



Spirituality and spiritual care perspectives among baccalaureate nursing students in Saudi Arabia: A cross-sectional study



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ABSTRACT

Background: No study has been undertaken to understand how spirituality and spiritual care is perceived and implemented by Saudi nursing students undergoing training for their future professional roles as nurses.

Objectives: This study was conducted to investigate the perception of Baccalaureate nursing students toward spirituality and spiritual care.

Design: A descriptive, cross-sectional design was employed.

Settings and Participants: A convenience sample of 338 baccalaureate nursing students in two government-run universities in Saudi Arabia was included in this study.

Methods: A self-administered questionnaire, consisting of a demographic and spiritual care background information sheet and the Spiritual Care-Giving Scale Arabic version (SCGS-A), was used for data collection. A multivariate multiple regression analysis and multiple linear regression analyses were performed accordingly.

Results: The mean value on the SCGS-A was 3.84 ± 1.26 . Spiritual perspective received the highest mean (4.14 ± 1.45), followed by attribute for spiritual care (3.96 ± 1.48), spiritual care attitude (3.81 ± 1.47), defining spiritual care (3.71 ± 1.51) and spiritual care values (3.57 ± 1.47). Gender, academic level and learning spiritual care from classroom or clinical discussions showed a statistically significant multivariate effect on the five factors of SCGS-A.

Conclusions: Efforts should be done to formally integrate holistic concept including all the facets of spirituality and spiritual care in the nursing curriculum. The current findings can be used to inform the development and testing of holistic nursing conceptual framework in nursing education in Saudi Arabia and other Arab Muslim countries.

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1. Introduction

Health is a holistic concept that integrates the multidimensional aspect of life (World Health Organization [WHO], 1998). Recently, the spiritual dimension of health has received much research attention from across the world (Cruz et al., 2016b, 2016c, 2016e; Ozbasaran et al., 2011). Spirituality and spiritual care are well recognized as important aspects of patient care (Tiew et al., 2013a). However, the spiritual dimension of patients and the provision of spiritual care remain the most neglected aspect of a patient's life and care, respectively (McSherry and Jamieson, 2011).

Despite the awareness of the essentiality of spirituality in nursing, few studies have been undertaken to understand how spirituality is perceived and implemented by nursing students undergoing training for their future professional roles as nurses (Tiew et al., 2013a). Moreover, most of the studies on this topic have been focused on the western

and Asian countries with Judeo-Christian orientation, which fails to provide a generalized inference about this topic (McSherry and Jamieson, 2011; Tiew et al., 2013a). In Saudi Arabia where Islam is the main religion, no study has investigated the perception of nursing students toward spirituality and spiritual nursing care (Cruz et al., 2016a). In addition, the newer generation of students may have different worldviews, cultural beliefs, and value sets about spirituality and spiritual care, which necessitates the understanding of their views regarding spirituality. Likewise, it is valuable to follow the progress of their spiritual development to inform content and learning experiences offered in the baccalaureate nursing education (Tiew et al., 2013a). To address this gap in the literature, we investigated the perception of Baccalaureate nursing students (BSN) toward spirituality and spiritual care in Saudi Arabia.

1.1. Background

The holistic health approach emphasizes on the interconnections between the mind, body, and spirit toward achieving the maximum well-being (WHO, 1998). The concepts of spirituality and spiritual care are not recent in nursing; rather they can be traced throughout the world

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history (Ozbasaran et al., 2011). The need to acknowledge the psychological and spiritual aspects of a patient in order to promote his or her health was emphasized by Florence Nightingale (Wong et al., 2008). Consequently, the practice of spiritual care has been recognized as a legitimate activity within the domain of nursing (Ozbasaran et al., 2011).

Spirituality and spiritual care in nursing are complex concepts, with no single shared definition (Ross et al., 2014). The definition of spirituality has followed a historical evolution from an initial traditional Judeo-Christian orientation to more secular identities in modern times (Ronaldson et al., 2012). The Royal College of Nursing (2011) has provided a summary of the main features of spirituality, which was based from a plethora of definitions available in the literature. This includes hope and strength; trust; meaning and purpose; forgiveness; belief and faith in self, others, and for some belief in a deity/higher power; peoples' values; love and relationships; morality; creativity and self-expression (Ross et al., 2014). In Muslim perspectives, spirituality is viewed as inseparable from their religion and as being derived from the Holy Qur'an and the Hadiths (Melhem et al., 2016). They regard spiritual health as an essential component of the Muslim health belief model and that they have a spiritual obligation to maintain their health (Lovering, 2012).

Spiritual care, on the other hand, is a dynamic and subjective concept that displays the unique characteristic of care and incorporates all the other aspects (Ramezani et al., 2014). Sawatzky and Pesut (2005) proposed that "spiritual nursing care is an intuitive, interpersonal, altruistic, and integrative expression that is contingent on the nurse's awareness of the transcendent dimension of life but that reflects the patient's reality". Ramezani et al. (2014) presented the defining characteristics of spiritual care, which include healing presence, therapeutic use of self, intuitive sense, exploration of the spiritual perspective, patient-centeredness, meaning-centered therapeutic intervention and the creation of a spiritually nurturing environment. Among Arab Muslim nurses, spirituality is the essence of caring. Hence, spiritual care, within the Muslim context, is defined as actions to meet the spiritual needs of the patient and family (Lovering, 2008).

Studies have indicated the paramount importance of spirituality and spiritual care to patients' health and to nursing care (Labrague et al., 2015; McSherry and Jamieson, 2011). Spirituality has been related with high levels of physical, psychological, and social health as well as positive well-being and quality of life among patients (Cruz et al., 2016d; Koenig, 2012). In the same vein, spiritual care assists patients by facilitating healing, improving physical comfort, promoting psychological adaptation and spiritual well-being, providing meaning to life and increasing hope despite their current situation (Melhem et al., 2016; Ramezani et al., 2014). In addition, delivery of spiritual care can also lead to positive consequences for nurses, such as feeling of satisfaction for patients, promotion of spiritual awareness and job satisfaction (Ramezani et al., 2014). For Muslims, spiritual beliefs and practices are considered as excellent sources of comfort and coping mechanism during difficult times in life (Musa, 2016). A literature review reported that spiritual care using spiritual interventions had positive outcomes in terms of promoting health status and minimizing the symptoms of diseases among Muslim patients (Mardiyono et al., 2011).

Nursing education plays a critical role in training nursing students regarding spiritual care-giving. Adequate training of these students will provide adequate knowledge of one's spirituality and the role of spiritual interventions as well as the development of skills in providing spiritual care to patients. However, spiritual nursing care continues to receive poor attention in the baccalaureate nursing education in Saudi Arabia. Nursing education system in some of the Kingdom's universities does not integrate spiritual care with the core curriculum of nursing education. Comprehensive curricular content on spiritual care that deals specifically and exclusively on either holistic nursing or spiritual care does not exist (Cruz et al., 2016a).

Predominantly, previous studies have focused on the registered and practicing nurses and their challenges in providing spiritual care to their

patients (Chism and Magnan, 2009; McSherry and Jamieson, 2011). However, the literature on the understanding and experiences of baccalaureate nursing students are lacking (Tiew et al., 2013a; Tiew and Creedy, 2012). Some of these studies examined the perception of spirituality and spiritual care-giving among nursing students in Singapore (Tiew et al., 2013a) and Taiwan (Wu et al., 2012). In another study, nursing students were found to rely on their own experiential understanding and intuition regarding spirituality and its application in practice (Hoffert et al., 2007), while another study reported a varying perception on spirituality among nursing students, with the majority adopting an existential, holistic, and integrated concept of spirituality (McSherry et al., 2008).

Such studies are scarce in the Middle East region. Some studies in Iran compared the perceptions of first year and fourth year nursing students and introduced a training course on spiritual care and integrated the concept of spirituality in medical education (Abbasi et al., 2014; Frouzandeh et al., 2015; Memaryan et al., 2015). However, there is a severe limitation of such studies in Saudi Arabia. Cruz et al. (2016a) culturally adapted and validated the Spiritual Care-Giving Scale among Saudi nursing students and recommended that this tool can fill the gap regarding this topic in Saudi Arabia. However, this study failed to report the perception of Saudi nursing students on spirituality and spiritual care-giving for patients.

1.2. Conceptual Model

The Crescent of Care nursing model by Lovering (2012) was used to guide this study. This model was developed from a research on the health beliefs and care meanings of Arab Muslim nurses caring for Arab Muslim patients in Saudi setting (Lovering, 2008). The model emphasizes holistic approach in providing care to Arab Muslim patients in order to address their spiritual, cultural, psychosocial, interpersonal and clinical needs anchored from the spiritual, cultural and professional nursing values. One of the components of professional nursing care in this model is the spiritual care, which is defined as actions to meet the spiritual needs of the patient and family (Lovering, 2012). According to this model, there is an inseparable link between nurses' caring and spirituality as well as the shared spirituality of Arab Muslim nurses, patient and families (Lovering, 2008). The intertwining of nurses' caring and Islam is dependent on the nurses' spirituality, patient's spirituality, needs of the patient, and whether the patient expects or accepts spiritual caring (Lovering, 2012). The concept of shared meanings and spirituality between the nurse, the patient and the family indicates that nurses' own spirituality, which is influenced by personal values, experiences, beliefs, and practices, is an important factor in the quality of the spiritual nursing care he or she will provide.

2. Methods

2.1. Design

This study employed a descriptive, cross-sectional design for investigating the perspectives of spirituality and spiritual care among a convenience sample of 338 BSN students in two government-run universities in Saudi Arabia. The inclusion criteria used involved (1) Saudi nationals, (2) registered in the second to fourth year of the nursing program, (3) at least 18-year-old, (4) full-time students, and (5) those who had voluntarily expressed their participation.

2.2. Instrument

A self-administered questionnaire with two sections was used to gather data from the respondents. Part 1 comprised a demographic and spiritual care background information sheet that consisted of questions tailored to elicit information on the respondents' age,

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