



The impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring

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ABSTRACT

Background: The personal spiritual health of nurses may play an important role in improving their attitudes toward spiritual care and their professional commitment and caring capabilities.

Purpose: The purpose of this study was to explore the impact of nurses' personal spiritual health on their attitudes toward spiritual care, professional commitment, and caring.

Methods: A total of 619 clinical nurses were included in this cross-sectional survey. The measurements included the spiritual health scale-short form, the spiritual care attitude scale, the nurses' professional commitment scale, and the caring behaviors scale. Structural equation modeling was used to establish associations between the main research variables.

Results: The hypothetical model provided a good fit with the data. Nurses' spiritual health had a positive effect on nurses' professional commitment and caring. Nurses' attitudes toward spiritual care could therefore mediate their personal spiritual health, professional commitment, and caring.

Conclusions: The findings indicated that nurses' personal spiritual health is an important value and belief system and can influence their attitudes toward spiritual care, professional commitment, and caring.

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Introduction

Nurses' competence in providing spiritual care and caring is recognized as an important factor in improving the quality of nursing care patients receive (Koenig, King, & Carson, 2012). Hoover (2002) indicated that

spiritual care is one of the most significant lessons to cultivate in nursing students as it influences their caring capabilities. The better the spirituality of students, the better the caring behaviors that students demonstrate. Nurses are generally recognized as those who provide spiritual care and caring for patients in Taiwan. In their study, McSherry and Jamieson (2011) found that

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83% of nurses felt that spirituality and spiritual care are fundamental aspects of nursing, whereas 90% believed that providing spiritual care and caring enhances the overall quality of nursing care. In addition, in recent years, a significant relationship has been established between spirituality and health-related outcomes (Koenig, 2009; Visser, Garssen, & Vingerhoets, 2010; Yonker, Schnabelrauch, & Dehaan, 2012). For example, in a meta-analytic study in which 75 independent studies from 1990 to 2010 were reviewed, it was determined that spirituality is positively correlated with psychological outcomes, including well-being, openness, and self-esteem, and is negatively correlated with depression (Yonker et al., 2012).

Spirituality provides a source of power and hope for people and thus enhances their well-being (Edwards, Pang, Shiu, & Chan, 2010; Ross, 2006). People who are spiritually healthy may therefore be more able to help the people around them by providing caring or spiritual support. The health care system obviously requires teamwork, and various professions work together during the health care process, including chaplains, who may provide spiritual care to patients. Because nurses are the largest group in the health care system and provide patient care 24 hours a day, they are most likely to encounter patients with spiritual needs.

In Taiwan, the issue of the spirituality of nurses is important for several reasons. First, Taiwan is a multireligious society with >27 different religious traditions (Ministry of the Interior, 2015). Consequently, nurses often have difficulty dealing with patients' spiritual problems because their religious views may differ from those of their patients. Second, nurses in Taiwan are not confident in their spiritual care abilities. Indeed, Wu and Hsiao (2009) ascertained that only 21.9% of nurses feel that the spiritual-related training they receive is sufficient to provide appropriate spiritual care to patients. This finding is supported by Hsiao, Chen, Lee, and Chiang (2014) who analyzed all published nursing case studies in Taiwan from 1995 to 2012 and found that only 19.1% were focused on the issue of patient spirituality, implying that nurses in Taiwan may be somewhat reluctant to touch the issue of patients' spiritual problems (Hsiao et al., 2014). Finally, the issue of providing spiritual care for patients in the Taiwanese health care system has become increasingly important due to the hospice palliative care regulation, passed by the Taiwanese legislature in 2000, highlighting the importance of providing spiritual care for patients. After the enforcement of the hospice palliative care regulation, hospitals in Taiwan began to increase and improve their on-site spiritual facilities and services. Nevertheless, to date, only about 50% of the hospitals in the Taiwanese health care system have built up spiritual facilities and provide patients with spiritual services, such as clergy and chaplains, a permanent religious service department, or a room for special religious services (Liu & Wu, 2008; Tzeng & Yin, 2006). All the aforementioned evidence indicates that Taiwanese nurses may need to pay more attention to

spiritual care and caring in current and future clinical settings.

The turnover rate for Taiwanese nurses ranged from 10.4% to 13.1% during the period 2008 to 2013, and >70% of hospitals had problems recruiting nurses (Teng, 2014). Professional commitment may play an important role in the turnover rate of nurses because the professional commitment of nurses is significantly negatively correlated with their turnover intentions (Wang, Chou, & Huang, 2010). Through its good deeds, nursing can be seen as work that accumulates blessings according to the Buddhist view in Taiwan. Theoretically, nurses may therefore feel more spiritually healthy due to the help they provide to people in their work and should therefore be willing to continue in the nursing profession; however, this assumption still needs to be investigated in future studies.

Chao, Chen, and Yen (2002) constructed a model to understand the essence of spirituality in terminally ill patients and found that individuals may need to establish a healthy relationship with four aspects of life to improve their spirituality: self, others, nature, and a higher being. Patients may encounter spiritual distress (i.e., suffering that is related to a spiritual issue) if problems exist in the relationship between themselves and either one or more of these four aspects (Chao et al., 2002). Nurses play an important role in helping patients deal with spiritual distress because they usually provide spiritual support and caring for patients in clinical care settings; however, most nurses have indicated that it is difficult for them to deal with such spiritual distress in their patients. For example, MacLaren (2004) pointed out that nurses' perceptions of spirituality, even their own spiritual health, may affect their awareness of their patients' spiritual needs and their competence in providing spiritual care to patients. Little is known about how nurses' personal spiritual health impacts their attitudes toward spiritual care, professional commitment, and caring. The aim of this study was therefore to explore the impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring.

Spirituality is recognized as a coping strategy and resource that assists people in finding meaning in their lives and deriving value from the difficult situations they face (Baldacchino & Draper, 2001; Gall, Charbonneau, Clarke, Joseph, & Shouldice, 2005). The theoretical basis of this study was the spiritual framework proposed by Miner-Williams (2006) and the concept of spiritual well-being advocated by O'Brien (2014). Both of these theories share a common assumption that spiritual well-being is associated with quality of life, health, and the alleviation of suffering. Therefore, we proposed that if nurses can improve their own spirituality, they may improve their abilities with regard to their awareness of patients' spiritual needs and be more willing to provide spiritual care to patients. Based on the purpose and theoretical basis of this study, the following hypotheses were developed and examined:

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