbach's alpha 0.79), attitude towards patient's spirituality (Cronbach's alpha 0.56) and communication (Cronbach's alpha 0.71). Higher the score, better will be the spiritual care competence of nurses.

Data Collection process

Phase I: Pre test data was collected on an individual basis from each participant at the end of shift duty. Spiritual care training program was planned in collaboration with continuing nursing education department and conducted in class room setting of the hospital in two batches of 25 each.

Phase II: The 10 hours of Training Programme on Spiritual Care included topics on –Introduction to spiritual care in nursing, Grief process and patients responses, spiritual values in human relation, Nursing process application in relation to spiritual needs, Professional standards and quality assurance in spiritual care-nurses role. The training program that included exercises to study participants on value clarification, self awareness and development of nursing care plan based on a case scenario were given to study participants for two days (5hours/day) in collaboration with the in service education department of the hospital. It took 4 days to complete the training program

Phase III: Reinforcement was given using pamphlet on spiritual nursing care on Day 10 and Flyers were displayed in nurses stations of the selected units on day 15. Post- test data were collected on 10th day, 15th day and 21st day after completing training program

Ethical Consideration

The study was conducted after getting approval from Institutional Human Ethics Committee of Saveetha University (004/11/2013/IEC/SU dated 15 November 2013). Permission also was obtained from the selected setting-. Informed consent was obtained after clarification of doubts. Data collected were kept confidential, confidentiality assured and all the ethical principles were followed throughout the study.

Statistical analysis

Data was analyzed using descriptive and inferential statistics. Mean and SE were computed. Kruskal wallis one way analysis of variance on rank was used to compare the nurses competence on spiritual care from pre-test to post test 1, post-test 2 and post-test 3. Chi square was used to find the association between spiritual care competence of nurses and selected demographic variables

RESULTS

All nurses were females.

Table 1: The scores obtained by nurses in various domains of Spiritual Care Competence Scale has shown a significant

difference in the competence of nurses in all six domains as well as overall competence of spiritual care, before and after the training program. A significant difference was found between the scores obtained by nurses in pre-test 1 and post-test 1, 2 and 3 on the domain 1-attitude toward patient spirituality (H=94.602, P< 0.001), domain 2-communication (H=69.765, P< 0.001), domain 3- assessment and implementation of spiritual care. (H=113.160, P< 0.001), domain 4- Referral. (H=89.740, P< 0.001), domain 5- Personal support and patient counseling (H=117.883, P< 0.001), domain 6- Professionalization and improving the quality of spiritual care (H=95.177. P< 0.001) and overall competence (H=134.219. P< 0.001)

Table 2 shows that 66% of the nurses belonged to the age group of 20-30 years, 28% had scored less than 25th percentile (chi square=1.36, not significant). 64 % were married, 28% had scored less than 25th percentile (chi square=2.2, not significant). With regard to religion, 82% of nurses were Christians, and 20% of them scored more than 75th percentile. Majority of the nurses (68%) were diploma holders in nursing and an equal percentage (10%) of diploma and degree holders in nursing had scored more than 75th percentile (chi square=3.58, not significant). Most of the nurses (38%) had an experience of 2-5 years. (chi square=3.8, not significant). 90% of the nurses did not have any previous exposure to spiritual care training programme (chi square=7.57, significant)

Figure 1 indicates the comparison of overall spiritual care competence of nurses before and after spiritual care training program.

DISCUSSION

The 10 hours training program that included power point presentations and group works was found to be effective in significantly improving the spiritual care competence of nurses. Nurses did not differ significantly in their attitude to patient spirituality between pre-test and post test 1. It can be inferred that a change in attitude usually needs more time to develop. In all other domains, a significant increase in competence of nurses was noted from pre test to post-test showing the effectiveness of training program.

Nurses competence in spiritual care gives a holistic perspective to patient care. A well planned training program gives more clarity to the concept of spiritual care and nurses role in various domains of spiritual care for patients. A study conducted by Burkhart L, William Schmidt has found a statistically significant increase in nursing students' perceived ability in providing spiritual care, particularly in complex family clinical situations before and after a planned training program⁷.

A qualitative study has explored the perceived impact of the study unit Spiritual Coping in Illness and Care on qualified nurses⁸. Participants found the study unit as a resource for updating their knowledge on spirituality in care and increased self-awareness of their own spirituality and nursing care. They acknowledged their role as change agents in order to implement holistic care in collaboration with the multidisciplinary team. Recommendations were proposed to integrate the spiritual dimension in education and patient care.

Table 1: Comparison of domain wise and overall competence of nurses in spiritual care competence in pre test and post test 1, post test 2 and post test 3

Sl no.	Parameter/domain	Group	Median	Mean	SE	Percentile 25-75	Statistical details
1	Domain 1 Attitude towards patient spirituality	Pre test	15	14.36	0.25	13-16	H= 94.602 P<0.001
		Post test 1	16	14.74	0.48	13-17	
		Post test 2	17	16.52	0.3	14.750-18	
		Post test 3	19	19.16	0.21	19-20	
2	Domain 2 Communication	Pre test	6	6.54	0.23	5-8	H=69.765 P<0.001
		Post test 1	8	7.58	0.22	6.750-9	
		Post test 2	9	8.6	0.16	8-9	
		Post test 3	9	9	0.09	9-9	
3	Domain 3 Assessment and implementation of spiritual care	Pre test	17	16.74	0.62	13-20	H=113.160 P<0.001
		Post test 1	21	19.74	0.75	18-23	
		Post test 2	23	22.48	0.57	19.750-26	
		Post test 3	28	27.74	0.26	27-29	
4	Domain 4 Referral	Pre test	9	9.1	0.27	8-10	H=89.740 P<0.001
		Post test 1	11	10.5	0.42	9-12.250	
		Post test 2	12	12.16	0.25	11-13.250	
		Post test 3	13	13.58	0.2	13-14	
5	Domain 5 Personal support and patient counselling	Pre test	17	17.52	0.49	15-20	H=117.883 P<0.001
		Post test 1	22	20.82	0.76	19-25	
		Post test 2	26	24.86	0.45	23-27	
		Post test 3	28	27.16	0.28	26.750-29	
6	Domain 6 Professionalization and improving the quality of professional care	Pre test	15	15.7	0.68	12-20	H=95.177 P<0.001
		Post test 1	21	20.28	0.8	19-24	
		Post test 2	21	21.22	0.48	19-23	
		Post test 3	26	25.9	0.31	24-27	
7	Overall spiritual care competence of nurses	Pre test	78	79.96	1.86	70-89.250	H=134.219 P<0.001
		Post test 1	96	93.38	2.97	89.750-106	
		Post test 2	109	105.84	1.56	97.750-113	
		Post test 3	124	122.54	0.624	118.750-126	

Table 2: Association of spiritual care competence of nurses with selected demographic variables

Sl no	Demographic variables	Spiritual care competence						Chi square	P value
		<25 percentile (<70)		25-75 percentile (71-90)		>75 percentile (>90)			
		No	%	No	%	No	%		
1	Age							1.36	0.5 NS
	20-30	8	16	17	34	8	16		
	31-50	6	12	9	18	2	4		
2	Marital status							2.20	0.33 NS
	Married	11	22	16	32	5	10		
	Unmarried	3	6	10	20	5	10		
3	Religion							4.14	0.12 NS
	Hindu	5	10	3	6	1	2		
	Christian	9	18	23	46	9	18		
4	Professional qualification							3.58	0.16 NS
	GNM	12	24	17	34	5	10		
	B.Sc. and above	2	4	9	18	5	10		
5	Duration of experience							3.8	0.7 NS
	Less than 1 year	0	0	4	8	1	2		
	1-2 years	2	4	5	10	2	4		
	2-5 years	5	10	10	20	4	8		
	>5 years	7	14	7	14	3	6		
6	Prior exposure to spiritual care training							7.57	0.02 S
	Yes	4	8	1	2	0	0		
	No	10	20	25	50	10	20		

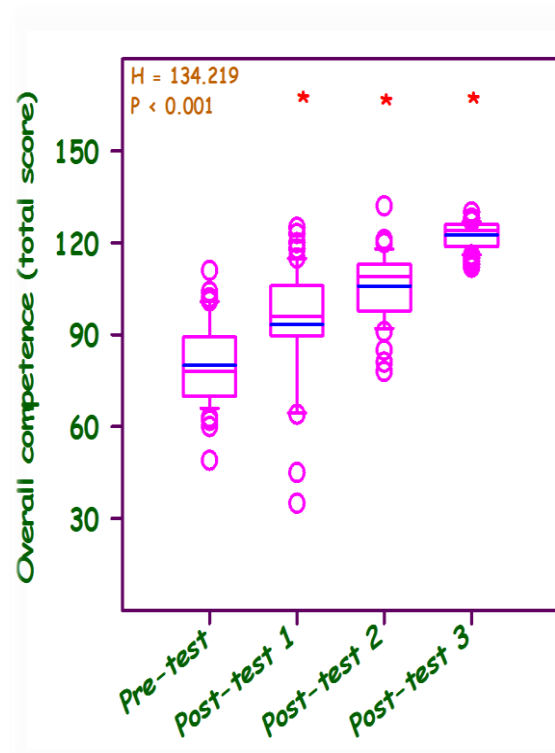


Figure 1: Comparison of overall spiritual care competence of nurses before and after spiritual care training program
 The middle pink line is median and the blue line is mean (n=50 each). The H and p values are by Kruskal Wallis one way analysis of variance on ranks. *significantly different from pre test

CONCLUSION

The study has shown positive and encouraging results with regard to the effectiveness of spiritual care training program on improving spiritual care competence of nurses. Further studies can be planned with an experimental design with more sample size.

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