

## Attitude toward Spirituality, Spiritual Care, and its Relationship with Mental Health among Intensive Care Nurses

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### Abstract

**Background and Objectives:** Spirituality and spiritual care, as essential components of holistic nursing care, are widely recognized, while spiritual aspect is still overlooked. Spirituality has been associated with the caregiver's sense of well-being and ability to cope. The aim of this study was to determine attitude of intensive care nurses toward spirituality and spiritual care and its relationship with mental health.

**Methods:** This cross-sectional study was conducted on 55 nurses working in the Intensive Care Units of educational hospitals in Qom, 2014. Tools of study include measures of Spirituality and Spiritual Care Rating Scale (SSCRS) and General Health Questionnaire (GHQ-12). Data was analyzed by descriptive statistics, Pearson correlation coefficient, independent t-test, and ANOVA in the statistical software SPSS, ver. 16.

**Results:** There were 10.2% male and 89.8 % female nurses; age ranged from 21 to 46 years, with a mean age of 29 (SD=2.67). Mean and standard deviation attitude score of spirituality and spiritual care in nursing were 55.95 and 7.66, respectively. Among the demographic variables of age ( $r=0.491$ ), and work experience ( $r=.496$ ) were significant correlation with the perception of spirituality and spiritual care. Also, there were significant and direct correlations between spirituality and spiritual care and general health ( $r=0.348$ ).

**Conclusion:** Our finding indicated that attitudes toward spirituality and spiritual care in the intensive care nurses were moderate. According to the direct relationship between attitudes toward spirituality and spiritual care and mental health, there should be a significant focus on strengthening spirituality in nursing care in intensive care, education, and acculturation in the area of religious and spiritual activities among nursing students.

**Keywords:** Intensive Care Nurses, Mental Health, Spiritual Care, Spirituality.

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## Introduction

The concept of morality and spirituality at work is a solution for reducing organizational functions like alienation, stress, excessive compromise, and depersonalization of employees (1). Entrance of concepts to new research in the field of medical like morality, truth, believing in God, honesty, conscientious, magnanimity, faith, forgiveness, kindness, seeking meaning in labor, listening, time consuming, respecting the privacy and dignity of patients, and altruism. All of these suggest that the emergence of a

new paradigm called spiritual care. Spirituality is defined as a dimension of the human being that inspires people the feelings of possession of such qualities as temperament, capacity for internal knowledge, strengthening resources, holy subjective experience, progressing towards love and larger knowledge, finding meaning for an individual entity that is the centrality of each entity. Also, it is a body of known values and attitudes and hopes that association with higher existence in one's life is specially related to experiences of life that

draws people to the brink of uncertainty (2). Spiritual care is an essential component of nursing practice and often determines how individuals respond to their patients and expectations that go along with them. The intent is the nursing interventions in order to satisfy the spiritual needs of patients. Spiritual care is a multidimensional concept that includes exercises and activities such as respect and preserves the spirituality and poise of patient and listening carefully to the patients and helps the patient to understand the meaning of the illness by nurses. Spiritual care is an important part of nursing practice, because it is the goal of nursing health promotion, disease prevention, protection of health, and relief of pain and discomfort, in achievement of which spiritual care has played an effective role. Spiritual care can reduce psychological stress in the patient's duration of staying in hospital by creating environmental health and focusing on psychological needs of patients (3).

Various studies have been conducted in the field of spirituality and health. In his study, Koenig showed that mental and physical health human is positively related to spiritual life and people who have stronger religious beliefs tend to show better adaption to life situations (4). Moran indicated that spirituality, mental health, and job performance of Paksan Company's employees are positively correlated, and ritual dimension of religious spirituality is the best predictor of job performance (5). Lavasani et al. showed that spirituality, stress, and organizational commitment were significantly predictive of job satisfaction of nurses (6). McNaught's further investigation showed that there is a positive relationship between spirituality and increased employee satisfaction, effort, collaboration and cooperation, creativity, and performance (7). Fabricatore found that the spirituality affects on overall satisfaction of life (8).

Attention to spiritual forces, as a need that gives indescribable solace, power, and vivacity to patients, is now given particular attention by nursing theorists. Sense of 'spirituality' and 'spiritual care' in nurses helps them complete

their tasks and especially deal with different diseases (9). Any society that tries to provide exhaustive care should know that spiritual care is an essential part of it. To provide spiritual care, nurses need to know about how effect of patients' spiritual beliefs on their lifestyle, their response to the disease, and treatment options for increased health care options. Also, they must combine spirituality in nursing care, achieve positive feedbacks from nursing care, and improve their communication with patients and their families (10). Special care units are among the units in which nurses play important roles. Intensive care patients are often seriously ill or injured and have unstable conditions. Since the intensive care unit is a challenging area for spiritual care, these sectors are chosen for research. Spiritual care can be a way to increase improvement, healing, and humanity in Special Care Units (11). Despite the attention which is recently paid to the issue of spirituality in the field of healthcare, particularly spiritual care, which is held as a mandatory responsibility of nurses, in spite of our Iranian and Islamic beliefs, and with respect to the broad historical role of spirituality in nature of all people and all areas of Iranian community, limited studies have been carried out in this field. According to above matters, conducting research with new approach aimed at promoting mental health of nurses becomes necessary in order to present necessary measures aimed at capacitating and improvement of spiritual health assisted by obtained results. According to importance of the concept of spirituality in the realm of health especially spiritual care that is considered as required tasks of nurses, the researchers wanted to consider the attitude of intensive care nurses toward spirituality, spiritual care, and its relationship with mental health.

## Methods

This is a correlational descriptive study conducted in 2014 on the 55 nurses working in intensive care units (ICUs) of educational hospitals affiliated to Qom University of Medical Sciences, Qom Iran. Sample size was determined to include 52 people via formula of

determining sample size base on pilot study ( $z_1: 95\%=1.96; z_2: 80\%=0.84; r=0.48$ ).

The sample includes nurses who have at least a bachelor's degree and six months of work experience. Other inclusion criteria were absence of a psychiatric diagnosis, use of psychiatric drugs, specific chronic diseases, disability in members of their families or themselves, and severe stress (death of close persons, divorce, and severe accidents) in the past month as well as consent to participate in the study.

In this study, in addition to completing demographic information for assessing attitudes toward spirituality and spiritual care, the Spirituality and Spiritual Care Rating Scale (SSCRS) that consists of 23 questions in 2 essential parts, i.e., spirituality and spiritual care, was adopted. The first part of the scale includes basic aspects of spirituality that consists of hope, meaning and purpose, forgiveness, faith, values aspects, relationships, belief in God, ethics, and innovation.

The second part consists of questions related to spiritual care and interventions that have been identified as important sources, the indices that consist of listening, time consuming, respect for privacy and dignity of patients, maintaining religious practices, and attention to demonstrate such qualities as kindness. The instrument items ask respondents to choose an answer ranging from strongly disagree (1) to strongly agree (5), on the basis of their opinion about the item. The highest score was 92 and the lowest was zero. In this study, scores between 63 to 92 are regarded as high and favorable, scores between 32 to 62 average somewhat favorable, and scores between 0 to 31 low and undesirable. The reliability and validity of the questionnaire were approved in 2010 by doctor Masoud Fallahi et al. (12).

Mental health was examined using the General Health Questionnaire 12 items (GHQ-

12). This questionnaire was developed in 1992 by Goldberg to identify mental disorders in different centers and environments. Items of the questionnaire that were to assess mental status in the last four weeks include signs such as abnormal thoughts, feelings, and aspects of behavior. Many researchers admit that GHQ is the best-known screening tool in the world of psychiatry, behavioral sciences, and psychology that have a significant impact on research progress. This questionnaire is designed as question forms; forms with 28 and 12 questions have been of frequent use both in Iran and other countries. The questionnaire consisted of 12 item from 60 questions of the original questionnaire that like other forms, each of the questions measure the mental health problems in recent weeks, that is likert scoring as 0, 1, 2, 3, it means that, option A: zero score, option B: 1 score, Option C: 2 score, option D: 3 score. The maximum score of this test by this scoring method will be equal to 36 on a questionnaire (13).

The data of this study was analyzed by SPSS, ver. 16, using descriptive statistics, independent t-test, one way ANOVA, and Pearson correlation coefficient. In all tests, the significance level was considered to be less than 0.05.

### Result

Mean and standard deviation of nurses' age were  $29\pm 2.67$  and mean and standard deviation of work experience were  $4.93\pm 2.44$  years. 89.8 percent of the nurses in this study were female and, in most cases, their education was in undergraduate level. From the total 55 subjects that participated in the study, 73.5 percent were married and 26.5 percent were single. Research revealed that nurses' attitudes to spirituality and spiritual care were in a moderate range. Evaluation of total score of each nurse shows that the mean score of attitudes toward spirituality and spiritual care in nurses were

Table 1: Attitudes toward spirituality and spiritual care and mental health of nurses in the study

Variable	Mean (SD)	Maximum	Minimum	Scale scores range
Attitudes toward spirituality	27.29 (2.50)	40	12	0-52
Attitudes toward spiritual care	28.19 (3.61)	35	20	0-40
Attitudes toward spiritual care and spirituality	55.95 (7.66)	75	41	0-92
Mental health	12.39 (6.25)	1	32	0-36

Table 2: Correlation between attitudes toward spirituality and spiritual care and mental health

Variable	Attitudes toward spirituality	Attitudes toward spiritual care	Attitudes toward spirituality and spiritual care	Mental health
Attitudes toward spirituality	1			
Attitudes toward spiritual care	0.596**	1		
Attitudes toward spiritual care and spirituality	0.922**	0.860**	1	
Mental health	0.245	0.303*	0.348*	1

\*\*Correlation is significant at the 0.001 level, \*Correlation is significant at the 0.05 level

55.95 and most of them received a score between 32-62 (Table 1).

Among age, sex, marital status, education, employment, position, work shifts, location of employment, having a second job, and work experience, only age ( $r=0.491$ ,  $p=0.006$ ) and work experience ( $r=0.496$ ,  $p=0.004$ ) with scores attitudes to spirituality and spiritual care have significant correlation.

There were significant and direct correlations between spirituality and spiritual care and mental health ( $r=0.348$ ,  $p=0.02$ ) (Table 2). Also, score average on the mental health of people with a higher spirituality and spiritual care ( $13.56\pm 10.83$ ) was more than moderate ( $12.11\pm 5.55$ ), but this correlation was not significant ( $p=0.83$ ).

## Discussion

Findings revealed that there was a positive and significant correlation between attitudes toward spirituality and spiritual care and mental health in intensive care nurses. One's spirituality is an important human dimension that is integral to a person's well-being, healing, values, and reactions to life experiences (14). Having meaning and purpose in life, a sense of belonging to a source of sublime, hope in God's help in stressful situation of life, and benefit from social and spiritual support all are methods that enable religious people to deal with stressful events of life (15). This finding is consistent with the results of Kociszewski which indicated that experience of nurses in intensive care units from providing spiritual care as Integral behaviors that Included in daily nursing care and providing spiritual care, that will lead to job satisfaction among nurses in intensive care (16). In the study conducted by Johnson on nurse educators, many who reported spiritual experiences at least daily rated their health as

good or excellent; those reporting less frequent DSE reported more depressive symptoms (17). Pesut in their study as students' spiritual development showed that nursing students have high spiritual understanding and the encounter with the patient considers moral considerations even more than just nursing instruction, suggesting a positive effect of spirituality on job satisfaction on the students (18).

According to results of this study, the score average of attitude to spirituality and spiritual care of ICU nurses was in moderate level, and, because many of the behaviors were influenced by attitudes, this is hoped that nurses are able to satisfy the spiritual needs in some situations. Mazaheri and colleagues, in their study of nurses, evaluated the attitudes to spirituality and spiritual care and reported that most of them are in moderate levels, the outcomes which are consistent with current findings (19). In a qualitative study, Rahnama et al. showed that a large portion of the spiritual care needs of the patients is not fulfilled by the nurses. Also, according to their findings, nurses' performance and characteristics with expectations of them from a nurse with a spiritual approach were not adapted (20). In a study conducted by Wong, Chinese nurses reported a high level of understanding and awareness of spirituality as a concept, and reported enthusiasm and great interest in giving spiritual care to their patients (21).

Non-random sampling and small size of sample reduce generalizability of the findings in this study and conduction of this study by a larger sample size (nurses of several Province) can be effective in elimination of this restriction. Also, future research is suggested to consider the impact of education on nurses' attitudes to spirituality and spiritual care.

## Conclusion

This is the study evaluating the relationships among spirituality, spirituality care, and mental health among intensive care nurses. According to findings of this study, nurses' attitudes to spirituality and spiritual care of ICU were in moderate level and as for the significant correlation of scores' attitudes to spirituality and spiritual care with their experience work, using nurses with more experience can be effective in increasing the quality of nursing spiritual care. According to results, education and acculturation in sphere of religious and spiritual activities are essential. Also, focusing on strengthening of spirituality and spiritual care in ICU parts can improve the mental health of nurses and the quality of patient care.

## Conflict of interest

The authors declare no conflict of interest.

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