

The concept of spiritual well-being from the viewpoint of nurses caring for heart disease patients

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Abstract

Background: Spirituality plays an important role in the patients' health, well-being and quality of life. Spiritual well-being that can coordinate different aspects of human life had been considered as an important dimension of individual or public human life by the health care experts. We aimed to explore the concept of spiritual well-being from the viewpoint of nurses caring for heart patients.

Materials and Methods: This cross-sectional study was conducted on a random sample of nurses (n=76) caring for heart disease patients during 2015. Data were collected using a questionnaire consisting of nurses' demographic characteristics and statements evaluating their attitudes towards spiritual health. Face and content validity of the questionnaire were confirmed, and its reliability was assessed by the Cronbach's alpha. Data were analyzed by SPSS version 18 using descriptive and inferential statistics of Chi-square, t-test and ANOVA. P-value less than 0.05 were considered statistically significant.

Findings: The mean age and work experience of nurses was 36.2 ± 2.64 and 13.6 ± 3.6 years, respectively. 48 (63.15%), 12 (15.7%) and 16 (21.05%) of the nurses had a high (Favorable), a medium (somewhat favorable) and a poor (Not favorable) attitudes towards spiritual well-being, respectively. In general, the nurses' attitude toward spiritual well-being has been good and favorable ($38.1 \pm 4.02\%$). According to ANOVA test results, nurses' spiritual well-being was significantly correlated with their work experience ($P < 0.05$).

Conclusion: Considering the importance of spiritual well-being together with physical and mental aspects in nursing for providing spiritual care and the need for empowering the nurses with this skill, continuing educational workshops on spiritual care are recommended.

Keywords: Nurse, cardiac care unit, Spiritual well-being.

Introduction

The importance of spirituality and spiritual well-being for humans has increasingly attracted the attention of the psychologists and mental health professionals in the past few decades, so that the World Health Organization in defining aspects of human being indicates to the physical, mental, social and spiritual aspects and introduce this fourth aspect as an important factor for the human growth and development. Spiritual well-being is a combination of perceptions of self, personality factors and the fundamental beliefs regarding the being and the meaning of life that these beliefs are associated with various aspects of life, including social, physical and psychological (1). Today, most models of the health, including the spiritual health. The concept of spirituality is associated with all aspects of health in all age groups and is the interest of the researchers in the world. Spiritual well-being is considered as one of the valuable human properties which have the religious background (2).

Spiritual well-being is one of the key elements of health. Spiritual well-being is a term used in modern medical knowledge was introduced by the WHO as the fourth element of health. Despite the issue of spiritual well-being has been introduced for more than five decades ago, but its dimensions still remain unknown (3-4). It is difficult to define spiritual health. Undoubtedly, the meaning of spiritual well-being is not limited to the effect of prayers and spiritual moods in healing the diseases and is not an alternative for conventional medical therapies or complementary medicine (5). Spiritual well-being is considered as an important aspect of human health that provides integrated and harmonic relationship between human internal powers and is identified with features including, stability in life, peace, balance, coordination, feeling close relationship with self, God, society and the environment (6). Today, the role of spirituality is considered increasingly in health promotion of patients and help to meet the spiritual needs of patients and their families is considered as an essential element in the patient's clinical care (7). To meet the spiritual needs of patients is an integral aspect of nursing care and studies on community-based nursing care has emphasized to the meaning of care for body, mind and spirit. Spiritual care is an essential component of nursing practice, essential skills for caregivers and unique aspect of care. A nurse who claims that provides comprehensive care must determine all requirements of the patient's needs such as spiritual one (8). Many recent quantitative and qualitative studies have shown that supporting the spiritual care, spiritual well-being and having a relationship with a higher power is beneficial and can be used to improve the quality of life, increase interpersonal support, reducing the severity of symptoms, increased favorable medical outcomes and progress in improving the patients' clinical condition (9). During caring and treatment for patients, nurses are easily accepted in the private territory of patients hence, they should be able to easily involve in the spiritual issues. Considering the definition of nursing as the concept of

diagnosis and treatment of human responses, nurses must provide spiritual care to their patients (10). Considering the positive impact of spiritual well-being on the nurses and midwives, to improve the patients' spiritual well-being and take advantage of its influence, their spiritual well-being must first be determined. The importance of the spiritual dimension in nursing has increased and the views and attitudes of nurses towards spiritual care can play an important role for the applying such aspect of care. Considering the nurses as the largest sub-group of medical staff (11-13), the spiritual well-being is one of the most important aspects of health (14) and existing few studies about the attitudes of the nurses caring for heart disease patients about spiritual well-being this study were designed with the aim of exploring "the concept of spiritual well-being from the viewpoint of nurses caring for heart disease patients".

Materials and Methods

In this cross-sectional study, we explored the viewpoints of 76 nurses working in the CCU about the spiritual well-being during 2015. The participants were randomly selected at the CCU. The inclusion criteria were as follows: 1) having a minimum of six months experience in the CCU, and 2) holding a bachelor's degree or higher. The data collection tool was a researcher-made and two-part questionnaire containing the nurses' demographic and spiritual well-being data, which was prepared and modified based on literature review (15-16). To ensure content validity of the questionnaire, it was offered to 10 nursing education faculty members and nurses who had expertise on this research subject and were asked to comment on the questionnaire; finally, the questionnaire was revised according to their advice. To ensure the reliability, internal consistency index (Cronbach's alpha) with the reliability coefficient of 0.8 was used. Spiritual well-being questionnaire contains 12 statements, which a 5-point Likert scale (0 = completely disagree, 1 = disagree, 2 = not sure, 3 = agree, 4 = completely agree) was used for its scoring. Spiritual well-being was classified into three levels: high and favorable (32.1-48), medium and somewhat favorable (16.1-32), and low and not favorable (0-16), with the scores ranging between 0 and 48. Data were analyzed by SPSS version 18 using descriptive and inferential statistics of Chi-square, t-test and ANOVA.

P-value less than 0.05 were considered statistically significant. In order to comply with research ethics, informed consent form was completed by all participants. All participants agreed to use their information anonymously by the research team so any information that exposes the participants had been removed. The participants were assured that the information will be kept confidential and the right to withdraw at any time for them was taken into consideration. During the research process from data collection to analysis and reporting of findings, avoiding from any bias was assured.

Results

The majority of participants were female (70.9%), married (61.2%), had a bachelor’s degree (96.6%), were employed in one single hospital (59.6%) and working in various shifts (48.3%). The mean age and work experience of nurses were 36.2 ± 2.64 and 13.6 ± 3.6 years, respectively. Half of the nurses had not participated in training courses on the spiritual well-being (Table 1).

Table 1. The demographic characteristics of nurses (n=62) and the relationship between spiritual well-being and demographic information

Variables		Number (%)	Statistical test
Sex	Female	65 (85.5)	P=0.21
	Male	11 (14.4)	
Marital status	Married	53 (69.73)	P=0.84
	Single	23 (30.2)	
Age	<25	10 (16.1)	P=4.24
	26-35	26 (41.9)	
	36-45	18 (29)	
	>45	8 (12.9)	
	Mean	32.5 ± 9.21	
Educational level	B.Sc. (Bachelor of Science)	72 (96.6)	P=0.08
	M.Sc. (Master of Science)	2 (3.3)	
Employment status	Corporate(Part time)	7 (11.20)	P=8.06
	Contract	21 (33.8)	
	Contraction (free education commitment)	15 (24.1)	
	Formal(permanent)	19 (30.6)	
Work experience years	<5	9 (11.8)	P=0.001*
	5.1-10	14 (18.4)	
	10.1-15	14 (18.4)	
	15.1-20	31 (40.7)	
	>25	16 (20.05)	
	Mean	13.6 ± 3.6	
The number of workplace	1	46 (60.5)	P=2.61
	2	29 (38.1)	

	3	1 (1.3)	
Working shifts	Only in the morning	25 (32.8)	P=0.91
	Evening and night	22 (28.94)	
	Rotational	29 (38.1)	

*The correlation was significant.

According to ANOVA test results, spiritual care was significantly associated with nurses' work experience ($P < 0.05$ - Table 1). 48 (63.15%), 12 (15.7%) and 16 (21.05%) of the nurses had a high (Favorable), a medium (somewhat favorable) and a poor (Not favorable) attitudes towards spiritual well-being, respectively. In general, the nurses' attitude toward spiritual well-being has been good and favorable ($38.1 \pm 4.02\%$).

Discussion

The Findings of this study showed that the attitude of the nurses caring for heart disease patients towards spiritual well-being was high and favorable. Similar studies in Iran, have reported the nurses' spiritual well-being about a medium range (17,18). Mazaheri and colleagues in a study indicated that it was found that attitude of nurses in Razi psychiatric teaching hospital to spirituality and spiritual care was at a high level and good; this is due to the fact that psychiatric nurses are more inclined than nurses in other sectors to assess the patients' spiritual needs, have more time and are accustomed to consulting (10). Compared to the findings of this study, Hsiao et al in Taiwan showed that the nurses' spiritual well-being was at medium to good levels (19). Of course, such results in our society that is religious and amenable to spiritual values are acceptable, therefore; the religious culture in Iran may be effective in responding to the religious questions. Due to the nature of nursing and close interactions of nurses with the patients, whatever the nurses have a good attitude about the spiritual well-being, will provide better care and interventions for their patients. This can be a good prognosis and measure for care and treatment of patients and suggests that the capacity of nurses to provide spiritual care is associated with their spirituality and the spiritual care aspects of their education (20). Positive attitude and knowledge regarding the spiritual care is a prerequisite for providing such care, but in Iran's formal health care system is less recognized, whereas you cannot say that do not unofficially (21). Our findings showed that there was only a positive relationship between nurses' spiritual care and their work experience. Chung et al. (2006) and Rahimi et al. (2013) showed no relationship between attitude towards spiritual care and work experience, which was inconsistent with our findings (22,5). The results of this study showed no relationship between spiritual well-being and educational courses that are inconsistent with other studies (23,24). The reason for this inconsistency is probably due to the fact that they have explored the effect of certain and specific training program for their staff, but in our study, only passing a training course in relation to the spiritual well-being is studied not a certain training program, which is consistent with study of Rahimi et al (4).

According to the findings of this study it is recommended that nursing education policymakers and administrators by providing the appropriate learning content and environment and the adoption of effective educational strategy, provide the context for promoting the spiritual well-being of nurses during the higher education and thus overcome existing deficiencies.

Acknowledgements

This study was supported by the Student Committee of Shahid Beheshti University of Medical Sciences & Health Services, Tehran. We would like to thank all the nurses who sincerely cooperated with us in data collection.

Conflicts of interest

No conflict of interest has been expressed by the authors

Author's contributions

All authors participated in writing the scientific proposal, data collection, and writing of the manuscript. All authors read and approved the final manuscript.

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