

Original Research Article

Assess Spirituality and Spiritual Care in Nursing Practice in Public Hospital Lahore

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Abstract: In the health sector, there is an emergent attention in spiritual care, which has resulted in more research around the topic spirituality and spiritual care. But, here is little research showing how nurse's provide spiritual care. Nursing care of quality recognized by patient supporting and enhance overall patients spiritual needs. In nursing profession used skills for patient care as a set of spiritual care. The therapeutic relationship between nurses and patients sign of spirituality. Nurses responsible to listen actively, show empathy and hope and provide all facilities for patients. Aim of this study, "to assess spirituality and spiritual care in nursing practice in public hospitals Pakistan". Descriptive cross-sectional survey was conducted in 2017 from nurses at work in public hospital, Pakistan. Data were collected using the spirituality and spiritual care related questions. Total 251 female nurses' participants completed the survey questionnaire. Questionnaire were completed by 100% (n=251) of the intended convenience sample. Data was analyzed using SPSS 0.21. Descriptive inferential statistics, chi-square, correlation and regression were used for the study. Significant association found among spirituality and spiritual care, the average score spirituality 50.6% and spiritual care was, 41.4% result indicating a fair score. Education is warranted to improve nurses 'more consciousness related to patient spiritual needs. Spiritual education considerate these needs that provide to nurses with these opportunities to address spirituality and spiritual care that reflect the nurses- patient rapport.

Keywords: Spirituality, spiritual care, nursing, practice, public hospital

INTRODUCTION

In the holy Quran Allah states; "human being always reliant on to the need-less God." This need all the time complements human and is expressed more during sickness. ALLAH states in Quran, "and when the board a ship, they request ALLAH, sincere to him in religion. But when He distributes them to the land, at once they associate others with Him" [38] Obrien explore spiritual practices related to spirituality in her book "Standing on Holy Ground" he explained "Spiritual communication expressed anybody spirituality and spiritual care and this type of care looks as the holy care"[18] Alpert said "spiritual care as any act that nourishes the soul or spirit" [18] Spirituality means in auxiliary confrontations patients wellbeing not just any experience that feels purposeful but spiritual care having an integral part for patient wellbeing [34]

The world Health Organization (WHO) not only focuses on disease but also stressed on patient physical, psychological, social and spiritual wellbeing [36] According to Merriam Webster dictionary "Spirituality express personal belief, values, purpose of life, faith and awareness of meaning of life"[13]

Janice Clarke argue in her book "spiritual care in everyday nursing practice", spiritual care consider the care of whole person, body and soul, nurses provide the spiritual care equally all the patient because spirituality reject the notion and spiritual care is the heart of nursing practice [5] When a patient enter a hospital for admission feeling uncomfortable due to illness and hospital environment, a patient share her experience " last night on duty nurse was very helpful for me when I existed feeling uneasiness she asked me very politely what happen; don't worry ALLAH help you and get well soon." Perhaps a word by them could calm us [38] in nursing practice spirituality known as an important component. Because nurses purposed a lot of spiritual intervention such as recite holy verses, prayers and listen patient life review events and problem carefully. This way of practice certify spirituality and spiritual care and focus on nursing care criteria. Nurses are progressively attended every patient body, spirit and mind. Consequence of theses meditation preferred the state of peacefulness, agreement and spiritual wellbeing [10]

Most of the nurses and doctor's also strongly agree upon it, patient get more benefits if routinley

spiritual care provide. In nursing practice, spirituality having a core values, and positive assertiveness to spiritual care indicates that nurses may complete personal spiritual growth when providing spiritual care for patients. But most of the nurses and doctors report they have lack of facilities to provide spiritual care in practice [3]

Nursing care recognizes by patient supporting and enhance overall patient spiritual needs. When nurses having spiritual care in their practice this practice affect on patient health and improve the nurses work ability. In spirit when nurses exhibit spiritual behaviour with spiritual care in practice. In this way, they more concerning to listen patient feeling and purpose of life event. Therefore, nurses shows their willing to provide spiritual care in practice. Basically spirituality is a fundamental part in nursing job description. However nurses require sufficient knowledge regarding spiritual care to fulfill this vital portion of their responsibility, in this way nurses correctly provide holistic care [11]

International nursing code of ethics also expected from nurses to deliver spiritual care because spirituality and spiritual care is a powerful resource in which included chronic and advance illness to cope with each individual health problem [30]

Twenty century consensus showed and focusing not only body and mind but, "whole person care is the best care". Endorsing and regulatory bodies also sensitive attention required related to spiritual matters and requirement. The joint Commission of health of the accreditation in the health care organization 1998 such as makes clear, it's our duty to provide and maintain all patient respect, dignity, spirit, mind, psychological, physiological need and respect their culture and personal belief, because it's a basic right of all patient" [26]. A study was conducted in America on cancer patients, these patient report that during their illness they found spiritual care and this care create a hope in their life, develop good thinking, encourage satisfaction, comfort, gratefulness and peacefulness in their souls. In this way of spiritual care they found the meaning of life and manage their illness through the spiritual source of power. We assure and think positive that the treatment of chemotherapy recovered from the life threatening disease. Association of spiritual wellbeing practice increase the quality of life through life expectation evolution and decrease the level of grief. Therefore practice of spiritual care provides the resource of strength for patient. Infect spirituality influence on patient adjustment in hospital; originate a hope and aim of life [23] Lucchetti *et al.* [12] Studies indicate nurses extensively hold the ideas and changeable views of spirituality. In the nursing care practices, they display various capabilities for spiritual

care. Only a small numbers of nursing institutes in Brazil specifically dealing with spirituality and less than half teach this subject. Because Brazilian has no any syllabus related to spirituality. In fact, most of health sectors accept spirituality is an important subject and should be include in the nursing course [12].

Paloutzian research study give us an awareness and provide a health framework utilize in general and specific care and more specifically in nursing practice. this health care model indicate the importance nurses competencies and overall patient specific needs and quality of spiritual care regarding provide spiritual care in hospital [27].

Similarly another study despite, spiritual care is the important feature in nursing practice. It is nurse's responsibility to provide care holistic care. Patient obtained care from nurses must be including the whole care because it is the right of the hospitalized patient. But spiritual care is one of the major designated lessons, so, nurses should be improving in their practices. Because it influence on nursing performance if they have better spiritual behavior they exhibit healthier spiritual care in repetition. Religious faith and values also help people to handle their stressful environment [3].

Nurses may improve their spiritual practices and impression through the manners of providing spiritual care and getting an incomparable prize for the work of the patient. Numerous causes that nurses can help the patient who are suffer from spiritual sorrow. Specially those patients whose face health difficulties and life threatening issues. In this way, patient find meaning of hope and this method of spiritual care also help to explain, who the nurses have good attitude to spiritual care with better spiritual behavior. Spiritual need directly talking patient and predominantly based on patient care. By requesting, supporting, wideness and contact, successful suffering and given a logic of well-being that help the patient and deal with difficulties. The therapeutic relationship between nurses and patients sign of spirituality; Nurses responsible to listen patient actively, show empathy and hope and religious point of view provide all facilities of patients, the aim of this study assess spiritual care and spirituality in nursing practice in L.G.H hospital, Lahore.

Problem statement

Infect, more of the time nurses spend with patient rather than other healthy worker, but unfortunately in our hospital all nurses give physical care timely and relief their pain but not understand the spiritual need in nursing practice. So, most of the patient complain nurses not listen carefully when we want to talk them related to spiritual matters.

Purpose of the study

The purpose of the research study assesses spirituality and spiritual care in nursing practice in public hospital Lahore, Pakistan.

Significance of the study

Spiritual care and spirituality is a fundamental need in nursing practices. This study was contributed to the body of literature concerning the importance of spirituality and spiritual care in nursing practices in public hospital. Through this research nurses were more attentive of patients 'spirituality and spiritual need and was able to applied spiritual care in their practice.

Objective of this study

- To assess spirituality in nursing practice
- To assess spiritual care in nursing practices

LITERATURE REVIEW

This chapter includes a review of literature, which aims to offer critical judgment, and review of theoretical and experimental researches which would help and explains the present and also aid to come up with the research gap. Data base such as Google search and Medical Literature Analysis were used to guide the research. The research ranged from 2008 to 2016. Moreover, website for Pakistan's World Health Organization (WHO), American Nurses Association (ANA) was searched for current practices of spirituality and spiritual care.

In study was explored the views of Tanzanian nurses understand spirituality and spiritual care (n=15) registered nurses open ended and close ended interviewed conducted, participant briefly explain care of spiritual Laurencia said "when she had spare time than she takes a seat with the Christian patient and recite the holy Bible verses" she listed I am also stimulated Muslim patient to read Holy Quran. Another participant Karen stated in this study Karen implicit about one patient, when I was enter her room I was found only one patient in the room with horribly crying. So, I was grabbed her hands and inquired; what is wrong with you? Why you are dreadful? Then; she went on sniffing. So there were times periods when we have need deliberate spiritual care for patient [6].

Another descriptive research conduct in turkey by Ozbasaran *et al.* in [19] n=348 registered nurses from the public hospital but only 92% response, 66.7% nurses stated spiritual care impact on physical health but they are not given spiritual care in practice 54.2% partially believed to give spiritual care and 41.7% nurses totally supported spiritual care and religious ideas. Research finding shows, Turkish nurses face difficulties to provide spiritual care in hospitalizes patients due to shortage of time, heavy workload and lack of knowledge about spiritual.

Moreover in Iran descriptive study conducted by Zakaria *et al.*[39] total (n=308) however 259 return the questionnaire and 84% reported a poor level of spiritual care provide in practice, only 42% nurses provided spiritual care 87% nurses believed and consider the spiritual and religious care but not utilize spiritual care in practice.

In Australia Austin et al conducted a pilot study in Royal College of Nursing in Sydney, sample size was 191 nurses 90 % response allied spirituality and spiritual care need in the nursing practice but when asked towards how many nurses come across these spiritual need merely thirteen percent stated they were all the time given spiritual care in practice [1]

Edwards, Pang, Shiu, & Chan [7] accompanied a organized analysis of qualitative study to identify the perception and description of spirituality and explore the principles, practices, and beliefs of Spirituality and spiritual wishes, pain, distress, spiritual care, answers to these question how, by whom, where, what and when spiritual care can record successfully delivered. Nineteen study found related to spirituality. Out of 19 Five articles found directly affect patient spirituality , four observed concern of patient spiritual need and only one article found related to Nurse-patient rapport.

However another descriptive study conduct in New York in medical Medical Center to assess spiritual care (n=271) out of 43.3% less than ideal score of the spiritual care practice, 96% believe providing spiritual care was their responsibility but only 48% nurses gives spiritual care practically on patient [40] In 2010 Beresin and Pedrao were complete quantitative survey n=30 Brazilian nurses to estimate their opinions about the purposing spiritual care to the patient. 83% nurse's answers reflect positivity, 5% nurse's said this is not nurses job description because it is responsibility of spiritual leaders [21]

Baily, Graham and Moran complete survey questionnaire from Irish nurses n=22 in order to realize their practices about spiritual care. n=17(77%) participant shows agreement about the spiritual care during their clinical work. n= 22(75%) nurses stated they always provide to be a calm in articulating spiritual needs due to making a personal association [2].

In Singapore a study directed to the discover the views of nurses about spiritual care and spirituality. To n=660 but return response rate only 65% that shows around half of contribution in study. 60 to 80% spiritual and religious contributor show agreement that nurses deliver care py concerning the dignity of patient [31].

Another mix method web based survey conducted in 2012 by Phelps to identify views of nurses' spiritual practice in clinical area. Total n=339 nurses who work in oncology department. Although results exhibited 85.1% nurses believed that spiritual care would help the patient. But 25% nurses stated that they provide spiritual care during their clinical practice [22].

A descriptive study conduct in Kwazu-lu-Natal to discovered the observations of clinical nurses, related to the spirituality and spiritual care in nursing practices by (Chandramohan & Bhagwan, 2016) n= 385 nurses 77% return rate of the survey, (72.8%) n=280 of nurses response agreement this statement "that spirituality and religion were inside the option of nursing practice" (91.7%) n=353 agreed patients spiritual beliefs (80%) n=308 strongly agree to nursing practice with a spiritual care [4].

Another descriptive study conduct in Jordan sample size was n= 408 complete the questionnaire survey related to spirituality and spiritual care rating scale and return response rate was count 72.8%. So, 87% of nurses have faith on spiritual care has some features which are deliberated as simple requirements to given that spiritual care, (92.9%, n = 379) of contributors drank not joined any spiritual teaching [16].

A cross sectional survey in Northern Illinois University School of Nursing [9] using a convenience sample of 69 Illinois nurses response rate 31%, the overall mean of spiritual well-being within the moderate range (41-99) scored noted that showed nurses have and there was a need to learn normal level of spiritual wellbeing and spiritual care in their practices.

Another qualitative study conduct [6] in Tanzania, sample size was n=15 student nurses and open ended and close ended interview taken. Most of the student considers that spiritual care intervention important in their practice because when they provide spiritual care before any surgery, then patient exhibit less anxiety and pain. So, finding showed that nurses had desire to provide spiritual care in their clinical practice.

An interventional study conduct by Tirgari *et al.* [23] in Iran participant were (n=11) registered nurses from clinical work .92% nurses accept lectures related to spirituality beneficial during the patient care.

Research Question

The research question in this study is?

Do nurses utilize spirituality and spiritual practice in public hospital in Lahore, Pakistan?

Do spirituality effect on spiritual care in nursing practice?

Hypothesis: Spirituality positive effect on spiritual care

Null- Hypothesis: Spirituality not effect not effect on spiritual care

METHODOLOGY

Study Design: A descriptive cross sectional design was used in this study.

Site: Site for this study was public hospital Lahore General Hospital.

Study subject: this study was all nurses working in L.G.H hospital.

Sample and sampling

The research study had been altogether a convenient sampling of total population of L.G.H hospital nurses. Total population 680 apply Slovin's formula for sample technique

Population = N = 680

Desired sample size =n=?

Margin of error =E = 0.05at 95% confidence interval

$$n = \frac{N}{1 + N(e)^2} = \frac{680}{1 + (680)(0.05)^2}$$

$$n = \frac{680}{1 + (680)(0.0025)}$$

$$n = 251$$

After calculation sample size is 251 nurses [28, 29]

Inclusion Criteria

All nurses who were performing duty in public hospital L.G.H and willing to participate.

Exclusion Criteria

Nurses who did not want to participate in study.

Instrument

A well-developed questionnaire adopted from Chadramohan and Bhagwan [4].

The questionnaire was divided into three parts.

Demographic data, Spiritual care and role of spirituality

Demographic data had been included age, age, gender, education, job experience and religion. Spirituality and spiritual care was assessed through the adopted (SSCRS) "The spirituality and

spiritual care rating scale” Likert – type questionnaire adopted from.

Ethical consideration

Permission was taken after the approval of proposed study from of Department, Lahore school of Nursing. Permission was taken the head of L.G.H hospital. Consent was attained to the participants earlier to data gathering. Confidentiality was maintained through coding and collective analysis had been done without using any individual name. This study would go under Ethical Review Committee of University of Lahore for the approval.

Data collection process

The data collection was started form L.G.H Lahore after approval. Permission was taken after the approval of proposed study from Head of Department Lahore School of Nursing UOL. The collective finding of this study was disseminated and study will be published without revealing any other identifying information.

Organization and Data analysis Tool

Data was analyzed SPSS version 0. 21. For descriptive statistics was calculated. Mean was

calculated for continuous variable, proportion and frequency was calculated for categorical variables.

RESULTS

Descriptive Analysis

Introduction

Data was collected through the questionnaire and analyzed from the 21.0 SPSS version. According to the questionnaire three segment existing data finding. Demographic data was presented shadowed outcomes related the role of spirituality and spiritual care in nursing practice. Descriptive analysis was used spirituality and spiritual care. Correlation analysis was also used to saw the connection between spirituality and spiritual care. Regression analysis was used to for checking the effect of spirituality on spiritual care. The sample consisted of professional nurses from Lahore General Hospital Lahore. Overall 251 questionnaires were disseminated and 251 were reverted so, response rate was count 100%.

Demographic Data

The analyses of demographic data relate to gender, age, material status, religion of participant, qualification of the participants and job experience. All participants were female in public hospital Lahore general hospital Lahore.

Table-1: Demographic Information of Participant

Demographic Data	Demographic information	Frequency	Percentage	Valid Percentage	Cumulative percentage
Organization	L.G.H	n=251	100%	100%	100%
Designation	Charge nurse	n=251	100%	100%	100%
Gender	Female	n=251	100%	100%	100%
Age group	20-25	n=33	13.1%	13.1%	13.1%
	26-30	n=135	53.8%	53.8%	53.8%
	31-35	n=43	17.1%	17.1%	17.1%
	36-40	n=40	15.9%	15.9%	15.9%
Job	0-11 month	n=15	6.0%	6.0%	6.0%
Experience	1-5 years	n=145	57.8%	57%	57.8%
	6-10 years	n=55	21.9%	21%	21.9%
	Above10 year	n=36	14.3%	14.3%	14.3%
Marital status	Married	n=114	45.4%	45.4%	45.4%
	unmarried	n=137	54.6%	54.6%	54.6%
Qualification	General Nursing	n=192	76.5%	76.5%	76.5%
	+midwifery				
	BSN/Post RN	n=59	23.5%	23.5%	23.5%
Religion	MSN	n=0	0%	0%	0%
	Muslim	n=175	69.7%	69.7%	69.7%
	Christian	n=76	30.3%	30.3%	30.3%

The total sample size included of female registered nurses performing duty in public hospital Lahore general hospital Lahore100 % (n =251).

Only 13.1% (n=33) of respondent belong to 20-25 age group, 53.8% (n=135) age group 26-30 years,

17.1% (n=33) age group 31-35 year and 15.9% (n=40) respondent belong to age group of 36-40 years.

Related to job experience 6% (n=15) of participant having less than one year job experience,

57.8% (n=145) 1-5 year, 21.9% (n=55) 6-10 year and 14.3% (n=36) having above 10 year of job experience.

Here was around about equal figure of married and single nurse's participants. However most of the participant were unmarried 54.6 % (n=137) and married 45.4% (n=114).

The qualification of the respondents was recorded as; 76.5% (n=192) are registered in general nursing and midwifery and 23.5% (n=59) respondent and registered in BSN/Post RN.

The study imitates the religious alignment of the study participant. A majority of participant were Muslim by religion 69.7% (n=175) and 30.3% (n=76) were Christian

The Role of Spirituality and Spiritual care in nursing practice

Professional nurses opinions on the role of spiritual care and spirituality in the nursing practices was evaluated through the adopted scale from Chandramoham & Bhagwan,

Table-2: The role of Spirituality in nursing practice.

Sr#	Variable	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Mean	S.D
1	Spirituality is a fundamental aspect of being human.	3.6% n=9	5.6% n=23	9.2% n=23	41.4% n=104	40.2% n=101	4.0	1.018
2	Nurses should become more sophisticated than they are in spiritual matters.	1.6% n=4	8.0% n=20	13.5% n=34	43.8% n=110	33.1% n=83	3.99	0.965
3	It is important for nurses to have knowledge religious faiths and tradition.	.8% n=2	.8% n=2	10.8% n=27	59.4% n=149	28.3% n=71	4.14	0.691
4	Religious concerns are outside of the scope of the nursing practice.	3.6% n=9	17.1% n=43	13.5% n=34	49.8% n=125	15.9% n=40	3.57	1.061
5	Spiritual concerns are outside of the scope of nursing practice.	8.0% n=20	21.1% n=53	17.1% n=43	31.9% n=80	21.9% n=55	3.39	1.258
6	Nursing practice with a spiritual component has a better chance to empower clients than practice without such a components.	4.8% n=12	11.6% n=29	20.3% n=51	42.6% n=107	20.7% n=52	3.63	1.082
7	Knowledge of patient's spiritual belief is important for effective nursing practice.	2.8% n=7	5.6% n=14	8.8% n=22	60.6% n=152	22.3% n=56	3.94	0.886
8	Nurses should be able to assess positive or beneficial role spiritual beliefs and practices in their patient lives.	.8% n=2	1.6% n=4	8% n=20	70.5% n=177	19.1% n=48	4.06	0.636
9	Nurses should be able to assess the negative or harmful role spiritual beliefs and practices in their patients' lives	2.0% n=5	7.6% n=19	18.3% n=46	40.6% n=102	31.5% n=79	3.92	0.989
10	The role of spiritual language and spiritual concepts in nursing practice are inappropriate.	4.4% n=11	26.3% n=66	21.9% n=55	29.1% n=73	18.3% n=46	3.31	1.172
11	The spiritual background of patient does not particularly influence nursing practice.	2.8% n=7	21.1% n=53	13.9% n=35	45.4% n=114	16.7% n=42	3.52	1.086
12	A nurse use of scripture or other spiritual text in nursing practice is appropriate.	7.2% n=18	9.2% n=23	31.5% n=79	38.2% n=96	13.9% n=35	3.43	1.068

13	Is is against nursing ethics	14.7% n=37	23.1% n=58	21.5% n=54	26.7% n=67	13.9% n=35	3.02	1.285
14	The use of spiritual concept in nursing practices is inappropriate.	6.8% n=17	26.3% n=66	16.3% n=41	34.3% n=86	16.3% n=41	3.27	1.209
15	It is some time appropriate for a nurse to share his or her spiritual beliefs with patient.	3.6% n=9	6.8% n=17	17.5% n=44	51.4% n=129	20.7% n=52	3.79	0.967
16	Addressing patient spiritual beliefs is necessary for holistic nursing care.	0% n=0	8.8% n=22	16.3% n=41	50.2% n=126	24.7% n=62	3.91	0.869
17	Nursing education should include context related to spiritual diversity.	0.8% n=2	5.6% n=14	23.1% n=58	46.6% n=117	23.9% n=60	3.87	0.687
18	Nursing education should include content on how to deal with spiritual issues in nursing.	2.4% n=2	17.5% n=20	9.2% n=46	41.0% n=137	29.9% n=46	3.82	0.852

Measures nurse's level of agreement regarding spirituality and spiritual care with the five point of likert scale. The mean spirituality score of the nurses calculated to be 10.90 ± 2.275 (min-maxi=10-18).11.2

%(n=28) of participant have poor knowledge of spirituality, 50.6 %(112) fair and 38.2 %(n=96) have good knowledge about spirituality.

Table-3: Spiritual care in nursing practice:

Sr,	Question	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree	Mean	S.D
1	I believe nurses can provide spiritual care by a hospital priest or the patient spiritual/religious leader	2.4% n=6	17.5% n=44	9.2% n=23	41.0% n=103	29.9% n=75	3.78	1.125
2	I believe nurses can provide spiritual care by showing kindness, genuine concern and cheerfulness when giving care.	1.6% n=4	2.4% n=6	9.6% n=24	41.0% n=103	45.4% n=114	4.26	0.850
3	I believe spirituality is concerned with a need to be forgiven,	1.2% n=3	4.8% n=12	14.3% n=36	58.6% n=147	21.1% n=53	3.94	0.807
4	I believe spirituality involves only going to church/place of worship	12.7% n=32	31.5% n=79	10.0% n=25	25.9% n=65	19.9% n=50	3.09	1.371
5	I believe spirituality is not concerned with a belief and faith in a God or supreme.	13.9% n=35	35.1% n=88	10.8% n=27	21.5% n=54	18.7% n=47	2.96	1.371
6	I believe spirituality is about finding meaning in the good and bad events of life.	5.6% n=14	4.4% n=11	11.6% n=29	48.6% n=122	29.9% n=75	3.93	1.044
7	I believe nurses can provide spiritual care by enabling a patient to find meaning and purpose in their illness	2.4% n=6	5.6% n=14	10.4% n=26	58.2% n=146	23.5% n=59	3.95	0.882
8	I believe spirituality is about having a sense of hope in life.	1.6% n=4	6.0% n=6	8.4% n=42	57.0% n=143	27.1% n=68	4.02	0.860
9	I believe spirituality is to do with the way one conducts one's life here and now.	2.0% n=5	2.4% n=6	16.7% n=42	53.8% n=135	25.1% n=63	3.98	0.834
10	I believe nurses can provide spiritual care by spending time with a patient giving support	1.2% n=3	2.0% n=5	11.2% n=28	47.0% n=118	38.6% n=97	4.20	0.805

	and reassurance in time of need.							
11	I believe nurses can provide spiritual care by listen to all allowing patient time to discuss and explore their fears, anxieties and trouble.	.8% n=2	4.8% n=12	14.7% n=37	51.4% n=129	28.3% n=71	4.02	0.834
12	I believe spirituality is a unifying force which enable one to be at peace with oneself and the world.	.8% n=2	13.9% n=35	21.9% n=55	49.0% n=123	14.3% n=36	3.62	0.923
13	I believe spirituality does not include areas such as art, creativity and self- expression.	2.4% n=6	12.4% n=31	12.7% n=32	47.8% n=120	24.7% n=62	3.80	1.024
14	I believe nurses can provide spiritual care by having respect for privacy dignity and religious and cultural beliefs of a patient	2.4% n=6	4.0% n=10	8.0% n=20	49.4% n=124	36.3% n=91	4.13	0.896
15	I believe spirituality involves personal friendships and relationships.	1.6% n=4	4.4% n=11	20.3% n=51	51.0% n=128	22.7% n=57	3.89	0.860
16	I believe spirituality does not apply to Atheists or Agnostics.	4.4% n=11	23.5% n=59	17.9% n=45	43.4% n=109	10.8% n=27	3.33	1.083
17	I believe spirituality includes people' morals.	10.0% n=25	2.4% n=6	10.8% n=27	44.2% n=111	32.7% n=82	3.87	1.190

The overall mean of spiritual care practice was 11.57 ± 2.548 (min-maxi=10-17). 7.6 % (n=19) of

participant have poor, 41.4 % (n=104) fair and 51.0 % (128) provide spiritual care in practice.

Table-4: Spirituality and Spiritual care score

S#	Statistics	Total spirituality score	Total spiritual care score
1	Mean	10.90	11.57
2	Medium	11.00	12.00
3	Mode	10	10a
4	Std. Deviation	2.275	2.548

Table-5: Spirituality and spiritual care frequency and percentage distribution

S#	Variable	Poor	Faire	Good	Mean	Standard Deviation
1	Spirituality	11.2% n=28	50.6% n=112	38.2% n=96	2.27	.650
2	Spiritual care	7.6% n=19	41.4% n= 104	51.0% n=128	2.43	.631

Friedman's Chi-Square:

The Chi – Square test existed done to define whether around a statistically insignificant association among the variables.

Table-6: Friedman's Chi-Square Test

Variable	df	Friedman's Chi- Square	Sig
Spirituality	17	434.164	.000
Spiritual care	16	493.672	.000

Data presented in (table 10) show that there was significant of between spirituality and spiritual care. Which was evident from the obtained spirituality

Chi-square value 434.164 at df 17 $p = < 0.05$ and spiritual care Chi- Square value 493.672 at df 16 significant $p = < 0.05$.

Pearson's Correlation Test

Table-11: Pearson's correlation

	Spirituality	Spiritual care
Pearson correlation	1	.493**
Spirituality sig. (2-tailed)		.000
N	251	251
Pearson's Correlation	.493**	1
Spiritual care sig. (2-tailed)	.000	
N	251	251

**correlation is significant at 0.01 level (2-tailed).

Pearson's correlation was performed regarding association among spirituality and spiritual care had significant positive correlation ($r = .493^{**}$ $p < 0.01$)

Hypotheses Testing

Regression analysis

Regression exploration was showed to survey relationship between variable. To examine the direct

effect of independent variable spirituality on dependent variable spiritual care simple linear regression was applied to examine the assumed relationship. Value of R^2 was clarifying the quantity of modification same thing described by adjusted r square but in a more correct way.

Table-12: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the estimate
1	.493**	.243	.240	.275

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	6.060	1	6.060	79.868	.000b
Residual	18.894	249	.076		
Total	24.954	250			

- a. Dependent Variable: Spiritual care
b. Predictors: (Constant) Spirituality

Such as outcome of simple linear regression was shown in (table 12). Result publicized the spirituality significant predicted spiritual care. Through beta value .403($p=.000$) show significant relationships among spirituality and spiritual care. Value $\Delta R^2 25\%$ ($F=79.868$ $P<.001$) of adjustment caused by independent variable (spirituality) in dependent variable (spiritual care).

DISCUSSION

Most of the study participant belong 86.8% ($n=218$) age 26-40 years this indicate an established and skilled example of clinical nurses, so, their view would have been based on gathered knowledge, experience and skill. Similarly most of the participant qualification diploma in general nursing and midwifery 76.5% ($n=192$) and third percent were 23.5 % ($n=59$) having post RN degree, the ration of female and males found during study was almost 1:0 ratio. The majority of female runs all over the professions as an entire and are constant with sample away where is a strong domination of women. So, there was approximately most of participant unmarried 54.6% ($n=137$) and married 45.4% ($n=114$) professional nurses in the sample. Most of participant were found to be

predominantly by religion Muslim 69.7% ($n=175$) and the 2nd number by religion most of participant belong Christianity 30.3% ($n=76$). This reflects the overall race distribution in Lahore Muslim and Christian two most common religion found. In role of spirituality aggregate score 50.6% and spiritual care 41.4% total score of contributor were deliberate faire knowledge about spirituality and fair practice to provide spiritual care. In height rating score directed a positive attitude to spirituality and spiritual care. Similarly Bhagwan and Chandramoham in [4] study finding scoring the mean rate 62.21 where she studied about the role of religion and spirituality by nurses in public hospices in Kwazulu-Natal Africa ($n=385$).

Positive significant association between spiritual care and spirituality, which is evident after the obtained spirituality Chi-square value 434.164 at df 17 $p < 0.05$ and spiritual care Chi square value 493.672 at df 16 significant $p < 0.05$. Similarly Bhagwan and Chandramohan [4] finding was shown positive association information of patient spiritual beliefs are important in effective nursing care was found at 0.01.

In this study Pearson's correlation was performed spirituality and spiritual care significant positive correlation ($r = .493^{**}$ $p < 0.01$). Similarly Bhagwan and Chandramohn [4] finding showed statistically significant relationship positive between the spirituality and spiritual care.

81.6% participants agreed that Spirituality fundamental aspect of human being. 87.7% nurses also agree that there was an in height level of reception of spirituality in nursing practice as portion of their nursing role important for nurses to have knowledge about different religious faiths. A furthermore 89.6% contributors stated nurses should assess patient positive belief during their practice and 72.1% think that nurses responsibility must be assess patient negative thoughts during clinical practice. 74.9% addressing it is necessary for holistic nursing care must be include patient spiritual belief.

Similarly finding were made by Bhagwan and Chandarmohn conducted ($n=385$) 72.8% of study participant shown agree in nursing scope spirituality and religion contain importance. 91.7% nurses show agreement that is important of patient beliefs regarding spirituality and 89.6% nurses assess patient positive spiritual belief during clinical place on the other hand 78.6% study participant finding shown nurses always assess patient negative belief in practice. Ethically pray with the patient 83.1% nurses accepted it is correct practice.

Another study finding Baily, Graham and Moran 77% nurses said spiritual care was the part of the nursing care but 75% spirituality is a key of nursing care. An average of 86.4% participant believes that nurses provide spiritual care with kindness. Spirituality develop a hope in life 84.1% nurses stated and 79.7% listen patient carefully and decrease fear, anxious and troubles of life. 85.7% participant said nurses maintain patient privacy give care with respectful manners. 76.9% morals also include in spirituality [2].

Almost same results found McSherry and Jamieson in the United Kingdom, 94.5% of nurses ($n=4054$) agreed that nurses can deliver spiritual care by having respect for confidentiality, dignity and religious and cultural beliefs of patient. According to McSherry and Jamieson nurses can arrange for spiritual care by listening to and allowing patients' time to deliberate and discover their fears worries and anxiety 90.7% participant agree and spirituality include peoples' morals 63.8% stated agreement [15].

Nurses should be answerable for providing spiritual care a majority of the nurses 47.8 % ($n=120$) supposed that the combination of all (friends, nurses, patient, family, religious leaders and patient

themselves) should responsible for spiritual care and spirituality. Solitary 13.1% ($n=33$) of participants felt nurses should be responsible to provide spiritual care solely. Paley (2008) suggests that addressing spirituality in earthly field of professionalization.

Mission with nurses trying to right prerogative over a newly designed possibility of work, As showed away spirituality is not somewhat new to nursing, it has been present-day then its beginning

Strength of the study

The present study has a number of strength which are as follows:

- This is a study conducted in a Pakistani context which assessed spirituality and spiritual care in nursing practice in public hospital nurses.
- In this study valid questionnaire was used which was already tested for validity and reliability.

Limitation

This study has several limitations.

- This is cross sectional study, therefore interpretations related to the connection of association could be drained, and however, case control and cohort study should be conducted.
- Convenient sample method was done this sampling method cause biasness in research data, so, randomized sample technique should be apply in this survey.
- Data collect only registered nurses it should be all health care provider (nurses, head nurses, midwifery etc.)
- Due to shortage of time only study conduct in one public L.G.H. So, it should be conducted all over the Pakistan Hospitals both government and private.

CONCLUSION

The finding after this study is very useful encouraging prior to research studies that nurse form through the Public hospital Lahore L.G.G recognizes spirituality as fundamental aspects of nursing care. Respondent have a wide, general kind of spirituality compliant there is a broad variety of spiritual views. A comparatively fair reply rate was found on the role of spirituality and spiritual care which confirms solid support for educational preparation was a main apprehension significantly with numerous nurses that they hopelessly feel how arrange and deal issues related to spiritual care. In nursing care education programmed feature are not sufficiently articulated.

Recommendation

In future, correlated researches related to spiritual care should be conducted according to patient need. In hospice setting, a dreadful need to improve nurse's spirituality and spiritual care and arrange teaching session, seminar, and workshops on spirituality. Major barrier should be decrease in nursing practices e.g. shortage of time, lack of knowledge regarding different religious faith. These areas are warranting attention in learning related to spirituality.

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