AN EFFECTIVENESS OF SPIRITUAL CARE EDUCATIONAL PROGRAM ON NURSES COMPETENCE IN HOSPITAL USM: RANDOMIZED CONTROL TRIAL STUDY

ALI H. A. ABUSAFIA

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ALI H. A. ABUSAFIA

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LIST OF SYMBOLS

Df	Degree of freedom
H_O	Null hypothesis
H_A	Alternate hypothesis
χ^2	Chi-square
D	Cohen's d effect size
$1-\beta$	The power of the test
σ	Standard Deviation
<	Less than
>	More than
%	Percentage

LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
ANCOVA	Analysis of Covariance
ASSET	Actioning Spirituality and Spiritual Care Education and Training
AVE	Average Variance Extracted
CSCT	Communicating for Spiritual Care Test
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CR	Composite Reliability
CPD	Continuing Professional Education
e.g	exempli gratia or for example
HUSM	Hospital Universiti Sains Malaysia
ICU	Intensive Care Unit
MI	Modification Indices
NANDA	North American Nursing Diagnosis Association
NSCM	Nursing Spiritual Care Module
NSAQ	Nurse Spiritual Assessment Questionnaire
PI	Primary Investigator
R/S	Religion and Spirituality
RCT	Randomized Control Trial
RCN	Royal College of Nursing
SPSS	Statistical Package for Social Sciences
SSCRS	Spirituality and Spiritual Care Rating Scale
SSSC	Student Survey of Spiritual Care
SCI	Spiritual Care Inventory
SCIP	Spiritual Care in Practice
SCNI	Spiritual Care Needs Inventory
SRMR	Standardized Root Mean Square Residual
RMSEA	Root Mean Square Error of Approximation
SCCS	Spiritual Care Competence Scale

SCCS-M	Spiritual Care Competence Scale Malay version
SD	Standard Deviation
S-CVI	Scoring of Content Validity Index
TLI	TuckerLewis Index
WHO	World Health Organization

LIST OF APPENDICES

KEBERKESANAN PROGRAM PENDIDIKAN PENJAGAAN SPIRITUAL TERHADAP KOMPETENSI JURURAWAT DI HOSPITAL USM: KAJIAN PERCUBAAN KAWALAN RAWAK

ABSTRAK

Kompetensi penjagaan spiritual merujuk kepada sekumpulan skil yang digunakan dalam proses kejururawatan. Skil ini melibatkan hubungan terapeutik di antara jururawat dengan pesakit. Tujuan utama kajian ini adalah untuk membangunkan, mengesahkan dan menilai keberkesanan modul penjagaan spiritual kejururawatan terhadap kompetensi jururawat di Hospital USM. Kajian ini dijalankan dalam dua fasa iaitu. Fasa I: pembinaan dan pengesahan alat pengukuran kompetensi penjagaan spiritual dan modul penjagaan spiritual kejururawatan. Bagi Fasa I, satu kajian rentas telah dilaksanakan terhadap 270 jururawat daripada wad dan unit yang berbeza di Hospital USM. Kaedah perterjemahan *forward-backward* digunakan untuk menterjemahkan instrumen skala penjagaan spiritual daripada Bahasa Inggeris kepada Bahasa Melayu. Kesahihan muka dan analisis pengesahan faktor (CFA) telah dijalankan. Fasa II: pengujian keberkesanan modul pendidikan spiritual kejururawatan. Kajian kawalan rawak telah diguna pakai terhadap 58 dan 60 orang jururawat bagi kumpulan intervensi dan kumpulan kawalan. Kumpulan intervensi telah diberikan modul pendidikan penjagaan spiritual kejururawatan. Kumpulan kawalan menerima informasi standard daripada hospital. Data telah dikumpul menggunakan skala kompetensi penjagaan spiritual versi Bahasa Melayu. Data telah dianalisa menggunakan perisian Statistical Package for Social Sciences (SPSS) versi 24.0 untuk Windows. Pengukuran berulang ANOVA dua-hala, ANOVA pelbagai faktor dan

Ujian Korelasi Pearson telah digunakan. Keputusan Fasa I mendedahkan bahawa keputusan CFA mencadangkan beberapa modifikasi. Modifikasi-modifikasi ini memberikan keputusan indeks-indeks yang padanannya diterima bagi faktor 6-model (RMSEA = 0.050, CFI = 0.900, TLI = 0.885, SRMR = 0.065). Keputusan Cronbach's Alpha bagi SCCS-M ialah 0.926. Keputusan Fasa II mendedahkan: di dalam pra-ujian, tahap kompetensi penjagaan spiritual di dalam kumpulan intervensi ialah 70.7% (M=100.038 dengan SD= 8.480), dan tahap kompetensi penjagaan spiritual di dalam kumpulan kawalan ialah 63.3% (M=100.067 dengan SD= 8.754). Manakala di dalam pos-ujian, tahap kompetensi penjagaan spiritual di dalam kumpulan intervensi ialah 84.5% (M=105.897 dengan SD =7.462) dan kumpulan kawalan ialah 70% (M=101.183 dengan SD= 7.172). Terdapat juga perbezaan yang signifikan di antara kumpulan intervensi dan kumpulan kawalan, berdasarkan masa (p = 0.001), di antara kumpulan (p = 0.037) dan interaksi masa*kumpulan (P=0.001). Selain itu, tidak ada perbezaan min yang signifikan dari faktor sosiodemografi (jantina, status perkahwinan, tahap pendidikan dan kehadiran bengkel perawatan kerohanian sebelumnya) mengenai kompetensi penjagaan spiritual dalam kalangan jururawat di hospital (X), ketika usia dan tahun pengalaman dikendalikan. Kajian ini merusmuskan bahawa keputusan yang diperoleh menunjukkan modul penjagaan spiritual kejururawatan adalah efektif dalam meningkatkan kompetensi para jururawat di Hospital USM.

AN EFFECTIVENESS OF SPIRITUAL CARE EDUCATIONAL PROGRAM ON NURSES COMPETENCE IN HOSPITAL USM: RANDOMIZED CONTROL TRIAL STUDY

ABSTRACT

Spiritual care competence refers to a set of skills that are used in the nursing processes. These skills include therapeutic relationships between the nurse and patients. The main purpose of this study was to develop, validate and evaluate the effectiveness of the nursing spiritual care educational program on nurse's competence in Hospital USM. This study was carried out in two phases. Phase I: development and validation of the spiritual care competence scale and nursing spiritual care module. For Phase I, a cross-sectional study was conducted among 270 nurses from different wards and units in HUSM. The Forward-Backward method was used to translate the instrument of spiritual care competence scale from English to the Malay language. Face validity and confirmatory factor analysis (CFA), and reliability was conducted. Phase II: evaluating the effectiveness of the nursing spiritual care education module. A randomized control study was utilized among 58 and 60 nurses in the intervention and control group, respectively. The intervention group was given the nursing spiritual care education module. The control group received stander information from the hospital. Data collected by using the spiritual care competence scale Malay version. Data were analyzed using the SPSS version 24.0 for Windows. Two-way repeated measure ANOVA, and One-Way ANCOVA tests used. The result of phase I, revealed that the CFA results recommended some modifications. These modifications resulted in acceptable fit indices for the 6-factor model (RMSEA= 0.050,

CFI= 0.900, TLI= 0.885, SRMR= 0.065). The Cronbach's alpha value for SCCS-M was 0.926. The result of phase II revealed that; in the pre-test, the level of spiritual care competence in the intervention group was 70.7% (M=100.328 with SD= 8.480), and the level of spiritual care competence in the control group was 63.3% (M=100.067 with SD= 8.754). Meanwhile, in the post-test, the level of spiritual care competence in the intervention group was 84.5% (M=105.897 with SD =7.462) and the control group was 70% (M=101.183 with SD= 7.172). Also, there was a significant difference between the intervention and control groups within time (p = 0.001), between-group (p=0.037) and time*group interaction (P=0.001). Besides that, there is no significant mean differences of the sociodemographic factors (gender, marital status, education level and attendance spiritual care previous workshop) on the spiritual care competence among nurses in HUSM, when the age and experience years were controlled. The study concludes that results showed the nursing spiritual care module was effective in improving the competence of nurses in HUSM.

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Spiritual care is an intrinsic, essential component of holistic nursing care. It was depicted by Florence Nightingale (Calabria and Macrae, 2013) and recognized by and included in the World Health Organization's (WHO) definition of health since 1998 (Timby, 2009; Alliance and Organization, 2014), which defined health as a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity (Dhar *et al.*, 2011).

Based on academic literature, there is a lack of agreement around the definition of spirituality. Literature has been described spirituality as an umbrella term to represent the various meanings and explanations of the terms (McSherry and Jamieson, 2011). In nursing, definitions of spirituality have been seen to include different terms such as purpose and meaning in life, a higher power, feelings of connectedness, relationships, and transcendence (Burkhardt, 1989; Tanyi, 2002; Dossey, 2011). Despite that, it defined spirituality to report the contribution of the health and care of individuals (Büssing *et al.*, 2010).

Spiritual care is associated with positive outcomes such as increase tolerance amongst patients, decreases in pain, stress, and negative emotions (Blaber *et al.*, 2015), lower risk of both depression and suicide (Balducci, 2019). Moreover, patients who received spiritual care will feel more satisfied with hospital services and nursing care (Williams *et al.*, 2011). Subsequently, spiritual needs are an indispensable part as highly

as any other physical or emotional needs (Gore, 2013). Thus, it is an essential part of nursing care and assessment, and as such, it can be considered as a patient outcome.

Universally, there is a growing emphasis on the importance of the spiritual needs of patients and the significance of providing spiritual care to the patients (Paal *et al.*, 2015). Consequently, nurses are required to meet the patients' spiritual needs and have satisfactory knowledge of the best way to provide spiritual care and build up a proper relationship with patients (Rahimi *et al.*, 2014). For this, unmet spiritual needs indicate to have a profound impact on patient well-being (Selman *et al.*, 2018), which can reduce levels of quality of life, increased risk of depression, and reduction in perceptions of spiritual peace (Pearce *et al.*, 2012).

Spiritual distress may occur during the patient's journey or at any time, and as such, nurses should be ready to provide spiritual care whenever it is needed (Giske and Cone, 2015). It has also been found that nurses were more providing spiritual care than doctors (Willemse *et al.*, 2018). Even researchers showed that spiritual care is a part of the art of nursing and professional care (Baldacchino, 2008a). Other literature believed it's a significant part of the nursing role, and this is harmonious with the nurse's role as holistic care (Caldeira *et al.*, 2013).

Despite this, nurses are inadequately educated to provide spiritual care, and spirituality is not included in most formal nursing education. Even there is evidence that the assessment of spiritual needs is not always provided and does not consistently occur by nursing staff (Rushton, 2014). Thus, health workers need some academic preparation to enable them to offer spiritual care. The competence of nurses has great value in ensuring the quality of health care provided to patients in hospitals, and it is one of the advantages

that raise hospital quality (Khomeiran et al., 2006). Competence is characterized as a set of qualities and attributes which optimum performance (Van Leeuwen and Cusveller, 2004).

Spiritual care competence refers to a set of skills, knowledge, and attitudes that are used in the nursing processes (Meretoja et al., 2004). These skills are used in the professional field or nursing process, which include therapeutic relationships between the nurse and patients, being accessible for patients, active listening, showing empathy, and providing religious facilities for patients with specific religious beliefs (Fallahi Khoshknab and Mazaheri, 2008). On the off chance that nurses become mindful of their spiritual condition, they will be aware of the spiritual state of their patients (van Leeuwen *et al.*, 2009). This mindfulness, awareness, and spirituality in nurses are essential for making duty in the spiritual care process (Pesut, 2002). Indeed, for communicating patients with tension and stress, nurses ought to become aware of their spiritual life. According to the standards, nurses should have the necessary abilities to meet patients spiritual needs (McSherry et al., 2008).

In the nursing literature, the need to educate nurses in spiritual care and the measurement of the effects of such education is widely (Strang and Braithwaite, 2002; Harrad *et al.*, 2019). Concerning competencies related to spiritual care in the field of nursing, there is a call for the testing of already existing competency profiles and relevant frameworks to determine to what extent they contribute to caregivers' ability to provide spiritual care (Vlasblom *et al.*, 2011). The purpose of this study is to provide an education module regarding nursing spiritual care. Also, to assess the competence of nurses in

spiritual care and determine the effect of an education module related to spiritual care among the competence of nurses in Hospital USM.

1.2 Problem Statement

Understanding the patient's need must be very important for nurses due to nursing is the profession which cares at all dimensions of the patient (Jafari *et al.*, 2016) even though spiritual care is acknowledged as an essential part for the patients. Many studies mentioned lack of knowledge, experience, and inability to deal with spiritual issues and lack of preparation for nurses and other health care professionals to meet the spiritual needs of patients as significant barriers to providing spiritual care (Van Leeuwen *et al.*, 2006; Burkhart and Hogan, 2008; Chan, 2009; McSherry and Jamieson, 2011; Caldeira *et al.*, 2013; Paal *et al.*, 2015). That may be due to variance reasons, with the literature proposing different contributors, including time pressures (Rushton, 2014) and fear around the response of the patient to their attempts to aid with spiritual care (Keall *et al.*, 2014). The difference between cultural and religious may also affect the facility to provide spiritual care. There is some confusion amongst nurses to understand their role in spiritual care and assessment (Best *et al.*, 2015) a lack of clear definition over spiritual care can make the nurses less confident to provide spiritual care to their patients (Lemmer, 2002; Caldeira *et al.*, 2013). A lack of skill and preparation in provided spiritual care (Balboni *et al.*, 2013) and lack of confidence may also contribute (O'brien *et al.*, 2019).

A systematic review study had done on 622 articles from the BNI, CINAHL, and MEDLINE databases and selected 28 articles that met the inclusion criteria (Lewinson *et al.*, 2015). They found nurses realized their lack of knowledge regarding the skills in the area of spiritual care and calling to be educated in such an area. They also suggest that

nurses require appropriate education and training on spiritual care to fulfil the gap associated with their duties to meet the spiritual need of patients. Also, more studies recommend developing theory-practice integration for spiritual care (Molzahn and Sheilds, 2008; O'Shea *et al.*, 2011; Dunn, 2012; Rachel *et al.*, 2019).

Nurses must not be afraid of approaching spiritual topics with their patients (Gore, 2013). There are many indications that spiritual care is under nursing responsibility, but there is an insufficient understanding of their role. On the other hand, according to Walter, not all nurses can handle or provide spiritual care to patients. It depends on nurses' awareness and level of understanding issues of spirituality and their spiritual context (Mauk and Schmidt, 2004). The more nurses become aware of their spiritual condition; they will be more aware of the spiritual state of their patients. This awareness is a prerequisite for creating a commitment to the spiritual care process (Elder *et al.*, 2008). After nurses are learning about spiritual care and become completely aware, they can encourage patients to recognize the need to include relevant spiritual practices into their activities of daily life (Puchalski *et al.*, 2009), and the patients will feel more satisfied with nurses care and hospital services (Zakaria Kiaei *et al.*, 2015).

A few studies have explored the ability of nurses to give spiritual care and whether they have enough skills and knowledge to do as such (Lewinson *et al.*, 2015; Wu *et al.*, 2016b). A convenience study conducted among 220 nurses at a hospital in Taiwan, about nursing knowledge and willingness to give spiritual care. This study recommends further intervention programs on spiritual care. In particular, extra teaching materials are essential that are more directly to provide spiritual care (Wu *et al.*, 2016b).

In Malaysia, a cross-sectional study conducted in a Tertiary Care Hospital. This study aimed to assess the beliefs and observations of physicians regarding the role of religion and spirituality (R/S) and patient's health and whether they address such issues in their clinical practice. The questionnaire was based on hospitalized patients and their treating physicians. This study reported that half of the physicians ignore the R/S in their clinical practice (Yousuf *et al.*, 2010). Based on Atarhim *et al.* (2019), proceeding with education and adequate training are important for the professional development of nurses. His study found that most of the Malaysian nurses had not received continuing education relating to spiritual care and they felt inadequately trained about spiritual care.

Within a discussion group with experts from an Islamic centre and staff nurses in Hospital Universiti Sains Malaysia (HUSM), they identify that the nurses have a lack of knowledge and skills regarding spiritual care. For that, the Islamic Centre in HUSM holds a few workshops and training courses on spiritual care for some of the nurses. Also, they encourage to create an educational module to increase the awareness, knowledge, skills, and attitude of nurses on spiritual care.

1.3 Justification of the Study

Spiritual care is an essential part of a healthcare provider (Zehtab and Adib-Hajbaghery, 2014b). A cross-sectional survey conducted on 30 cancer patients and their family members at the community palliative ward in Malaysia (Loh, 2006). The participants were asked to give their perceptions of four significant areas of care: physical, social, psychological, and spiritual. Also, they were asked to report which area of the service was inadequate. The result of this study showed that the participants received adequate physical care.

In contrast, the psycho-social and spiritual aspects of care were perceived as inadequate by most participants. Even none of the patients interviewed had ever been asked about spiritual distress from any of the healthcare providers. Previous research has shown that healthcare workers have a lack of skilled and uncomfortable discussing these spiritual concerns (Cobb *et al.,* 2012b). The author suggested that healthcare staff require more development in this area. Further study is essential to investigate the assessment of spiritual distress among other patients and healthcare workers of different cultural and religious practices, especially in a unique setting like Malaysia (Loh, 2006).

Furthermore, Atarhim *et al.* (2019) conducted a study among Malaysian nurses to explores the nurses' perceptions of spirituality and spiritual care. The Malaysian Nurse Forum Facebook closed group was used for data collection, with 208 participants completed the online survey. The instrument used in this study was the Spirituality and Spiritual Care Rating Scale (SSCRS) developed by (McSherry *et al.,* 2002b). The result of this study showed that nurses have a positive perception of spirituality in nursing care. The participants considered that spirituality is an essential aspect of nursing. Despite that, the majority of nurses felt that they need more education and training on how to provide spiritual care (Atarhim *et al.,* 2019).

Meanwhile, one of the basics for providing spiritual care for patients is having the basic ability and competence to do that (Ebrahimi *et al.,* 2017b). Researchers and educators believe that spiritual care is a focal component of holistic care, but it's rarely included in the practice of health workers (Vlasblom *et al.,* 2011).

Based on the literature review, there has been little research on the effect of spiritual care competencies in nursing practice (Wallace *et al.,* 2008). The researcher has found no

research on the effects of spiritual education provided to currently practicing nurses in Malaysia on their competence of spiritual care. Spiritual care in nursing education should emphasize the content and strategies of teaching spiritual care with cultural sensitivity, particularly for active therapeutic listening and communication as a specific skill for nurses to engage in the life review process, using evidence-based interventions for spiritual care (Ku, 2017). There is limited research on the education of currently practicing, experienced nurses. Still, it is reasonable to conclude that education to these nurses would also positively affect their competence with spiritual care (Burkhart & Hogan, 2008). Unfortunately, there is a limited study conducted on spiritual care in Malaysia (Atarhim *et al.*, 2019). This research study is a necessity to seek detailed information regarding spiritual nursing care in Malaysia. Based on Shariff and Pien (2018), The Malaysian mental health service should be conscious of the need to provide a gateway to spiritual support for Malaysian.

1.4 Significant of the Study

After looking at the state of problems as described above, this study has a great benefit to nurses in Malaysia. This study will be the first study to develop and implement a nursing spiritual care module among nurses in Malaysia. This study translated and validated the spiritual care competence scale to Malay version, through this questionnaire the researcher assessed the level of nurses' competence of providing spiritual care among nurses in Malaysia and increase their perception about the importance of providing spiritual care.

Also, one of the main goals for the module in spiritual care is that nursing professionals address their spirituality so they can offer compassion and be present to the

patient's suffering. The development of the nursing spiritual care module can have positive effects on the present satisfaction in the practice of their profession. It also allows showing the importance of spiritual care as part of the "identity" of a health institution (Vlasblom *et al.*, 2011).

The researcher hopes to enlighten public health policymakers and call their attention to the importance of providing spiritual care to patients and the lack of spiritual care providing patients with different diagnoses. Such changes in health policy and increase the attention and insight on spiritual nursing care will have a significant impact on the quality and cost of patient care.

The researcher also hopes to call the attention of health educators to tailor their teaching curricula to incorporate teaching spiritual care. Teaching methodology by organizing group discussion, role-playing, workshop, the educational program will cover and improve spirituality among nurses. Therefore, increase attention to spiritual care in the curricula of health education will prepare future health care providers to be able to provide spiritual care. Also, it will equip them with a toolbox and competency for administering health care with a spiritual dimension to their patients.

1.5 Objectives of the Study

1.5.1 General Objective

To develop, validate and evaluate the effectiveness of the Nursing Spiritual Care Module (NSCM) on nurse's spiritual care competence in Hospital USM.

1.5.2 Specific Objectives

Phase I: Development and Validation of Measurement Tool and Module

1. To validate the spiritual care competence (SCC) scale Malay version.
2. To develop and validate the Nursing Spiritual Care Module (NSCM).

Phase II: Intervention Study

3. To assess the nurses' level of spiritual care competence in pre and post-test for intervention and control groups in hospital USM.
4. To compare the effectiveness of the education module on nurses' spiritual care competence in Hospital USM by comparing the pre and post-test.
5. To compare mean differences of sociodemographic factors on post spiritual care competence in Hospital USM while controlling the covariates (age and experience years).

1.6 The Hypothesis of the Study

1. **Ho:** There is no effectiveness of the Nursing Spiritual Care Module (NSCM) on nurses' spiritual care competence in hospital USM.

   Ha: There is an effect of the Nursing Spiritual Care Module (NSCM) on nurses' spiritual care competence in hospital USM.

2. **Ho:** There is no mean differences of sociodemographic factors (gender, marital status, education level, and previous attendance workshop) on post spiritual care competence in Hospital USM when the factor of age and experience years are controlled.

   Ha: There is mean differences of sociodemographic factors (gender, marital status, education level, and previous attendance workshop) on post spiritual

care competence in Hospital USM when the factor of age and experience years are controlled.

1.7 Research Questions of the Study

1. Is the spiritual care competence scale Malay version valid and reliable?
2. Is the nursing spiritual care educational module developed and validated?
3. What is the level of spiritual care competence among nurses in Hospital USM?
4. Is there any effect of the spiritual care educational module on nurses' spiritual care competence in Hospital USM?
5. Is there any significant mean difference of sociodemographic factors (gender, marital status, education level, and previous attendance workshop) on post spiritual care competence in Hospital USM when age and experience years are controlled?

1.8 Operational Definition

1.8.1 Nursing Spiritual Care Module (NSCM)

It is an educational module developed and modified by the researcher based on the spiritual care competencies profile, handbook of Spiritual Care: Nursing Theory, Research, and Practice and review of literature and experts in spiritual care. This educational module applies among nurses to improve their competence regarding spiritual care for providing holistic care to the patients. By this program, we expected to improve the level of spiritual care competence among nurses.

1.8.2 Spiritual Care Competence (SCC)

In this study, spiritual care competence will be measuring the knowledge, skills, and attitude of nurses in hospital USM. It will assess the need for spiritual care among patients, professionalization, and improving the quality of spiritual care, personal support, and counselling of patients and communication with patients.

1.8.3 Nurses

A registered male and female staff nurses who were providing palliative care with grades 29 and 41 and working in hospital USM.

CHAPTER 2

LITERATURE REVIEW

This chapter discusses topics related to spiritual care. It is including (i) concept of spiritual care in nursing, (ii) spiritual care competence and (iii) Nursing spiritual care educational program. It also explores the theories of spiritual care and factors associated with spiritual care competence. Also, the instrument used to measure spiritual care competence.

2.1 Concept of Spiritual Care in Nursing

Nursing spiritual care is a basic part of giving comprehensive care, yet it is inadequate in understanding the significance of spirituality and spiritual care. The concept of spirituality can be described as ‘‘an umbrella term’’ (McSherry and Jamieson 2011, p. 1761) because of the difference of personal meanings, connections, and descriptions that people use to define and make clear their understanding of this concept. However, some nurses thinking of spirituality as religion. Based on Arrey *et al.* (2016), the spiritual dimension of a person is wider than traditional religion, although for some people spirituality is expressed and developed through formal religious activities such as prayer and worship services.

Spirituality is considered as a means of being in the life by which people view life with meaning and purpose, believe in a higher power, and has a sense of link to oneself and others (Weathers *et al.*, 2016). Spirituality is also can be related to culture (Baldacchino, 2006; Chan, 2010). In terms of the religious perspective of spirituality, Islam, Christianity, Buddhism, Hinduism, and other faiths are clear examples of principles

of compassion and dignity (Alshehri, 2018). In Islam, you can't be a good Muslim without have compassion and dignity. Compassion is compassion and cannot be distinguished by any racial, religious, and national identity (Ali, 2010).

Ramezani *et al.* (2014) conducted a systematic review study to analyse the concept of spiritual care in nursing. The author used keywords such as "spiritual nursing," "spiritual care," "spiritual nursing care," and "spiritual needs" to systematically review different information systems such as MEDLINE, CINAHL, Scopus, Ovid, ScienceDirect, Google Scholar, ProQuest, Ebrary, Sage, Wiley, PubMed, INML, IranMedex, SID, Magiran and IranDoc. Around 151 and 7 books were published between 1995-2012 included to analysis in this study. The author explained that spiritual care is a subjective and dynamic idea, a special part of caring that combines all the other parts. The researcher also found a holistic meaning to the spiritual care concept, which is a therapeutic presence, intuitive sense, treatment use of self, focusing on meaning therapeutic intervention and build a nature spiritual surrounding patient.

Other literature defines spiritual care as recognizing, respecting, and meeting patients' spiritual needs; facilitating participation in religious rituals; communicating through listening and talking with patients; being with the patient by caring, supporting, and showing empathy; promoting a sense of well-being by helping them to find meaning and purpose in their illness and overall life; and referring them to other professionals, including the chaplain/Imam (Melhem *et al.*, 2016).

2.2 Spiritual Care Competence

Spiritual competence is not a static structure, but a dynamic set of knowledge, practice, and attitudes regarding variant religious traditions that can be elaborated over time (Furness & Gilligan, 2010). When nurses possess great inner spirituality, they can then provide good spiritual care to the patients. Since spiritual care needs understanding the spiritual issues of patients and identifying their mental needs, it is normal that nurses improve and build up their knowledge and comprehension in such manner (Pesut, 2008).

It is important to consider the spiritual dimension as a first dimension which has an essential effect on personal health and wellbeing, to deliver complete and useful services for patients (Dhamani *et al.*, 2011; Mainguy *et al.*, 2013). The nurses' awareness of spirituality can impact how they perform, manage their patients, and speak with them in giving spiritual care, which is the reason to understand the nurses' capabilities before start assessing patients spiritual needs (Abbasi *et al.*, 2014).

Literature has indicated that spiritual care a significant component of comprehensive and multidisciplinary care, yet it is missing in nursing practice (Vlasblom *et al.*, 2011). Therefore, nurses are required to accept the spiritual care of patients and start appropriate relationships with patients by developing their competence (Sabzevari *et al.*, 2006; Ebrahimi *et al.*, 2017b).

Spiritual care competencies in nursing involve a lot of aptitudes utilized in the expert nursing process, indicating a positive outcome (Van Leeuwen, 2009). Literature shows that nurses have a lack of confidence and competence in providing spiritual care to patients (Taylor, 2012; Ruder, 2013). Additionally, Van Leeuwen (2009) indicated that

nurses in hospitals setting have low competent in providing spiritual care from nurses in mental health and home care settings. Furthermore, three-fourths of Iranian nurses in teaching hospitals included in their study demonstrated a low level of competence in providing spiritual care (Adib-Hajbaghery *et al.*, 2017).

A cross-sectional study was conducted among 618 undergrad nurses and midwives from 6 colleges in 4 European countries in 2010. This study aimed to describe the perceptions of spirituality and spiritual care competence among nurses and test the suitability of the method used for a large study. The authors found nursing/midwives students have high perceptions of spirituality/spiritual care, and they have good competence in spiritual care with high levels of spiritual well-being and attitude. Lastly, the method and measures were suitable. Researchers recommend applying this study in another 13 European countries. The next step was to establish spiritual care education program to help students provide holistic care to the patients and determining the factors contributing to the achievement of spiritual care skills and competency (Ross *et al.*, 2014).

Ross *et al.* (2016) conducted a study to discover factors contributing to undergraduate nurses'/midwives' perceived spiritual care competence. The finding of this study was showed there are Two factors significantly related to spiritual care competency: perception of spirituality/spiritual care and student's spirituality. Students showed higher competency viewed on spirituality/spiritual care not just in religious terms but broadly. This finding can explain that students who have this broad perspective will be more aware of the patients' spiritual needs.

An exploratory study was conducted to investigate whether nurses have enough knowledge to assess patients' spirituality and if they can deliver spiritual care to the patients. One hundred nineteen nurses were involved in this study. The result of this study in the first domain reported 76% having the ability to report orally and 62% for writing on spiritual needs. These showed that most nurses could identify outward signs of spiritual activity (i.e., reading the Bible, prayer, etc.). However, it is not clear if they can assess spiritual needs and recognize signs of spiritual distress. The second domain (31%) participants reported the inability to identify problems relating to spiritual care in peer discussion sessions. The 3rd domain reported that 20% couldn't attend to patients' spirituality during daily care. The 4th domains reported (7%) of nurses reported an inability to consult a spiritual advisor and 106, 89% answered they would refer a patient for spiritual needs intervention if he or his family asking for that. The 5th domain 5% of nurses identifies a lack of acceptance of a patient's spiritual/religious beliefs if different from their own. In the last domains, only two nurses reported an inability to listen actively to the patient's story. The Authors recommend that nurses need to increase their attention and awareness of spiritual care by attending an education program on spiritual care to meet their patients' spiritual needs (Hellman *et al.*, 2015).

A cross-sectional study, conducted among 555 nurses of medical education centres in Tabriz, Iran 2014. This study aimed to investigate the perception of nurses' competence in providing spiritual care for patients. The author used the spiritual care competence scale as a tool to collect the data. Descriptive and inferential analysis was done by using SPSS software. The result of this study showed that the mean score for nurses' perception of their competence was average (95.2 ± 14.4), and each domain was significantly higher than

average (P<0.05). However, the highest score was regarding individual support and consulting with patients 21.1 (4.0), and the lowest was about experts 9.5 (2.3). Also, there is a significant relationship between participation in workshops and nurses' perception of their competence for giving spiritual care (P<0.05). The author recommended that holding workshops and training nurses to increase their competence is necessary (Ebrahimi *et al.*, 2017b).

Azarsa *et al.* (2015) conducted a correlational descriptive study in the ICU of Imam Reza and Madani hospitals, Tabriz, Iran. The study involved 109 staff nurses, three tools used for data collection (Spiritual Well-being Scale, Spiritual care perspective, and spiritual car competence scale). The result of this study showed that the mean score of spiritual well-being, spiritual care perspective, and spiritual care competence 94.45 (14.84), 58.77 (8.67), and 98.51 (15.44), respectively. Moreover, spiritual care competence had a positive relationship with spiritual well-being and spiritual perspective. The author's finding suggests that the nurses have an appropriate level to provide spiritual care to the patients in ICU.

Another study conducted in Turkey to describe nursing students' perceptions of spirituality and spiritual care and their spiritual care competencies and to explore the relationship between these variables. Three hundred twenty-five nursing students participate in this study. Two tools were used in this study first, spirituality and spiritual care rating scale (SSCRS). Second the spiritual care competence scale (SCCS). The mean score was found in this study for SSCRS were 3.90 ± 0.45 and SCCS were 3.69 ± 0.68. The researcher finds that the result of student perception of SCC was not an acceptable

level, and they should go for a training program and made some improvements in the curricula (Kalkim *et al.*, 2018).

In Saudi Arabia, a study conducted to explore spirituality and spiritual care competence and its predictors among foreigner Christian nurses who provide care for Muslim patients. A convenience sample of 302 nurses was completed the survey. The tools used in this study were Spirituality and Spiritual Care Rating Scale and Spiritual Care Competence Scale. The author fined a high value on spiritual care, personal care, and existential spirituality. Also, most participants reported competence in all six domains. Moreover, the demographic factors (age, educational level, perception of existential spirituality, and personal care) found to be relevant predictors to spiritual care competence. The finding suggests that first, the competence of Christian nurses plays a critical role in providing spiritual care to Muslim patients. Thus; education program regarding of Muslim religion, cultural beliefs and Muslim spiritual needs is necessary to the foregone Christian nurses. Second, the staff nurses who hold bachelor's degrees are more competent in providing spiritual care than a diploma degree. Thus, nursing management should accept nurses with bachelor's degrees and involve them in training and seminar related to spiritual care to have highly competent in delivering spiritual care to the patients (Alshehri, 2018).

The review of the literature in the previous studies showed how nurses' (staff and students) perceived self-awareness, assessment, implementation, and evaluation of spiritual care. The nurses' age, cultural, religious background, and educational preparation all played a role in influencing the spiritual needs of the patient (Carroll, 2001; Cavendish

et al., 2003; Lundmark, 2006; Chism and Magnan, 2009; Chan, 2010; Shores, 2010; Burkhart and Schmidt, 2012). Spiritual care competence can be developed through educational improvement and train the nurses on how to deliver the spiritual care interventions (Linegang, 2014; Blaber *et al.*, 2015; Adib-Hajbaghery *et al.*, 2017; Atarhim *et al.*, 2019). The table 2.1 summarize the previous studies measure the spiritual care competence among nurses.

Table 2.1 Summarize the spiritual competence among nurses in previous studies

Authors	Country	Methodology	Aims	Finding
Ross *et al.* (2014)	4 European countries (anonymous)	A cross sectional study conducted among 618 undergraduate nurses and midwives from 6 college.	to describe the perceptions of spirituality and spiritual care competence among nurses and test the suitability of the method used for a large study.	The authors found nursing/midwives students have high perceptions of spirituality/spiritual care, and they have good competence in spiritual care with high levels of spiritual well-being and attitude.
Hellman *et al.* (2015)	United States	119 participants from ten nursing units participated in this study	To investigate whether nurses have enough knowledge to assess patients' spirituality and if they can deliver spiritual care to the patients.	The nurses need to increase their attention and awareness of spiritual care by attending an education program on spiritual care to meet their patients' spiritual needs
Ebrahimi *et al.* (2017a)	Tabriz, Iran	A cross-sectional study, conducted among 555 nurses of medical education centres	This study aimed to investigate the perception of nurses' competence in providing spiritual care for patients	The mean score for nurses' perception of their competence was average (95.2 ± 14.4), and each domain was significantly higher than average ($P<0.05$).
Azarsa *et al.* (2015)	Tabriz, Iran	A correlational descriptive study conducted among 109 staff nurses from ICU	To evaluate spiritual wellbeing, attitude toward spiritual care and its relationship with the spiritual	the nurses have an appropriate level to provide spiritual care to the patients in ICU.

		of Imam Reza and Madani hospitals.	care competence among nurses.	
Kalkim *et al.* (2018)	Turkey	325 nursing students participate in this study.	To describe nursing students' perceptions of spirituality and spiritual care and their spiritual care competencies	The researcher finds that the result of student perception of SCCS was not an acceptable level, and they should go for a training program and made some improvements in the curricula
Alshehri (2018)	Saudi Arabia	A convenience sample of 302 nurses was completed the survey. The tools used in this study were Spirituality and Spiritual Care Rating Scale and Spiritual Care Competence Scale	a study conducted to explore spirituality and spiritual care competence and its predictors among foreigner Christian nurses who provide care for Muslim patients.	The author fined a high value on spiritual care, personal care, and existential spirituality. Also, most participants reported competence in all six domains.

2.3 Nursing Spiritual Care Education Program

Nurses are one of the healthcare workers and play the central role in hospice and palliative care, as they supporter for patients and families and provide direct care continuously (Krisman-Scott and McCorkle, 2002). For that, providing spiritual care education to nurses can improve their understanding by developing their knowledge, skills, and increasing their spirituality and nursing spiritual care (Baldacchino, 2011). Literature suggests that the contents of spiritual needs to be incorporated in nursing education and specific training is required for nurses to improve them to provide spiritual care competently (McSherry and Jamieson, 2011; Cooper *et al.*, 2013; Timmins *et al.*, 2014).

Meanwhile, many researchers identified a lack of formal education in nursing programs on spiritual care (Narayanasamy, 1993; Stranahan, 2001; Smith and McSherry, 2004; Barlow, 2011; Chandramohan and Bhagwan, 2015; Linda *et al.*, 2015). Wright (1997) expressed one reason for this lack. The author suggested that nursing education has stayed away from providing important spiritual care education to provide a more secular and scientific worldview, based on societal changes.

Multiple studies have exposed how nurses feel less competent in providing spiritual care (Pike, 2011). According to Mitchell *et al.* (2006), spiritual competence is a simple foundation for nurses to improve hope, peace, and the meaning of life for their patients. To bridge that incompetency, Barlow (2011) highlighted the need for nursing programs to increase education on spirituality, which will help students improve awareness of their spirituality and allow them to provide quality spiritual care to patients.

However, there is an agreement that nurses need to educate about supporting patients' spiritual needs and develop competence in this area (Wilfred, 2006; Attard *et al.*, 2014). Spiritual competence includes becoming comfortable with one's own beliefs, guarantee that patients' spiritual needs are assessed, planning and implementing spiritual care interventions, and referral to appropriate services (Van Leeuwen *et al.*, 2006; Van Leeuwen, 2009).

A longitudinal study, conducted on the effectiveness of spiritual care education program on spiritual care competence using the SCCS among nursing students for 6 to 20 weeks (Van Leeuwen, 2009). These researchers found a significant increase in competence for spiritual care among the intervention group after they received six-week education; assessment and implementation of spiritual care ($p = 0.001$), professionalization and improving quality of spiritual care ($p=0.021$), personal support and counselling of patients ($p = 0.031$). The researchers found apparent significant effects in the 20 weeks intervention on all the six domains; assessment and implementation of spiritual care ($p=0.00$), professionalization and improving quality of spiritual care ($p=0.00$), personal support and patient counselling ($p=0.00$), referral to professionals ($p=0.00$), attitude towards patient's spirituality ($p=0.00$), and communication (0.033). However, Linegang (2014) found similar results after the lecture in 45 minutes using the Faith, Hope, and Love Model of Spiritual Wellness. The result of this study was a significant increase in the nurses' perceived competence after the 45-minute intervention, with significant changes in four of the six domains of the SCCS: communication ($p =0.01$), assessment and implementation of spiritual care ($p = 0.00$), personal support and patient counselling ($p = 0.00$), and professionalization and improving quality ($p = 0.00$).