

Attitude of Military Students and Military Nurses toward Spirituality and Spiritual Care

Minoo Asadizandi¹⁻⁴, Mohammad Pourebrahimi⁵, Abbas Ebadi⁶

¹Department of Anesthesiology, Nursing Faculty, Baqiyatallah University of Medical Sciences, Tehran, Iran, ²Research Fellow of Medicine, Quran and Hadith Medicine Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran, ³Member of Spiritual Health of the Academy of Medical Sciences in Iran, Tehran, Iran, ⁴Founding Member of Spiritual Health Research Center, Qom University of Medical Sciences, Qom, Iran, ⁵Department of Nursing, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran, ⁶Behavioral Sciences Research Center, Nursing Faculty, Baqiyatallah University of Medical Sciences, Tehran, Iran

Abstract: Military nurses are exposed to various occupational stresses. Spirituality contributes to adaptation to critical situations and stresses. Spiritual care is an essential part of holistic care which, in recent years, has attracted the attention of health-related organizations. The aim of this study was to determine the attitude of military nurses, faculty members, and military nursing students toward spirituality and spiritual care. In a cross-sectional descriptive study, 214 military nurses, faculty members, and nursing students of Baqiyatallah University of Medical Sciences in Tehran were selected according to inclusion criteria by simple sampling method and completed the spirituality and spiritual care rating scale. The mean score of attitude toward spirituality and spiritual care in clinical nurses was 69.4 (standard deviation [SD] \pm 12.6), in nursing professors 74.6 (SD \pm 6.6), and in students 67.5 (SD \pm 4/11). The majority of the research community was at a high and desirable level (between 63 and 92, which was the maximum score of the questionnaire). The results of this study showed that military nurses, faculty members, and nursing students of Baqiyatallah University of Medical Sciences in Tehran have a positive attitude toward spirituality. They tend to provide spiritual care. Therefore, it is necessary to provide a suitable platform for providing spiritual care.

Keywords: *attitude; military nurses; spirituality; spiritual care*

Publication date: August 2018

Publication online: 31st August 2018

Corresponding Author: Minoo Asadizandi, zandi498@yahoo.com

0 Introduction

The biopsychosociospiritual dimensions of health are dynamic and effective on each other and their interaction promotes level of health.^[1] Spiritual health as the fourth dimension of human health,^[2,3] also as an important factor in the well-being, affects “psychosocial” health of individuals^[4] by influencing people’s lifestyle and eliminating “anxiety and fear” of the future, “grief and regret” to the past events of life.^[5] The impact of mental health on the functioning of the nervous system-immunity and endocrine system has been emphasized in scientific sources.^[6] In this way, spiritual health with an impact on “psychosocial” health can also promote physical health. Due to its impact, in comprehensive nursing, spiritual care is an important part of nursing practice^[7] which can increase the satisfaction of patients and nurses from nursing care.^[8] Providing spiritual care to the patient and family can cause comfort and mental relaxation, reduce physical pain, decrease in depression and anxiety, increase the speed of recovery, increase hope, create deeper connection between patient and nurse, and create purpose and meaning in life.^[9-11]

Nursing theorists, such as Newman, Pars, Roy and Watson, have stated that spirituality is an important

dimension of holistic nursing.^[12,13] Newman believes that considering the “spirituality” is necessary for careful attention to the patient. In any system that tries to provide comprehensive care, spiritual care is an essential part.^[14] However, the results of various studies indicate that >50% of nurses in practice do not care about the spiritual care of patients and feel they have not acquired the necessary skills and ability in this area.^[15] The results of a study conducted in Iran, in 2014, showed that oncology nurses are aware from the need for spiritual care along with other nursing care in cancerous patients, but in practice, they do not provide spiritual care because they do not have the necessary conditions.^[16] The reasons have mentioned for not paying attention to spiritual care were low self-awareness of nurses, fear of the impact of personal beliefs on the patient, time constraints, and lack of training in spiritual interventions.^[17]

Although research has shown that there is a positive relationship between spirituality of the nurse and his attitude to spiritual care^[18,19] and if nurses have positive attitude and enough knowledge about spirituality, they can better provide spiritual care for patients^[20] and also all nursing schools teach nursing care as biopsychosocial and spiritual, but unfortunately, the content of spiritual care is usually provided at minimum.^[21] This issue is of great importance to military nurses and military nursing students, due to their job stresses such as the need to serve in crisis and disasters, the tasks of supporting military affairs, the stresses of the workplace, the restriction of individual freedoms, the compulsion to respond to their behaviors, the worry from the moment of the incident, and intervention in crises.^[22] With regard to the “religious-military infrastructure” in the Baqiyatallah University of Medical Sciences in Tehran, along with the military occupational stresses and with the hypothesis of the study that spirituality of nurses is a strong motivational factor in creating a positive attitude toward spiritual care, this study was conducted to determine the attitude of military nurses, faculty members. and military nursing students toward spirituality and spiritual care.

1 Methods

To plan and implement the spiritual empowerment program at the Baqiyatallah University and hospital, it was necessary to consider the attitude toward spirituality and spiritual care in the staff and students. This is a descriptive and cross-sectional

study with the aim of investigating the attitudes of nurses, faculty members, and nursing students of Baqiyatallah University of Medical Sciences in Tehran toward spirituality and spiritual care. The research population consisted of 112 nurses working in different departments of health and 22 faculty members of nursing faculty and 80 nursing students. The criteria for entering the study were having a willingness to engage in research, not attending in spiritual training courses and having at least 6 months of work at the clinic. Exit criteria were lack of willingness to continue cooperation and incomplete response to the questionnaires. The research tools included (1) individual questionnaire including 12 questions about age, gender, marital status, degree of education, position, work shift, employment status, employment area, having second job, clinical work experience, income, overtime, and religious beliefs and (2) spirituality and spiritual care rating scale for assessing the attitude toward spirituality and spiritual care which has 23 questions in two essential parts. The first part of this scale includes nine spirituality indicators: Hope, meaning and purpose, forgiveness, beliefs and values, relationships, belief in God, morality, innovation, and self-esteem. The second part deals with questions of spiritual care that includes listening, spending time, respecting the privacy and dignity of the patient, maintaining religious practices, and providing care with qualities such as kindness and attention.^[23] Questions are categorized as five degrees from: Fully agreeable = 4 to completely opposite = 0. The highest score is 92 and the lowest score is zero. Grades 63–92 are high and favorable, scores 32–62 are moderate, and somewhat favorable and scores 0–31 are down and undesirable.^[23] In the study of Mazaheri *et al.*, content validity method has been used to determine the validity of the tool. The Cornbrash’s alpha coefficient in this study was 0.85 which indicates the acceptable reliability of the questionnaire.^[15] Data were analyzed by SPSS software version 16 and using one-way analysis of variance. To observe the ethical considerations of the research, after obtaining permission from the Ethics Committee, at a meeting with the presence of participants, the aim of research project was explained and confidentiality of the results was emphasized. This research was carried out after receiving written consent from the participants. Each participant completed the questionnaires with an identification code without mentioning his/her name.

2 Results

Demographic characteristics of the participants included as follows: Of the 112 military nurses, 63% males and 37% females, 27% single and 73% married, 87% had bachelor's degree, and 11% had master degree, 2% doctorate degrees with an average age of 23.30 with a standard deviation (SD) of marital status, 4.23. Of the 22 faculty members, 55% males and 45% women, 100% married, 79% had master's degrees, and 21% had doctoral degrees, with an average age of 44.95 and a standard rate of 6.6%. Of the 80 students, 77% males, 23% women, 76% single, and 24% married, with an average age of 23.30 and a standard cutoff 4.23.

The results of this study showed that attitude toward spirituality and spiritual care in 74% of nurses with grades 63–92 was high and favorable, 26% with scores 32–62 were moderate. In nursing teachers, 91% had a good attitude with grades 63–92, only 9% had a moderate attitude with scores 32–62. Among students, 64% had a good attitude with grades 63–92 and 36% with scores 32–62 had a moderate attitude toward spiritual and spiritual care. The average score of spirituality gained in the three groups of study showed that in nurses the mean score was 69.4 (with a deviation of 12.6). While students with spirituality score of 67.5 (with an SD of 11.4) had the lowest, and the professors with the score of spirituality (74.6) (with an SD of 6.6) had the highest score of attitude toward spirituality. The mean scores of the entire research community were at a high and desirable level. Between 63 and 92, which was the maximum score of the questionnaire [Table 1].

Other results indicated that there was no significant difference between the mean scores of attitude toward spirituality and spiritual care and demographic variables such as gender, marital status, degree of education, position, work shift, employment status, employment area, "having second job," clinical work record, income, overtime, and religious beliefs. The only age variable was affected and the difference was significant.

3 Discussion

Research findings show that the mean scores of attitude toward spirituality and spiritual care in clinical military nurses, faculty members, and nursing students were high and at the desired level. The majority of subjects had a score of between 62 and 93. Moreover, "average all scores" were above the "medium scores." None of the samples had low and undesirable grades (<32), which was higher than other Iranian nurses. The highest score was in nursing professors and the lowest score in students. Statistical analysis of "Ki-score" shows a significant difference between the spiritual perspectives in different groups ($P = 0/45$).

A survey conducted in 2005 showed that there is no significant difference between the attitudes toward spiritual care of the 1st year nursing students with the 4th year students. This lack of change indicates the need for spiritual care education in Iran's academic courses.^[24] In the study conducted in 2014, the average attitude toward spirituality and spiritual care in nursing and midwifery students of Kerman was reported at a moderate level (57.57 with an SD of 10.70) and also there was no significant difference between the 1st and 4th year students. Passing the 4-year period of nursing and midwifery education did not help to promote the attitude toward spirituality and spiritual care in nursing and midwifery students.^[25] Comparison of this research over a decade shows that the need for spiritual care education is still present in Iran's Nursing Academic Courses. Another survey conducted in Iran University of Medical Sciences showed that 56% of the 4th year nursing students and 51.8% of medical students had a positive attitude toward spiritual care. Attitude to spirituality and spiritual care was not significantly different in medical students and paramedical students.^[26] Mean scores of attitude toward spiritual care of nursing students in Kerman University of Medical Sciences were 46.91 and in clinical nurses were 45.37. Psychiatric nurses and nursing directors

Table 1: Comparison of the groups based on the attitude toward spirituality and spiritual care

Group	Number	Mean of spirituality score SD	CI0/95	ANIVA
Nurse	112	Mean 69.4 SD=12.6	67/08-71/8	F=3/15 df=211 P=0/045
students	80	Mean 67.5 SD=11.4	64/9-70/08	
professors	22	Mean 74.6 SD=7.6	71/25-78/01	
Total	214	Mean 69.2 SD=11.9	67/66-70/88	

CI: Confidence interval, SD: Standard deviation

had higher scores than other colleagues. The scores of students were higher than clinical nurses, which did not conform to the present study.^[27]

Mean score of attitude toward spirituality and spiritual care of psychiatric nurses at Raze Psychiatric Treatment Center in 2008 was 63.04 with an SD of 757. The scores of the majority of the research community were (54.2%) desirable and high.^[15] Bottle believes that psychiatric nurses tend to assess the spiritual needs of patients more than traditional nurses because they have more time and are accustomed to counseling.^[28] Waugh revealed that nursing managers tend to be more aware of the spiritual needs of their patients.^[29]

In this study, nursing professors with an average age of 44.95 (with a SD of 6.13) compared to clinical nurses and students, received the highest score in spirituality, which is consistent with the research findings of the Bottle that the age of care providers has a significant relationship with the assessment of the patients' spiritual needs, and 50–59-year-old nurses are more likely than nurses aged 30–39 years to study and resolve the “spiritual needs of patients.”^[28]

Researchers have argued that nurses with religious beliefs are more likely to recognize the spiritual needs of patients^[29] and “spirituality” is the first step in providing spiritual care.^[30] Chin and Kramer considered religion as one of the factors affecting the spirituality of an individual which plays an important role in coping with illness and health.^[31] The spiritual-religious interventions respond to the deepest needs and concerns of patients.^[32] Unfortunately, the WHO reports that spiritual dimension is the largest dimension neglected in care.^[32] Hubble showed that Carolina nurses consider spiritual care as an important part of nursing care, but 73% do not routinely provide intellectual care.^[33] In Hank Kong, nurses' awareness of spiritual care is low and rarely do spiritual care in the daily care of patients.^[34] Unfortunately, the spiritual needs of patients are still ignored by doctors and nurses.^[35]

4 Conclusion

Although the religious culture of Iranian society has made nurses and nursing students have a positive attitude toward spirituality and spiritual care without passing academic courses, the highest score was in nursing professors and the lowest score in students. Due to the limited scope of this research and limited sample size, it is necessary to study in other medical centers and universities of the country with more

samples. The results should be used for country planning to include spiritual education courses in academic syllabus.

5 Acknowledgments

In this regard, the research group thanks and appreciates all professors, students, and nurses who helped us in conducting this study.

6 Conflicts of interest

This article is taken from Research Project with IR.BMSU. REC.1394010 Ethical Committee and there is no conflict of interest in its performance.

References

- [1] Asadzandi M. Spiritual health consulting model for health promotion in clients. *Health Spiritual Med Ethics* 2018;5:9-15.
- [2] Flannelly KJ, Weaver AJ, Costa KG. A systematic review of religion and spirituality in three palliative care journals. *J Palliat care* 2004;20:50-6.
- [3] Tofighian T, Kooshki A, Borhani F, Rakhshani MH, Mohsenpour M. Nursing students and nurses attitude toward spirituality and spiritual care. *Hist Med J* 2017;8:45-62.
- [4] Adib-Hajbaghery M, Zehtabchi S. Assessment of nurses' professional competence in spiritual care in Kashan's hospitals. *Sci J Hamadan Nurs Midwifery Fac* 2014;22:23-32.
- [5] Asadzandi M. Sound heart: Spiritual nursing care model from religious viewpoint. *J Relig Health* 2015;2:45-62.
- [6] Sadock BJ, Sadok V. Kaplan and Sadock's Synopsis of Psychiatry: Behavioral sciences. *Clinical Psychiatry*. Tehran: Arjmand Publication; 2010. p. 301-26.
- [7] Abbasi M, Farahani-Nia M, Mehrdad N. Nursing students' spiritual well-being, spirituality and spiritual care. *Iran J Nurs Midwifery Res* 2014;19:242.
- [8] Asadi M, Asadzandi M, Ebadi A. The effect of spiritual care based on Galba Salim model on spiritual experiences of patients undergoing coronary artery bypass surgery. *J Cardiol* 2014;2:67-73.
- [9] Parast EY, Afrazandeh SS, Ghorbani H, Asadi F, Rajabi R, Naseri L, *et al*. Analysis of spiritual care competence in students of Ferdows health and paramedical school: 2014-15. *Iran J Nurs* 2017;30:47-57.
- [10] Vlasblom JP, Van Der Steen JT, Walton MN, Jochemsen H. Effects of nurses' screening of spiritual needs of hospitalized patients on consultation and perceived nurses' support and patients' spiritual well-being. *Holist Nurs Pract* 2015;29:346-56.
- [11] Asadi M, Asadzandi M, Ebadi A. Effects of spiritual care based on Galba Salim nursing model in reducing anxiety of patients undergoing CABG surgery Iran *J Crit Care Nurs* 2014;6:142-51.
- [12] Makhija N. Spiritual coping mechanism chronically ill patients. *Br J Nurs* 2004;11:70.
- [13] Tarko M. A Grounded Theory Study of the Experience of Spirituality among Persons Living with Schizophrenia.

- Vancouver: The University of British Columbia; 2002. p. 40-69.
- [14] Newman B. *The Newman System Model*. 2nd ed. Norwalk: Appleton and Lange; 1995.
- [15] Mazaheri M, Khoshknab MF, Maddah B, Rahgozar M. Nursing attitude to spirituality and spiritual care. *Payesh J* 2009;8:31-7.
- [16] Abdollah KM, Farideh Y, KhodayariFard M, Hamid AM. Developing a measure for assessing oncology nurses' attitudes toward providing spiritual care: Psychometric properties. *Payesh* 2013;12:393-402.
- [17] Pullen L, Tuck I, Mix K. Mental health nurses spiritual perspectives. *J Holis Nurs* 1996;14:85-97.
- [18] Stranahan S. Spiritual perception, attitudes about spiritual care, and spiritual care practices among nurse practitioners. *West J Nurs Res* 2001;23:90-104.
- [19] Taylor EJ, Highfield MF, Amenta MO. Predictors of oncology and hospice nurses spiritual care perspectives and practices. *App Nurs Res* 1999;12:30-7.
- [20] Rasooli M, Yaghmaei F, Majd HA, Saeedolzakerin M. Development and psychometrics of institutionalized adolescents spiritual coping scale. *Iran J Psychiatry Clin Psychol* 2009;15:25-32.
- [21] Matthew D. Can every nurse give spiritual care? *Kansa Nurse* 2000;75:4-6.
- [22] Yasai I, Ahmadi K, Kolivand A. Prevalence of psychological disorders and work fatigue among pilots. *J Mil Med* 2003;4:231-7.
- [23] McSherry W, Draper P. The construct validity of a rating scale designed to assess spirituality and spiritual care. *Int J Nurs Study* 2002;39:723-34.
- [24] Nia MF, Abbasi M, Givari A, Haghani H. Determine and compare the first and fourth year nursing students' spiritual health and their views on spirituality and spiritual care. *Iran J Nurs* 2005;18:14-7.
- [25] Rahimi N, Nouhi E, Nakhaee N. Spiritual well-being and attitude toward spirituality and spiritual care in nursing and midwifery students. *Iran J Nurs* 2013;26:55-65.
- [26] Shahrabadi R, Masroor D, Hajizadeh S, Hosseini F. Compared the attitudes of medical and nursing students in the last year of spiritual care at the university of medical sciences. *Iran J Cardiovasc Nurs* 2012;1:30-3.
- [27] Jafari M, Sabzevar S, Borhani F, Baneshy M. Nurses and nursing students' attitudes toward spiritual care in Kerman University of medical sciences. *J Med Ethics* 2013;6:155-71.
- [28] Boutell K, Bozett F. Nurse's assessment of patient's spirituality: Continuing education implications. *J Contin Educ Nurs* 1990;21:172-6.
- [29] Waugh L. *Spiritual Aspect of Nursing: A Descriptive Study of Nurses' Perceptions*. PhD Thesis. Queen Margaret College Edinburgh: 1992.
- [30] Tanyi RA, McKenzie M, Chapek C. How family practice physicians, nurse practitioners, and physician assistants incorporate spiritual care in practice. *J Am Acad Nurse Pract* 2009;21:690.
- [31] Chin L, Kramer M. Integrated knowledge development in nursing. *Br J Nurs* 2004;12:1470-61.
- [32] Richards P, Bergin A. *Spiritual Strategy for Counseling Psychotherapy*. 2nd ed. Washington, DC: American psychological association; 2005.
- [33] Hubbell SL, Woodard EK, Barksdale-Brown DJ, Parker JS. Spiritual care practices of nurse practitioners in federally designated nonmetropolitan areas of North Carolina. *J Am Acad Nurse Pract* 2006;18:379-85.
- [34] Chan MF, Chung LY, Lee AS, Wong WK, Lee GS, Lau CY, *et al*. Investigating spiritual care perceptions and practice patterns in Hong Kong nurses: Results of a cluster analysis. *Nurse Educ Today* 2006;26:139-50.
- [35] Abbasiyan L, Abbasi M, Goshky SH, Memariani Z. Spiritual health status of science and its role in disease prevention: A pilot study. *J Med Ethics* 2010;4:83-104.