

Do Spiritual Support Perception Levels of Intensive Care and Oncology Nurses Vary?

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Abstract

Background: This study is planned in order to evaluate the thoughts of nurses working in these clinics about spiritual care knowledge and the reasons.

Purpose: This study was conducted to evaluate spiritual support perception of nurses working in different clinics.

Design: This is a descriptive study.

Method: The sample consisted of 86 nurses, who were voluntary take part in the study. The data were collected using a questionnaire and the Spiritual Support Perception (MSP) scale.

Results: The mean score of MSP scale was 55.3 ± 6.1 for the intensive care nurses and 54.3 ± 10.4 for oncology nurses. It was determined that there was no statistically significant difference between the MSP scale mean scores of the nurses.

Conclusions: It was determined that MSP scale mean score of the nurses was high, there was no difference between the oncology and intensive care nurses in terms of the MSP mean score nurses experienced time distress in meeting moral needs of the patients.

Relevance to Clinical Practice: It can be recommended to conduct different studies in larger sample groups in order to do appropriate plannings for nurses to allocate sufficient time to their patients, provide support to these patients, and determine factors affecting the MSP levels of nurses.

Keywords: Intensive Care; Oncology; Spiritual Support; Nurse

Introduction

The concept of spirituality means “feeling life” in Latin and refers to the individual’s effort to understand himself, human relations, his place in the universe and life. Also, it is a result of knowledge and experiences gained throughout life [1]. Human nature contains body, mind, and spirit concepts and every individual needs to meet his physical, social, mental, and moral needs [2]. Accordingly, as religion and spirituality have become a gradually increasing element in severe disease experiences of patients [3], spiritual support service has begun to be provided in many institutions. Spiritual support services are not only religious support services. Indeed, these services contain religious issues, carry out more comprehensive works and engage in individuals who have lost the meaning and sense of life [4]. This process includes respecting for and protecting the rights and dignity of patients in particular [5]. Today, the greatest need in the field of health is spiritual care and spiritual care is evaluated as an indispensable part of “holistic care” in many countries [6]. Nurses are healthcare professionals who accompany patients during diagnosis, treatment, and end of life care, closely witness what they go through, and provide service in different clinics [5]. Especially intensive care units (ICU) are departments where interventional treatments are fulfilled more frequently than in clinics and mortality and morbidity rates are higher. Patients receiving care in these clinics may feel abandoned. Thus, they need spiritual care and support more [7,8]. Another patient group that needs spiritual support intensely is cancer patients. It is because cancer patients experience several symptoms together and have fear of death, which makes it necessary to provide these patients with safe and quality nursing care based on up-to-date evidences [5]. Therefore, oncology nurses are considered as one of important members of healthcare team [5]. Regardless of clinic they work in, nurses should be aware of moral needs which is a dimension of holistic care and have sensibility. Thus, it is of prime importance for nurses to evaluate their patients in this context, to determine their needs accurately, and to plan and apply appropriate interventions [9]. A number of studies have determined that spiritual care affects mental health of patients positively [10] and as long as patients are able to cope spiritually, they will maintain hope [11]. Therefore, a holistic care paying attention to socio-cultural, physical, mental, emotional, and moral aspects of patients forms the cornerstone of nursing [12]. In addition, although there is a strong correlation between spiritual welfare and quality of life, healthcare professionals usually ignore spiritual care [13]. Accordingly, this study was conducted to evaluate spiritual support perception levels of nurses working in intensive care and oncology units.

Background

This study is planned in order to evaluate the thoughts of nurses working in these clinics about spiritual care knowledge and the reasons.

Materials and Methods

Type of the Study: The study was planned as descriptive to evaluate MSP levels of nurses.

Population and Sample of the Study: The study was conducted in a university hospital between August and September 2018. While the population of the study consisted of all nurses working in internal medicine, general surgery, cardiovascular surgery, coronary, anesthesia, intensive care, and outpatient chemotherapy units and adult oncology clinic, the sample consisted of 86 nurses who agreed to participate in the study.

Data Collection Tools: The data of the study were collected using a questionnaire and the MSP scale.

Questionnaire: The questionnaire prepared by the researchers in line with the literatures [14,15], included 11 questions about nurses’ age, gender, marital status, clinic, educational background, duration of working in the profession, state of receiving training on spiritual support, and reason of providing and not providing spiritual care.

Spiritual Support Perception Scale: Kavas and Kavas developed the scale and also conducted its validity and reliability study. In the MSP scale, the participants’ degree of agreeing with the items is scored as “0-4” (0= Never, 4= Always) and thus, the highest score of the overall scale is 60 (0 lower, < 20-40 moderate, and < 60 higher) [16].

Data Collection: The researchers informed the nurses about the purpose of the study and allowed them to participate in the study based on voluntariness principle. Then, they distributed the data collection tools within working hours and asked the nurses to reply them. They paid particular attention to choosing appropriate hours so that the work would not be interrupted while completing the forms. It took nearly 15-20 minutes to complete the data collection forms.

Data Assessment: In the data analysis; number, percentage, mean, Mann-Whitney U test and Kruskal Wallis tests were used and the statistical significance level was accepted as $p < 0.05$.

Ethical Principles of the Study: Permission was obtained from the authors to use the scale in the study in order to conduct the study. In addition, necessary permissions were obtained from the ethics committee with the decision number 2018/85 and from the institution and the nurses participating in the study with the number 91786782 / 663.08 / 13073.

Results

Results Regarding Some Characteristics of the Nurses and Their Thoughts about Spiritual support

It was determined that Among the intensive care nurses who participated in the study, 72.6% were female, 62.7% were aged between 21 and 30 years, 87.1% had a bachelor's degree, 48.4% had a working experience of 0-5 years. On the other hand, 83.3% of the oncology nurses were female, 50% were aged between 21 and 30 years, 87.5% had a bachelor's degree, and 37.5% had a working experience of 0-5 years.

All of the nurses stated that they were knowledgeable with spiritual support. It was determined that 75.8% of the intensive care nurses and 54.2% of the oncology nurses had acquired that knowledge during school period. 74.2% of the intensive care nurses and 66.7% of the oncology nurses gave the answer "yes" to the question, "Would you like to give spiritual care?". It was found that 37.1% of the intensive care nurses fulfilled that service by "listening" and 50% of the oncology nurses fulfilled that service by "listening and giving psychological support". Majority of the nurses in both groups stated that they were unable to meet spiritual support due to lack of time (Table 1).

Findings Regarding the Correlation between Some Characteristics of the Nurses and Their Spiritual support Perception Mean score

It was found that the MSP mean score was 55.30 ± 6.17 for the intensive care nurses and 54.37 ± 10.44 for the oncology nurses. Among the intensive care nurses, the MSP mean score was higher in those who were aged between 21 and 30 years, were male, had a bachelor's degree and had a working experience of ten years and above. Among the oncology nurses, the MSP mean score was higher in those who were aged 31 years and over, were male, had a postgraduate degree, and had a working experience of ten years and above.

However, it was determined that there was no significant difference between age, gender, educational background, working duration, source of information about spiritual support, status of meeting spiritual support, what they did to meet spiritual support need and their reasons for not meeting that need and the MSP mean score ($p > 0.005$) (Table 2).

Intensive Care Nurses Oncology Nurses		
Features	n/%	n/%
Age		
21-30	42(62.7)	12(50.0)
31 and Over	20(32.3)	12(50.0)
Gender		
Female	45(72.6)	20(83.3)
Male	17(27.4)	4(16.7)
Education Status		
Health Vocational High School	5(8.1)	1(4.2)
License	54(87.1)	21(87.5)
Graduate	3(4.8)	2(8.3)
Working Year		
0-5	30(48.4)	9(37.5)
6-10	22(35.5)	7(29.2)
10 and over	0(16.1)	8(33.3)
Do you know about spiritual support?		
Yes	62(100.0)	24(100.0)
No - -		
Where did you get information about spiritual support?		
School	47(75.8)	13(54.2)
Press Release	6(9.7)	9(37.5)
In-Service Training	9(14.5)	2(8.3)
Can you afford spiritual support in the hospital		
Yes	46(74.2)	16(66.7)
No	16(25.8)	8(33.3)
What are you doing for spiritual support?		
Talk	10(16.1)	1(4.2)
Listen	23(37.1)	6(25.0)
Psychological Support	12(19.4)	6(25.0)
Comfortable Environment	10(16.1)	-
All	1(1.6)	9(37.5)
None	1(1.6)	1(4.2)
Talk and Listen	5(8.1)	1(4.2)
Why you can't afford spiritual support enough		
Lack of information	5(8.1)	-
Lack of time	45(72.6)	12(50.0)
Lack of staff	7(11.3)	6(25.0)
Lack of opportunity	2(3.2)	-
All	3(4.8)	6(25.0)

Table 1: Comparison of Some Features of Nurses Working In Oncology and Intensive Care Unit

Features	Intensive Care Nurses	Oncology Nurses	MDA Ort ± SD	p	MDA Ort± SD	p
Age						
21-30		56.07±5.74			53.58±13.15	
31 and Over		53.70±6.88	0.274		55.16±7.32	0.949
Gender						
Female		55.28±6.12			54.10±10.95	
Male		55.35±6.51	0.875		55.75±8.50	0.574
Education Status						
Health Vocational High School					53.20±6.22	60.00± -
Lisence		55.55±6.16	0.268		53.57±10.95	0.343
Graduate		54.33±8.14			60.0±	-
Working Year						
0-5		55.86±6.44			57.55±5.70	
6- 10		53.90±6.00	0.099		51.14±16.24	0.338
10 and Over		56.70±5.73			53.62±8.41	
Do you know about spiritual support?						
Yes		55.30±6.17	-		54.37±10.44	-
No		-			-	
Where did you get information about spiritual support?						
School		55.31±6.20			57.30±5.13	
Press Release		55.50±6.05	0.628		52.33±15.14	0.877
In-Service Training		55.77±6.77			44.50±3.53	
Can you afford spiritual support in the hospital?						
Yes		55.34±6.33			58.12±4.68	
No		55.18±5.89	0.223		46.87±14.65	0.009
What are you doing for spiritual support?						
Talk		51.20±7.29			60.00±	-
Listen		56.73±4.82			46.16±17.31	
Psychological Support		57.58±4.16			58.00±3.16	
Comfortable Environment		55.00±8.08	0.149		-	0.337
All		59.00±	-		57.00±6.08	
None		59.00±	-		60.00±	-
Talk and Listen		50.60±5.94			47.00±	-
Why you can't afford spiritual support						
Lack of information		50.80±7.94			-	
Lack of time		56.26±5.72	0.121		55.83±6.65	
Lack of staff		52.85±6.41			52.16±18.22	0.793
Lack of opportunity		50.00±11.31			-	
All		57.66±0.57			53.66±7.76	

Table 2: Some Characteristics of Nurses Working In Oncology and Intensive Care Unit and The Average Score of The Perception of Spiritual Support Scale Comparison

Discussion

It is reported that healthcare professionals with a high spirituality perception may provide patients with moral support and enable to make contribution to the treatment process by having more hope. This condition is not only important for patients, but it may also affect positively job satisfaction of service providers and effectiveness and efficacy of medical institutions [12]. Accordingly, the MSP levels of nurses working in intensive care and oncology units, which need spiritual support the most, was evaluated this study and it was determined that the nurses from both units had high MSP levels. Also the relevant studies have reported that healthcare professionals, especially nurses have high spirituality and spiritual care perception levels [17-20]. However, some studies in Turkey have revealed that MSP levels for healthcare professionals (44.1 ± 10.8 , 47.9 ± 7.9 , 47.7 ± 9.9) were “lower” compared to the results of the present study [21-23]. Also in a study which was conducted in a different country, it was determined that nurses seldomly included spiritual care applications in their daily nursing care and some nurses had low levels of awareness on spiritual care [24]. These differences in study results suggest that spiritual support levels of nurses are affected by a number of conditions and might be associated with their beliefs, cultural values and sense of empathy.

In this study it was determined that mean score of spiritual support perception was high in both genders. Also in the study conducted by Wong et al., to determine spirituality and spiritual care perception of nurses in Hong Kong and in the study by Kavas and Kavas, they found that gender did not affect spirituality and spiritual care perception levels [21,25]. However, a different study it was concluded that women had a higher MSP scale mean score [26]. These results suggest that higher number of women in the profession of nursing might be effective on varying spirituality and spiritual care perception levels. When examining the mean score of MSP scale according to age, it was found that the mean score of MSP scale was higher in the nurses who were aged between 21 and 30 years and had a bachelor's and postgraduate degree and the findings of some studies [20,27], support our results. Unlike, some studies have reported that age and educational level do not affect spiritual support perception of nurses [9,12,18,22]. In their study, Esendir and Kaplan found a significant difference between the MSP levels according to age; however, there was no significant difference between the educational levels [23]. These differences between the study results might be associated with features of the hospitals or clinics where the studies are conducted. In a study conducted with the participation of 197 healthcare professionals in a public hospital in Istanbul, 45.7% of the participants stated that they received training on spiritual support; however, 64.4% found this training insufficient. Also in this study it was determined that all of the nurses received a training on spiritual support and majority of them received that training from school [12]. In the study conducted by Ince and Akhan with nursing students, they determined that nursing students had a perception of spirituality and spiritual care [26]. Similar results obtained from the different studies conducted to determine spiritual care perception of nursing students have revealed that nursing students have similar levels of spirituality and spiritual care perception [28,29]. In the literature, however; it is seen that the number of studies on this issue is limited and the interest in this subject has increased especially in the world literature in the last few years. In order to increase this interest, educational interventions should be made and trainings at schools should be updated in order to strengthen the importance of the subject. Providing especially nurses with more planned, systematic and repetitive trainings in terms of spiritual support should be one of the primary subjects.

This study determined that there was no significant difference between occupational experience of nurses and the MSP scale mean score. This finding is compatible with the literature [30-32]. However, Esendir and Kaplan found in their study that there was a statistically significant difference between the spiritual support perception total mean scores of healthcare professionals according to the seniority variable [23]. Possible reasons of these differences between the study results might be clarified with findings to be acquired from future relevant studies. Spiritual point of view varies based on individuals' environment, working conditions and cultural environment. Both of the individuals who give and receive care affect spiritual support perception. In this study, the nurses reported that they tried to fulfil mostly activities such as speaking, listening and providing psychological support for the spiritual care; however, their greatest obstacle was “lack of time”. The literature includes similar results with the present study and they have emphasized that the most important problem regarding this issue is “lack of time” [7,9,33]. Considering that oncology and intensive care nurses have a greater workload; it was an expected result that nurses were not able to find sufficient time for spiritual support and spiritual care and fell behind fulfilling the spiritual care needed [34]. Accordingly, the opportunities of allocating more time to spiritual care practices can be strengthened by increasing the number of nurses working in clinics especially like intensive care and oncology. In addition, the relevant studies have reported that nurses can support patients' spiritual care by using applications such as active listening, family support, developing religious applications, therapeutic touch, massage, music and providing a comfortable environment [35].

Limitations of the Study

The limitation of this study is that it was conducted in the intensive care and oncology units in a university hospital and the study results can only be generalized to the group with which the study was conducted. Another limitation is that spiritual support perception level was evaluated only with the scale.

Conclusion and Recommendations

The study revealed that the intensive care and oncology nurses had high spiritual support perception levels, there was no correlation between some characteristics of the nurses and the spiritual support perception mean scores, and the nurses tried to provide the patients with spiritual support; however, they were unable to fulfil this support due to lack of time. In accordance with these data, it can be recommended to conduct different studies in larger sample groups in order to do appropriate plannings for nurses to allocate sufficient time to their patients, provide support to these patients, and determine factors affecting the MSP levels of nurses.

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Conflict of Interest

The authors declare that they have no conflict of interest. All authors of this study declare that they have no conflicts of interest. Manuscript has been seen and approved by all authors.

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