

Spirituality, Spiritual Well-Being and Spiritual Care Competence among Nurses during the Third Wave of Corona Virus in Faisalabad, Pakistan

Sayda Azra Parveen¹, Sana Sehar^{2*}, Dimple Mustufa³

¹Student, School of Nursing Madinah Teaching Hospital, the University of Faisalabad Pakistan

²Assistant Professor, School of Nursing Madinah Teaching Hospital, the University of Faisalabad Pakistan

³Director Nursing, Madinah Teaching Hospital, the University of Faisalabad Pakistan

DOI: [10.36348/sjnhc.2021.v04i06.001](https://doi.org/10.36348/sjnhc.2021.v04i06.001)

| Received: 23.03.2021 | Accepted: 01.05.2021 | Published: 13.06.2021

*Corresponding author: Sana Sehar

Abstract

Introduction: Spirituality and spiritual wellbeing provide important information about the health care needs, the ability of people to cope with spiritual stresses, and necessary interventions for adaptation and coping with the crises of health care. Health care workers, especially nurses, are subject to such crises. Despite the importance of spiritual care and spiritual wellbeing and nurses' provision of care, there is limited research regarding this important aspect of care. Hence it is necessary to assess the spirituality, spiritual well-being and spiritual care competence among nurses during the third wave of Corona Virus in Faisalabad, Pakistan. **Methods:** This is a cross-sectional study conducted in February to May 2021, on the nurses working in Covid units of Public hospital in Faisalabad. Inclusion criteria of the study was staff nurses with the having license, at least 1 year work experience in ICUs and the main exclusion criteria included passing the formal spiritual care training courses. A total of 170 nurses participated in the study. The main questionnaire based on the socio-demographic questionnaire comprises of the age, gender, qualification and work experience. The data is collected through the 3 questionnaires including spiritual care competence scale of competence by Van Leeuwen & Cusvellen (2004), spirituality and spiritual Care rating scale introduced by Mc Sherry and, Paloutzian and Ellison's spiritual wellbeing questionnaire. **Results:** The mean score of the spirituality, spiritual wellbeing and spiritual care competence among nurses was low and falls between the disagree to neutral scores. Qualification, marital status and years of experience are significantly associated to years of experience whereas, qualification and marital status is not related to spirituality, spiritual wellbeing and spiritual care competence among nurses. Correlation between variables of spirituality, spiritual wellbeing and spiritual care competence among nurses. Spiritual care competence is significantly associated to spirituality, spiritual wellbeing among nurses in the 3rd wave of corona virus in Pakistan. **Conclusion:** As nurses with high levels of spiritual wellbeing have a positive attitude toward spiritual care thereafter, to ensure high level of spirituality among nurses caring for corona patients, nurses must reflect on the post spiritual encounter and in training more focus should be on content related to the spirituality in the curriculum. Spiritual issues are the integral part in the quality of life therefore, compliance of this is necessary in the life-threatening diseases such as corona pandemic.

Keywords: Corona spiritual stresses Nurses health care.

Copyright © 2021 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

It is well-known that the world is facing a disease with unprecedented consequences due to the COVID-19 pandemic, both to physical and to mental health (Ribeiro *et al.*, 2020). One of the possible tools that can be used is the utilization of religious and spiritual coping strategies, given that a large part of the population uses their religion, spirituality or faith to deal with stress and the negative consequences of life problems and illnesses. Pakistan is the ideological state and Pakistani possess firm believe in Islam (Torabi *et*

al., 2018). People follow and practice religion in every sphere of their lives. As a frontline warriors healthcare professionals, has to offer a free and specialized space for listening and support all persons facing spiritual and religious struggles during this difficult time of pandemic (Griffin, 2020).

Spiritual health includes a purposeful life, transcendence and actualization of different dimensions and capacities of human beings (Ghaderi *et al.*, 2018). Spiritual health creates a balance between physical, psychological and social aspects of human life (Jaberi *et*

al., 2019). World Health Organization (WHO) points out to the physical, psychological, social, and spiritual aspects as the main aspects of human existence which are closely involved in the development of human beings (VanderWeele *et al.*, 2017). Spirituality is the essence of human existence. Spiritual wellbeing provides a coordinated and integrated connection to every dimension of life. It adds happiness and a meaningful life to life and life after death and when it is endangered people suffer loneliness, despair, and depression. People with high spiritual wellbeing have a holistic approach to life and they deal with the issues around them with an open mind, and are more flexible (Pirnazarov, 2020).

Holistic care requires integration of the spiritual care into practice for preserving human and moral dignity; thereafter it is the necessary for the nurses' care competence (Zafarnia *et al.*, 2017). For this good reason it is necessary that the nurses' spirituality and spiritual well-being should be positive as well as high. Moreover, spirituality and spiritual wellbeing provide important information about the health care needs, the ability of people to cope with spiritual stresses, and necessary interventions for adaptation and coping with the crises of health care (Cruz *et al.*, 2017). Health care workers, especially nurses, are subject to such crises. Spirituality and the factors influencing the spiritual care in the nursing profession increases the chance of improving the quality of health care in the health centers. Nurses should have clinical skills and personality traits for providing spiritual care (Adib-Hajbaghery, *et al.*, 2017). Despite the importance of spiritual care and spiritual wellbeing and nurses' provision of care, there is limited research regarding this important aspect of care. Hence it is necessary to assess the spirituality, spiritual well-being and spiritual care competence among nurses during the third wave of Corona Virus in Faisalabad, Pakistan.

MATERIALS AND METHODS

This is a cross-sectional study conducted in February to May 2021, on the nurses working in corona units of Public hospital in Faisalabad. Inclusion criteria of the study was staff nurses with the having license, at least 1 year work experience in ICUs and the main exclusion criteria included passing the formal spiritual care training courses. A total of 170 nurses participated in the study. The main questionnaire based on the socio-demographic questionnaire comprises of the age, gender, qualification and work experience. Other than this the participants filled 3 questionnaires. The questionnaire of spiritual care competence scale by Van Leeuwen & Cusveller developed in 2004 had 6 components (Van Leeuwen & Cusveller, 2004). The components were 'Assessment and implementation of spiritual care', 'Professionalization and improving the quality of spiritual care', 'Personal support and patient counselling', 'Referral to professionals', 'Attitude towards patient spirituality', 'Communication'. The participants has to rate the 26 questions from 'strongly disagree' 1 to 'strongly agree' 5.

The other questionnaire was of Spirituality and Spiritual Care Rating Scale introduced by Mc Sherry includes 18 questions. The participants has to rate the 18 questions from 'strongly disagree' 1 to 'strongly agree' 5 (McSherry *et al.*, 2002). The last questionnaire was of Paloutzian and Ellison's spiritual wellbeing questionnaire consists of 20 items. The participants has to rate the 20 questions from 'Fully disagree' 1 to 'fully agree' 6. The Statistical Package for the Social Sciences (SPSS) version 13 was used for data analyses using descriptive (Percent, mean, and standard deviation) and inferential (Pearson's correlation coefficient) statistics methods. The P value less than 0.05 was considered as meaningful (Robert *et al.*, 2006).

RESULTS

The results of the 170 participants were displayed in the tables.

Table-1: Socio Demographic Characteristics of Participants (n=170)

S. No	Variable		n
1	Gender	Female	170
2	Age	Mean years of age	32.7
3	Qualification	Diploma	124
		Bachelors of Science in Nursing (4 Years)	64
		Bachelors of Science in Nursing (Post RN)	61
		Masters of Science in Nursing	1
4	Marital status	Married	100
		Un-married	70
5	Years of Experience	1-5 Years	98
		6-10 Years	73
		11-15 Years	32
		16-20 Years	26
		21- 25 Years	21

Table-2: Frequencies by Spiritual Care Competence Scale (n=170)

S. No	Questions	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
		1	2	3	4	5
	Assessment and implementation of spiritual care					
	Oral nursing reports on the spiritual functioning of the patient	71	41	16	14	28
	Written nursing reports on the spiritual functioning of the patient	41	19	100	7	3
	Documenting the nurse's contribution to spiritual care in the patient's care plan	47	56	23	19	25
	Coordinating spiritual care in multidisciplinary consultation	54	28	49	31	8
	Coordinating spiritual care in dialogue with the patient	53	46	18	31	4
	Oral and written reporting of the spiritual needs of the patient	46	57	34	12	21
	Professionalization and improving the quality of spiritual care					
	Policy recommendations to management regarding spiritual care	49	58	56	4	3
	Contributing to professionalism and expertise in spiritual care	54	45	45	20	6
	Coaching healthcare workers in providing spiritual care	57	49	57	3	4
	Implementing quality improvement projects in spiritual care	43	41	31	29	26
	Contributing to quality of care regarding spiritual care	56	48	41	23	2
	Addressing work related problems in relation to spiritual care	61	43	23	24	19
	Personal support and patient counselling					
	Helping the patient to continue his daily spiritual customs and rituals	24	28	68	26	24
	Providing spiritual care to the patient	64	52	24	24	6
	Providing information to the patient regarding facilities for spirituality and spiritual care in the healthcare institution	23	24	82	19	22
	Addressing questions regarding spirituality to the patient's relatives	87	42	17	20	4
	Attending to the patient's spirituality during daily care	60	54	34	18	4
	Evaluating spiritual care with the patient and the team	63	83	14	23	22
	Referral to professionals					
	Referring the patient with spiritual needs adequately to another healthcare worker	24	54	47	14	31
	Assigning spiritual care adequately	52	57	49	7	5
	Knowing when to consult chaplaincy	41	46	42	21	20
	Attitude towards patient spirituality					
	Being open to (other) spiritual beliefs in patients	42	54	24	34	16
	Not forcing personal spirituality upon patients	51	29	27	43	20
	Showing respect for the patient's spiritual beliefs	27	47	41	27	28
	Recognizing personal limitations in spiritual care	28	23	65	40	14
	Communication					
	Listening actively to the patient's 'life story'	47	56	27	28	12
	Showing an accepting attitude toward the patient's spirituality	23	24	43	54	26

Table 2 represents the frequencies by Spiritual Care Competence Scale among the nurses in the 3rd wave of corona virus. Many nurses reported that they are not coordinating spiritual care in multidisciplinary consultation. Nurses don't referring the patient with

spiritual needs adequately to another healthcare worker. Additionally, any of the nurses don't feel comfortable in addressing questions regarding spirituality to the patient's relatives.

Table-3: Frequencies of Spirituality and Spiritual Care (n=170)

S. No	Questions	Strongly disagree	disagree	Uncertain	Agree	Strongly Agree
		1	2	3	4	5
	Spirituality is a basic aspect of being human	51	41	57	46	25
	Nurses should have more knowledge about spiritual care in nursing	57	56	45	7	5
	It is important for nurses to have knowledge about different religious faiths and traditions	19	56	49	19	27
	Religious concerns are outside of the scope of nursing practices	43	49	46	19	13
	Spiritual concerns are outside of the scope of nursing practices	13	76	48	19	14
	Nursing practice with a spiritual component has a better chance to empower client than practices without such a component	41	45	36	29	19
	Knowledge of patients' spiritual beliefs is important for effective nursing practice	56	47	41	20	6
	Nurses should be able to assess the positive or beneficial role of spiritual beliefs and practices in their patients' lives	23	47	19	41	40
	Nurses should be able to assess the negative or harmful role of spiritual beliefs and practices in their patients' lives.	29	47	49	23	22
	The use of spiritual language and spiritual concepts in nursing practices are inappropriate	24	27	98	16	5
	The spiritual background of patients does not particularly influence nursing practice	56	19	45	46	4
	A nurse's use of scripture or other spiritual texts in nursing practice are appropriate	57	24	49	23	17
	It is against nursing ethics to ever pray with a patient	45	49	53	18	5
	The use of spiritual concepts in nursing practices is inappropriate	29	27	65	23	26
	It is sometimes appropriate for a nurse to share his or her spiritual beliefs with a patient	45	49	35	22	19
	Addressing a patient's spiritual beliefs is necessary for holistic nursing care	45	46	47	28	4
	Nursing education should include content related to spiritual diversity	56	49	18	40	7
	Nursing education should include content on how to deal with spiritual issues in nursing	32	27	38	56	17

Table 3 represents the Spirituality and Spiritual Care of the nurses in the 3rd wave of the corona virus. Many nurses believe that 'Religious concerns are outside of the scope of nursing practices' and nurses

have to include content related to spiritual diversity. Many nurses feel that "Nurses should not be able to assess the negative or harmful role of spiritual beliefs and practices in their patients' lives".

Table-4: Spiritual wellbeing questionnaire of nurses (n=170)

S. No	Question	Fully Disagree	Partially disagree	Disagree more than agree	Agree more than disagree	Partially agree	Fully Agree
		1	2	3	4	5	6
	I do not find much satisfaction in private prayer with God	23	24	28	29	23	43
	I do not know who I am, where I came from or where I am going	43	41	23	24	12	27
	I believe that God loves me and cares about me	45	42	23	24	25	11
	I feel that life is a positive experience	27	28	43	27	21	24
	I believe God is impersonal and not interested in my daily situations	28	26	42	29	21	24
	I feel unsettled about my future	23	24	28	29	23	43
	I have a personally meaningful relationship with God	43	41	23	24	12	27
	I feel very fulfilled and satisfied with life	45	42	23	24	25	11
	I do not get much personal strength and support from my God	27	28	43	27	21	24
	I have a sense of well-being about the direction of my life	28	26	42	29	21	24
	I believe that God is concerned about my problems	23	24	28	29	23	43
	I do not enjoy much about life	43	41	23	24	12	27
	I do not have a personally satisfying relationship with God	45	42	23	24	25	11
	I feel good about my future	27	28	43	27	21	24
	My relationship with God helps me not to feel lonely	28	26	42	29	21	24
	I feel that life is full of conflict and unhappiness	23	24	28	29	23	43
	I feel most fulfilled when I am in close communion with God	43	41	23	24	12	27
	Life doesnot have much meaning	45	42	23	24	25	11
	My relationship to God contributes to my sense of wellbeing	27	28	43	27	21	24
	I believe that there is real purpose of my life	28	26	42	29	21	24

Table 4 represents the spiritual well-being of the nurses working in the public hospital. During the 3rd wave of corona virus in Pakistan majority of nurses reported that they disagree that God loves me and cares

about me. Additionally, nurses feel they are not fulfilled and satisfied with life. Majority of the nurses also reported that life doesnot have meaning to them.

Table-5: Mean score of the Spirituality, Spiritual wellbeing and Spiritual Care Competence among nurses

S. No	Variable	Mean score
1	Spiritual Care	2.4
2	Spiritual wellbeing	3.6
3	Spiritual Care Competence	2.5

Table 5 represents the mean score of the spirituality, spiritual wellbeing and spiritual care

competence among nurses was low and falls between the disagree to neutral scores.

Table-6: ANOVA test of the demographic variables to Spirituality, Spiritual wellbeing and Spiritual Care Competence among nurses

S. No	Variable	Spiritual Care	Spiritual wellbeing	Spiritual Care Competence
1	Qualification	0.4	0.2	0.1
2	Marital status	0.3	0.1	0.2
3	Years of Experience	0.03	0.04	0.03

*0.05 is the significance level

Table 6 represents the ANOVA test of the demographic variables to Spirituality, Spiritual wellbeing and Spiritual Care Competence among nurses. Qualification, marital status and years of

experience are significantly associated to years of experience whereas, qualification and marital status is not related to Spirituality, Spiritual wellbeing and Spiritual Care Competence among nurses.

Table-7: Correlation between variables to Spirituality, Spiritual wellbeing and Spiritual Care Competence among nurses

S. No	Variable	Spiritual Care	Spiritual wellbeing
1	Spiritual Care Competence	0.04	0.002

*0.05 is the significance level

Table 7 represents correlation between variables of spirituality, spiritual wellbeing and spiritual care competence among nurses. Spiritual care competence is significantly associated to spirituality, spiritual wellbeing among nurses in the 3rd wave of corona virus in Pakistan.

female only and the response bias of nurses may have altered the results.

As nurses with high levels of spiritual wellbeing have a positive attitude toward spiritual care thereafter management has to ensure high level of spirituality among nurses caring for corona patients hence in recommendations that the nurses must reflect on the post spiritual encounter and in training more focus should be on content related to the spirituality in the curriculum. Spiritual issues are the integral part in the quality of life therefore, compliance of this is necessary in the life-threatening diseases such as corona pandemic.

DISCUSSION

The purpose of this study was to assess the spirituality, spiritual wellbeing and Spiritual Care Competence among of nurses during the third wave of Corona virus. The average spirituality among the nurses was low. This finding was similar to that of a literature review conducted by Perera, Pandey and Srivastava (2018), in the literature review they find out that there many of the studies showed that the participant nurses possess less spirituality and this was the basic cause of high level of stress among them. The present study also reveals that the participant has the low average spiritual wellbeing (Mathad, Rajesh & Pradhan, 2019). Spiritual care in health care is a purposeful process of recognizing a patient; however, study findings revealed that the spiritual competence among the nurses was very low. A study conducted in the U.K., regarding the competence among the nurses showed that many of the nurses are reluctant to show the spiritual competence (Cruz, 2017).

This study shows that there was a strong relationship between the spirituality, spiritual wellbeing and spiritual competence among nurses. A longitudinal study conducted in the Europe also reveal that spirituality is directly related the spiritual wellbeing of the nurses and spiritual competence of the nurses in the clinical practice (Ross *et al.*, 2018).

This study was the first study to assess the spirituality and spiritual competence of nurses in the 3rd wave of corona virus. The sample size was large and the study setting possess the corona designated units. Limitation include that the study was participants were

REFERENCES

- Adib-Hajbaghery, M., Zehabchi, S., & Fini, I. A. (2017). Iranian nurses' professional competence in spiritual care in 2014. *Nursing Ethics*, 24(4), 462-473.
- Cruz, J. P. (2017). Quality of life and its influence on clinical competence among nurses: a self-reported study. *Journal of clinical nursing*, 26(3-4), 388-399.
- Cruz, J. P., Alshammari, F., Alotaibi, K. A., & Colet, P. C. (2017). Spirituality and spiritual care perspectives among baccalaureate nursing students in Saudi Arabia: A cross-sectional study. *Nurse education today*, 49, 156-162.
- Ghaderi, A., Tabatabaei, S. M., Nedjat, S., Javadi, M., & Larijani, B. (2018). Explanatory definition of the concept of spiritual health: a qualitative study in Iran. *Journal of medical ethics and history of medicine*, 11.
- Griffin, S. J. M. (2020). The ethical accommodation of patients' religious beliefs in healthcare: a care respect framework prompted by examples from modern Paganism (Doctoral dissertation, Keele University).

- Jaber, A., Momennasab, M., Yektatalab, S., Ebadi, A., & Cheraghi, M. A. (2019). Spiritual health: A concept analysis. *Journal of religion and health*, 58(5), 1537-1560.
- Mathad, M. D., Rajesh, S. K., & Pradhan, B. (2019). Spiritual well-being and its relationship with mindfulness, self-compassion and satisfaction with life in baccalaureate nursing students: a correlation study. *Journal of religion and health*, 58(2), 554-565.
- McSherry, W., Draper, P., & Kendrick, D. (2002). The construct validity of a rating scale designed to assess spirituality and spiritual care. *International Journal of Nursing Studies*, 39(7), 723-734.
- Perera, C. K., Pandey, R., & Srivastava, A. K. (2018). Role of religion and spirituality in stress management among nurses. *Psychological Studies*, 63(2), 187-199.
- Pirnazarov, N. (2020). Philosophical analysis of the issue of spirituality. *International Journal of Advanced Science and Technology*, 29(5), 1630-1632.
- Ribeiro, M. R. C., Damiano, R. F., Marujo, R., Nasri, F., & Lucchetti, G. (2020). The role of spirituality in the COVID-19 pandemic: a spiritual hotline project. *Journal of Public Health*, 42(4), 855-856.
- Robert, T. E., Young, J. S., & Kelly, V. A. (2006). Relationships between adult workers' spiritual well-being and job satisfaction: a preliminary study. *Counseling and Values*, 50(3), 165-175.
- Ross, L., McSherry, W., Giske, T., van Leeuwen, R., Schep-Akkerman, A., Koslander, T., & Jarvis, P. (2018). Nursing and midwifery students' perceptions of spirituality, spiritual care, and spiritual care competency: A prospective, longitudinal, correlational European study. *Nurse education today*, 67, 64-71.
- Torabi, F., Rassouli, M., Nourian, M., Borumandnia, N., Shirinabadi Farahani, A., & Nikseresht, F. (2018). The effect of spiritual care on adolescents coping with cancer. *Holistic Nursing Practice*, 32(3), 149-159.
- Van Leeuwen, R., & Cusveller, B. (2004). Nursing competencies for spiritual care. *Journal of Advanced Nursing*, 48(3), 234-246.
- VanderWeele, T. J., Balboni, T. A., & Koh, H. K. (2017). Health and spirituality. *Jama*, 318(6), 519-520.
- Zafarnia, N., Abbaszadeh, A., Borhani, F., Ebadi, A., & Nakhaee, N. (2017). Moral competency: meta-competence of nursing care. *Electronic physician*, 9(6), 4553.