



Research Paper

Educational Needs Assessment of Spiritual Care in Nurses in Iran in 2021: Using Delphi Technique



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ABSTRACT

Background and Objectives: Nurses are professionally and ethically obliged to provide spiritual care as part of comprehensive care for patients. The present study was conducted to determine the educational needs of nurses to provide spiritual care.

Methods: This study was performed descriptively using the Delphi technique from September 2020 to April 2021 at Qom University of Medical Sciences. In the first stage, 10 specialists were selected by purposive sampling method and answered an open-ended question to determine the educational needs of spiritual care. After collecting opinions in three rounds, the needs with an agreement coefficient of more than 51% were prepared in the form of a 15-item questionnaire and the importance of the items was determined by 144 nurses. Needs with scores of 3 or higher were finalized and general and behavioral goals were set for them.

Results: In the first, second, and third rounds, 47, 25, and 15 educational needs were determined, respectively, and five general objectives, including familiarity with the holistic approach to human beings and dimensions of health, familiarity with the concepts of spiritual care, familiarity with how obtaining a spiritual history, familiarity with the types of diagnoses and spiritual interventions, and familiarity with the principles of communication in spiritual care were determined.

Conclusion: The results of the study can be used for developing a spiritual curriculum and a practical guide to providing spiritual care for nurses and other groups of the health team.

Introduction

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piritual care is one of the most important topics in health research due to its significant effects on patients' physical and mental well-being [1]. Assessing the spiritual

needs of patients and performing spiritual care for them leads to reducing pain, increasing life expectancy, and faster recovery of the disease [2, 3]. Spiritual care has a significant role in prevention, health promotion, and relief of pain and discomfort as the goals of the nursing profession [4]. Spiritual care is a complex and multidisciplinary

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dimensional concept and is defined in different ways [5]. Spiritual care refers to care activities and procedures that lead to improved spiritual health and performance as well as improved quality of spiritual life. It is also believed that providing spiritual care is effective on stress responses, spiritual well-being (balance between physical, psychosocial, and spiritual aspects), feelings of honesty and excellence, and interpersonal relationships [6, 7].

Spiritual care as one of the areas of nursing care is known with eight characteristics: healing presence, therapeutic use of self, visual sense, spiritual perspective exploration, patient-centered, meaning-oriented, therapeutic interventions, creating a spiritually nurturing environment, and documenting and the evaluation of spiritual care [8]. Recent studies have indicated a lack of knowledge and participation of nurses in providing spiritual care so that in a study in 2021, the results showed that nurses are afraid and anxious to address spirituality in nursing practice and provide spiritual care to patients. Ambiguous attitudes toward spirituality, lack of adequate education about spirituality, limited knowledge, and lack of appropriate structures were all considered as factors in causing these fears [9]. A study in Iran in 2017 also showed that only 26% of nurses under study have good competence in providing spiritual care [10].

Nurses are professionally and morally obliged to provide spiritual care; thus, having sufficient knowledge and skills to provide spiritual care is necessary to achieve this goal. For this reason, the introduction of spirituality and spiritual care as important concepts in the syllabi of nursing education is one of the important priorities of nursing education [11]. However, spiritual care has not been properly considered in nursing education, and factors, such as neglect of spiritual care in the undergraduate nursing curriculum, insufficient training in the field of spiritual care, lack of agreement on how to teach spiritual care in nursing education curricula, and lack of clear guidelines, are obstacles to the operation of spiritual care on the clinical performance of the nursing profession [11]. Therefore, it is necessary to form an educational program appropriate to the Iranian-Islamic context and culture [12].

The first step in designing an educational program is to examine the educational needs [11]. Educational planning, when done with the correct identification of needs, prevents re-work, and selected programs are held with more appropriate quality and quantity. The needs assessment is an integral part of planning, during which the needs are identified and acted upon according to priority. Needs assessment is the source of determining educational goals and is based on educational goals, educa-

tional planning, and curriculum planning and activities within the educational system [11]. Various methods have been proposed to assess the training needs of personnel, and the Delphi needs assessment technique is one of the most reliable, this technique provides the needs using the opinions of experts in several stages and prevents the application of individual opinions (dictatorship) and wasting time in the form of unnecessary discussions and debates. In addition, needs assessment is more useful in terms of preventing bias and outspokenness than surveying [13]. The Delphi method is a regular method for determining the consensus of experts that is useful for answering questions that cannot be answered by laboratory and epidemiological methods [14].

This study was designed and conducted to determine the educational needs of nurses in the field of spiritual care using the Delphi method.

Method

The current study was a needs assessment that was performed by the Delphi agreement-based method from September 2020 to April 2021 at [Qom University of Medical Sciences](#). Delphi is a systematic approach or method for extracting expert opinions on a topic or question and reaching group consensus through a series of questionnaire rounds while maintaining the anonymity of respondents and feedback to panel members [15]. This method as an agreement-based method that can be a good way to assess needs. Delphi technique is also one of the systematic analytical approaches. This method is used by collecting opinions of experts several times using consecutive questionnaires and is used to show the convergence of opinions and to identify differences of opinion or divergence of opinions. Each repetition forms a period. The questionnaire is a tool for communication and assesses the influence of experts on each other [15]. Ten members of the Center for Spiritual Health Research and faculty members of the School of Nursing and Midwifery and experts, interested and have a resume in the field of spiritual health and training programs, were invited to participate as an expert group.

The stages of research based on the study by Rahmani et al. [15] were designed as follows:

1. Explaining the problem
2. Asking an open-ended question entitled "In what areas do nurses need to receive training in providing spiritual care?" (First round)

3. Presenting the proposed titles of the first round as a semi-structured framework and receiving comments on the necessity of each title and suggestions on removing the change or adding a new item (second round)

4. Finalizing the titles of nurses' educational needs (third round)

5. Survey of nurses working in university hospitals using a questionnaire

The open-ended question of the first stage was formulated and presented as follows: "In what areas do nurses need to receive training in providing spiritual care?"

The question was sent to the experts via email after making a phone call and explaining the purpose and importance of the study, and the answers were collected

after a week. The results of the first round were collected under 47 items. In the second round, a questionnaire with 47 questions was given to the members of the experts and they were asked to express their opinion on agreeing or disagreeing with the defined need, and the items that were agreed upon by more than 51% were maintained and a 25-item questionnaire was extracted. In the third round, a questionnaire with 25 questions was given to the group of experts and again the request was made with an emphasis on modifying, summarizing, and merging similar cases and the results of the survey were prepared in the form of a 15-item questionnaire. Individuals were free to remove, modify, or add options. The final agreement level was set at 51%. The questionnaires were completely anonymous and in the first stage were open-ended and in the next two stages were closed-ended. The answers received in each round were examined

Table 1. Needs identified from the perspective of experts in the second round

Needs Identified
1. Anthropology
2. The concept of spirituality (concepts of being spiritual and being religious)
3. The concept of spiritual care
4. Dimensions of health and their relationship with each other
5. Identifying spiritual needs and diagnoses
6. The role of spiritual care in promoting health
7. The role of the nurse in providing spiritual care (and considering the role of other medical groups)
8. Principles of nurse-patient relationship to provide spiritual care
9. How to get a spiritual biography
10. Spiritual diagnoses
11. Spiritual interventions (components and content of spiritual interventions)
12. Facilitators of providing spiritual care
13. Challenges of providing spiritual care
14. Considerations of spiritual care (individual characteristics of the provider and recipient of spiritual care, cultural and ethnic differences, disease status, providing bad news, etc.)
15. The effects of spiritual care on the spiritual health of the care provider
16. The effect of spiritual care on the health dimensions of the care recipient
17. Considerations of spiritual care in children
18. Spiritual care for the companions of ill patients
19. Considerations in spiritual care in cultural and ethnic differences
20. How to provide spiritual care in different patients according to the type of disease (acute - chronic)
21. Spiritual health with Islamic attitude
22. Identifying your values, beliefs, and convictions in life
23. Providing spiritual care to the patient's companions
24. Nurses and the need to promote spirituality and the impact on the quality of patient care
25. A holistic view of human beings

Table 2. The level of necessity of educational needs for spiritual care

Needs	Mean±SD
1. Recognizing the holistic approach to human beings	4±0.001
2. Concepts of spirituality and religion	3±0.001
3. The concept of spiritual care	4±0.001
4. Dimensions of health and their effect on each other	3±0.001
5. Principles of nurse-patient relationship in spiritual care	4±0.001
6. Obtaining a spiritual history and identifying spiritual needs	4±0.001
7. The role of the nurse in providing spiritual care (and considering the role of other medical groups)	4±0.001
8. Ways to know spirituality (epistemology - ontology)	4±0.001
9. Spiritual diagnoses	5±1.03
10. Spiritual interventions (components and content of spiritual interventions)	4±0.001
11. Special considerations in providing spiritual care	4±1.07
12. Challenges of providing spiritual care	4±0.001
13. Consequences of spiritual care (on care provider, care recipient, and health system)	4±0.001
14. The need for spiritual care in promoting health	5±0.001
15. History of spiritual care in Iran and the world	4±0.001



Table 3. General and behavioral goals of spiritual care and the scope of each goal

General Goals	Specific Behavioral Goals	Scope of Each Goal		
		Cog-nitive	Emo-tional	Psycho-motor
General goals No. 1: Familiarity with ontological epistemological approaches and holistic approach to humans and dimensions of health	1. Explaining the approaches to knowing existence and human beings	*	-	-
	2. Explaining the holistic approach to human beings	*	-	-
	3. Explaining the multidimensional concept of health	-	*	-
	4. Being sensitive to understanding the dimensions of health and how they relate to each other.	-	*	-
General goals No. 2: Familiarity with the concepts of spiritual care and the history of spiritual care in Iran and the world	1. Explaining the difference between the concepts of spirituality and religion	-	-	-
	2. Explaining the concepts of care and spiritual care	-	-	-
	3. Explaining the place of spirituality in nursing care	-	*	-
	4. Being sensitive to the necessity of the concept of caring for spirituality	-	*	-
	5. Telling the history of spiritual care in the world	-	-	-
	6. Describing the history of spiritual care in Iran	-	-	-
	7. Explaining the consequences of spiritual care (on care provider, care recipient, health system).	-	*	-
General goals 3: Familiarity with how to obtain a spiritual history	1. Expressing and applying the principles of communication	*	*	*
	2. Stating the purpose and necessity of obtaining a history	*	*	-
	3. Explaining and applying the methods of obtaining a history	*	-	*
	4. Expressing and using the tools for obtaining a spiritual history	*	-	*
General goals 4: Familiarity with the types of diagnoses and spiritual interventions	1. Enumerating the types of spiritual diagnoses	*	-	-
	2. Using the available tools to determine the patient's spiritual diagnosis	*	-	*
	3. Using a variety of spiritual interventions in different patients	*	-	*
	4. Providing spiritual care challenges with solutions	-	-	-
General goals 5: Familiarity with the principles of communication in spiritual care	1. Explaining the importance of communication in spiritual care	*	-	-
	2. Explaining the four human communications	*	-	-
	3. List communication skills and techniques in spiritual care	*	-	-
	4. Using communication strategies in spiritual care based on Quran and hadiths	-	-	*



by three members of the research team in the form of group discussions.

To assess the importance of the educational needs, the final questionnaire consisted of 15, 5-choice questions on the Likert scale. Five options of very high (5 points), high (4 points), no-comment (3 points), low (2 points), and very low (1 point) to determine the importance of the items from the perspective of the target group and taking into account the required sample size using Morgan table were provided to 150 nurses working at [Qom University of Medical Sciences](#). Items that scored an average of 3 or more were considered and maintained as essential training needs. Sampling was - purposeful and based on inclusion criteria, including having at least ten years of work experience in various departments of internal medicine, surgery or special, emergency, pediatric, and the subjects with a formal probationary or final employment status that agreed to participate in the study were selected. After completing the list and collecting them, the average score and standard deviation for each need were calculated.

After determining the educational needs, during several sessions of the three-member research group, they prepared content, including identified and classified needs, general goals, partial goals, and behavioral goals.

Results

The group of experts consisted of ten people specializing in the fields of nursing, health psychology, medical education, medical etiquette, and the sciences of hadith and medical ethics. The target group consisted of 150 nurses working in university hospitals, of whom 144 completed the questionnaire. The Mean±SD age of the studied nurses was 34.3± 6.6 years and their Mean±SD work experience was 15.3±3.36 years. Also, 42% were men, 58% were women, and 30% were working in three shifts, and the rest were working only in the morning shift and considered the implementation of spiritual care training program to improve the quality of knowledge and services of nurses necessary.

The results of the first round were collected under 47 items in a table and provided to the group of experts for the second round. After applying their opinions, 25 items were considered as the needs of nurses ([Table 1](#)).

Finally, after applying the opinions of the expert group, a questionnaire containing 15 needs was prepared and provided to the target group, i.e. employed nurses, and

the necessity of each need was estimated. The results of this survey are presented in [Table 2](#).

Finally, based on the identified needs, four general objectives were extracted and specific objectives were set for each general objective and the scope of each objective was determined ([Table 3](#)).

Discussion

Although one of the areas of activity of nurses is to provide spiritual care, no agreement has been reached on the needs and educational content to prepare nurses to provide spiritual care. Therefore, the present study was conducted to determine the educational needs of nurses and to formulate educational goals related to each need. Based on the findings, most of the needs of nurses were summarized in 15 items. In confirmation of the findings of the present study, [Rassouli et al.](#) reported the educational needs of nurses in the field of spiritual care in 25 cases that the items identified in their study are in line with the results of the present study [[11](#)].

Consistent with the results of the present study, what is spirituality, why there is a need to institutionalize the concept of spirituality in health, what is spiritual health, and the World Health Organization's strategic approach to spiritual health, are among the topics that form the basis of spiritual education programs in other countries' curricula [[16](#)]. In a study conducted at the [University of Missouri School of Medicine](#) entitled "Determining the Needs for a Spirituality in Patient Care Curriculum", the philosophy of spirituality and the discussion about this concept and the importance and effect of patients' spiritual status on other aspects of their health were emphasized, which is completely consistent with the educational goals extracted in the present study [[17](#)].

In another study, the principles of communication, spiritual diagnoses and interventions, challenges and facilitators of spiritual care, and cultural and ethnic differences were identified as educational needs that are consistent with the present study [[18](#)]. The findings of the study led to five general educational goals; the general goal number one and two to explain the place of spirituality in human health and basic concepts of spiritual care, and goals number three to five to ensure the readiness of nurses to provide spiritual care. In confirmation of these findings, we can refer to the study by [Pirat Paal et al.](#) in 2015, who during a systematic review, introduced the need for spiritual self-knowledge as one of the goals of spiritual care for members of the health care team [[19](#)]. Also, [Rassouli et al.](#) in Iran in 2018 con-

sidered three main goals for educating nurses in the field of spiritual care, which are in line with the goals set in the present study. In Rassouli's study, the main goals were introduced under the headings of spontaneous evolution, sometimes from the spiritual dimension, explaining spirituality in the nursing profession and its role in nursing care and preparing nurses to provide spiritual care, which the goals number one or two of the present study are relatively consistent with the goals number one and two of the Rassouli et al.'s study [11].

The third goal of Rassouli et al.'s study was to prepare nurses to provide spiritual care. Goals three to five of the present study were designed in line with this goal but in more detail and precision. The second general goal extracted in the present study was to get acquainted with the basic concepts of spiritual care and its place and role in the health system to meet the estimated needs, familiarity with the concepts of spirituality and religion, concepts of spiritual care, and health dimensions and their impact on each other, and also familiarity with the consequences of spiritual care (on care provider, care recipient, and health system). In a similar study that aimed to identify the educational needs for the integration of spirituality in medical education in Iran, by conducting interviews with various people, including those working in medical education and curriculum design and also health care providers, etc., the above needs were identified [20].

The findings are also consistent with those of Rassouli et al. In their study under a different format, they emphasized the need to explain the educational goals related to the concepts of spirituality and religion and explained the role of spirituality in the nursing profession in the training of spiritual care to nurses [11]. Although spirituality and religion evoke similar meanings, or in practice the two concepts may overlap, nurses in their professional position encounter patients who have no religious affiliation but address their spiritual needs and it is expected that nurses fulfill them. On the other hand, and precisely for this reason, the familiarity of nurses with different religious rituals that patients perform in line with their spiritual or religious beliefs is another necessity and only familiarity and acceptance of the concept of spirituality, does not seem to be enough in professional practice to help patients meet their spiritual needs.

Conclusion

Gathering information from a group of experts with a history of working in the nursing profession as well as surveys of nurses working in the nursing profession with history led to two effective outcomes in the present study. On the one hand, it prevented the non-identification of

some needs due to the possible unfamiliarity of working nurses with the concept of spirituality and spiritual care due to the lack of a coherent and scientific encounter with relevant issues (a problem that in previous studies led to insufficient data), and on the other hand, led to the development of fully practical and integrative goals in the performance and job description of the nursing profession, so that in intensive and short training courses, the formulated goals can be met. Some of the needs and goals set in other studies were not met in the findings of this study, including ethical considerations in providing spiritual care, which in explaining this issue, it is necessary to point out that in expert surveys, attention to nursing education curriculum is emphasized. Therefore, the repetition of cases that overlap with other courses and have already been provided and can be provided in academic or in-service training has been avoided.

It was not possible to attend and benefit from the opinion of all domestic and foreign professors, which can affect the results of the study.

Ethical Considerations

Compliance with ethical guidelines

This research was conducted after approval by the Educational Council of the School of Nursing, [Qom University of Medical Sciences](#). Written consent was obtained from all participants. Participants were reassured that their presence in the study was completely optional and that they could leave the study. They were also assured that their information would be kept confidential.

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Authors' contributions

Methodology and Data collection: Khoramirad and Abedini; Data analysis and Writing-review & editing: All authors.

Conflict of interest

The authors declared no conflict of interest.

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