

**PERCEPTIONS ON SPIRITUALITY AND SPIRITUAL CARE AMONG
NURSING STUDENTS IN HEALTH CAMPUS,
UNIVERSITI SAINS MALAYSIA (USM)**

by

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LIST OF ABBREVIATION

USM: Universiti Sains Malaysia

SCGS: Spiritual Care Giving Scale

WHO: World Health Organization

ICN: International Council of Nurses

SD: Standard Deviation

PERCEPTIONS ON SPIRITUALITY AND SPIRITUAL CARE AMONG NURSING STUDENTS IN HEALTH CAMPUS, UNIVERSITI SAINS MALAYSIA (USM)

ABSTRACT

Holistic nursing care encompasses the physical, psychosocial, and spiritual aspects. The nursing profession needs to develop nurses who are capable of responding to patients' spiritual needs in a competent and sensitive way. Therefore, one of the ways to fulfill holistic nursing care by identifies the perceptions of spirituality and spiritual care among nursing students. The purpose of this study are to understand perceptions on spirituality and spiritual care among nursing student in Health Campus, Universiti Sains Malaysia (USM) and related factors that influences their perceptions. Quantitative data were collected on final year nursing students from Diploma and Degree program (n=96) via non-probability purposive sampling. Self-administered questionnaire Spiritual Care Giving Scale (SCGS) is used. This scale consists of five factors which are attributes for spiritual care, spiritual perspectives, defining spiritual care, spiritual care attitudes, and spiritual care values. Validity and reliability of the Malay version questionnaire was done. The Croncbach's Alpha value is 0.94. Data were analyzed using SPSS 20 for frequency, percentage, mean, standard deviation, *p*-value, one-way ANOVA and independent t-test. Results revealed that students' perceptions on spirituality and spiritual care are highly agreed with SCGS. There were no significant differences between selected demographic data gender, religion, nursing programs and frequency of participation on religious activity with their perceptions and frequency of religious activity with SCGS. In conclusion, nursing student is agreed

with the SCGS regarding the perceptions on spirituality and spiritual care. Therefore, we need to strengthen nursing education, to integrate spirituality aspect in nursing curricular.

**PERSEPSI TERHADAP SPIRITUALITI DAN PENJAGAAN SPIRITUAL DALAM
KALANGAN PELAJAR KEJURURAWATAN DI KAMPUS KESIHATAN,
UNIVERSITI SAINS MALAYSIA (USM)**

ABSTRAK

Penjagaan kejururawatan secara holistik atau keseluruhan merangkumi aspek fizikal, psikososial, dan spiritual. Profesion kejururawatan perlu membentuk jururawat yang mampu untuk memenuhi keperluan spiritual dengan cara yang cekap dan sensitif. Jadi, salah satu cara untuk memenuhi keperluan penjagaan kejururawatan secara holistik adalah dengan menentukan persepsi spiritualiti dan penjagaan spiritual dalam kalangan pelajar kejururawatan. Tujuan kajian ini dijalankan adalah untuk memahami persepsi terhadap spiritualiti dan penjagaan spiritual dalam kalangan pelajar kejururawatan di Kampus Kesihatan, Universiti Sains Malaysia (USM) dan faktor-faktor berkaitan yang akan mempengaruhi persepsi mereka. Data kuantitatif dikumpul dalam kalangan pelajar kejururawatan tahun akhir daripada program diploma dan ijazah ($n=96$) melalui persempalan bukan-kebarangkalian bertujuan. Soalan kaji selidik sendiri iaitu Skala Pemberian Penjagaan Spiritual telah digunakan. Skala ini mempunyai lima faktor iaitu ciri-ciri untuk penjagaan rohani, perspektif spiritual, mentakrifkan penjagaan spiritual, sikap penjagaan spiritual, dan penilaian terhadap penjagaan spiritual. Kesahihan dan kebolehpercayaan instrumen dalam versi Bahasa Melayu yang dijalankan. Nilai Cronbach's Alpha adalah 0.94. data dianalisis menggunakan SPSS 20 untuk kekerapan, peratus, purata, sisihan piawai, nilai p , one-way ANOVA dan independent t-test. Kelulusan

etika didapati daripada Jawatankuasa Etika Kajian (manusia), USM. Keputusan menunjukkan persepsi pelajar berkaitan spiritualiti dan penjagaan spiritual adalah sangat bersetuju dengan Skala Pemberian Penjagaan Spiritual. Terdapat tiada perbezaan yang signifikan antara data demografik terpilih dan kekerapan terlibat dalam aktiviti keagamaan dengan Skala Pemberian Penjagaan Spiritual. Sebagai konklusi, persepsi pelajar kejururawatan bersetuju dengan Skala Pemberian Penjagaan Spiritual berkenaan dengan spiritualiti dan penjagaan spiritual. Oleh itu, kita perlulah menguatkan lagi pendidikan dalam kejururawatan untuk memasukkan aspek spiritualiti di dalam kurikulum kejururawatan.

CHAPTER I

INTRODUCTION

1.1 Background of Study

Based on World Health Organization (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization WHO, 1948) and in May 1984 the spiritual dimension became part of WHO Member States' strategies for health. (McSherry & Drapers, (2008) on the study of the ethical basis of teaching spirituality and spiritual care: A survey of student nurses' perceptions also agrees that spirituality is very important among nurses. They said spirituality is emerging as an important issue in nursing and a range of other disciplines including education and social work.

Based on Martsof and Mickley (1998), spirituality aspect are includes meaning, value, transcendence, connecting and becoming. Meaning here means it has a purpose and making sense of life, while value means having cherished beliefs and standards. Transcendence aspect represent the appreciating a dimension that is beyond the self, and connecting is shows it is related to others, nature and ultimate order. Lastly is becoming which involves reflections, allowing life to unfold and know who one is.

Spiritual aspect also become one of the important things when people in not in a good health. Based on Hay and Heald (1987), they reveals that people often

experienced an intensity of spiritual awareness when they were undergoing stress related to emotion, physical illness or other forms of crisis.

From the Malaysia Nursing Board, the Code of Professional Conduct For Nurses First Edition April 1998, as a registered nurse, they have the standards of care for patients such as conscientiously assesses the physical, psychosocial and spiritual needs of each patient, provides compassionate and competent nursing care to meet each patient's needs, intervenes appropriately and promptly to prevent complications, maintains accurate and proper documentation of care given to each patient, gives correct information and education to each patient according to the needs, and evaluates each patient's response to treatment at regular intervals (Nursing Board Malaysia, 1998). In this standard of care, the spiritual need of patient is one of the important aspects of nursing care.

Furthermore, nurses should be able to "undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities" (NMC, 2004). International Council of Nurses (ICN) (2000) also specifies the nurse's role of promoting is 'an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected'. (Lemmer, (2002); & Leeuwen *et al.*, (2006) said that nurses should take an active role in meeting the spiritual needs of patients. Malta Code of Ethics (1997) also expects the nurses to 'adapt the care given according to the patient's or client's biological, psychological, social and spiritual status and needs'.

The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1986), lists competencies that students' nurses must achieve and acquire

for registration on project 2000 - A New Preparation for Practice. One of it is nurses need to 'identify physical, psychological, social, and spiritual needs of the patient or client, be aware of and value the concept of individual care, devise a plan of care, contribute to its implementation and evaluation by demonstrating an appreciation and practice of the problem solving approach (United Kingdom Central Council for Nursing Midwifery and Health Visiting (1986)). There are also some argue that if nurses are concerned with the whole person or holistic care, then caring is to deal also with the spiritual aspects of patients' lives (McSherry, 2006; Ross, 2006).

Furthermore, in order to give the holistic care, nurses must include spiritual aspect in caring the patients. Chan (2009) also stated that health is a holistic concept that incorporates physical, social, cultural, emotional and spiritual dimensions. Chuengsatiansup (2003) also said that 'spirituality is an emergent property of a complex living system and exists only when such a system is examined in a holistic manner'. This is because holistic cannot separate the integration of body, mind and spirit for the individual as a whole person. McSherry and Draper (1997) also emphasize spirituality as central to holism and holism being a vital tenet of nursing philosophy. They said that spirituality is 'a unifying force at the foundation of holistic philosophy' and believe that if nurses can provide spiritual care, they will be able to engage in holistic care.

In addition, since nurses are present day and night with patients, they are in a position to safeguard the wholeness and integrity of patients in order to facilitate their spiritual well-being (Govier, 2000; Baldacchino, 2002). Hence, spirituality is essential in nursing care, we need to evaluate the nurses or student nurses who will be a nurse in the future.

Lastly, spirituality involves a belief in a relationship with some higher power, creative force, divine being, or infinite source of energy. So, individual may believe in “God”, “Allah”, the ‘Great Spirit,’ or a “Higher Power.” Because of this relationship, these concepts are also related to religion, faith, hope, transcendence and forgiveness. Religion is an organized system of beliefs and practices. It is one of the ways of spiritual expression to believers in responding to life questions and challenges (Kozier & Erb’s *et. all*, 2008). According to Vardey (1996), religion offers the ways of taking care of the person spirit such as fasting, prayer and meditation.

1.2 Problems Statement

Nurses’ responsibility in caring for their patients is holistic nursing care. Holistic nursing care encompasses the physical, psychosocial, and spiritual aspects. However, this leads to the question, how much emphasis are nurses’ addresses on patients’ spiritual needs? Furthermore, Callister *et al.*, (2004), acknowledge that in order to provide holistic care, undergraduate nursing curricula needs to integrate concepts of spirituality throughout the entire nursing program. Therefore, because of lack understanding of spiritual aspect in caring of patients, patients’ spiritual needs will not be fulfill.

Another main problem regarding the spirituality and spiritual care in nursing discipline is nurses reported a lack of competence to deliver spiritual care (Stranahan, 2001; Hubbell *et al.*, 2006). In order to increase understanding on the

important of spiritual care among student nurses, we need to investigate student nurses perceptions on spirituality and spiritual care.

Besides that, there is lack of research of spirituality done among student nurses. McSherry *et al.*, (2008) & Chism and Magnan, (2009), said that there is a lack of research about pre-registration nursing students' understanding and experiences regarding the spirituality and spiritual care. A few studies, was reported that nursing students are inclined to rely on their own experiential understanding and intuition about spirituality and how it may be applied in practice (Pesut, 2002; Hoffert *et al.*, 2007). McSherry *et al.*, (2008), also reported that students hold diverse views about what constitutes spirituality with the majority adopting an existential, holistic and integrated concept of spirituality.

A study done by Narayanasamy, (2002), found the barriers exist to the provision of spiritual care by nurses. These include a lack of confidence in this area, lack of recognition of the importance and relevance of this aspect of life to patients, uncertainty about personal spiritual and religious beliefs and embarrassment around the subject. The other studies (Milligan, 2004; Hubbell *et al.*, 2006), stated that the lack of attention to spirituality in the undergraduate curriculum may be similar to barriers often cited by nurses in practice. These barriers are include a lack of knowledge, a lack of time, failure by staff to be in touch with their own spirituality, confusion about the nurse's role in providing spiritual care, and fear of imposing their own philosophy on others. McSherry (2000), said that spirituality can be a difficult concept to define, and can take on an almost mystical form thus making it elusive in nature. These factors together with the increasing class sizes for undergraduate nursing students make the teaching and learning of spirituality in

nursing a challenge for both lecturers and students alike. Therefore, the researcher decided to evaluate the nursing student perceptions and understand their role in giving spiritual care.

Malaysia is multiracial populations which also involve several types of religion belief. Even though Islam is the official religion in Malaysia, others religion is still practicing their beliefs and practice. Therefore, nurses need to deliver the spiritual care suitable with patients' beliefs. For example in prayer and meditation which is one of the importance spiritual practice. For Muslims, they are required to perform daily prayers, five times per days but others religion may just need to perform prayer once a week or maybe they just need to do meditation. It same goes to sacred and authoritative scriptures which different among religion. Muslims rely on AL-Quran, Christian on Bible, Hindus on Vedas and so on. There is also difference of some health related practice for those religions. For example, usually Buddhist may be practice vegetarian diet, Hindu does not eat beef and Muslim not eats pork and fasting during month of Ramadan. So in order to deliver spiritual care nurses also must have basic knowledge on different type of religion.

1.3 Research Objectives

1.3.1 General objective

To understand perceptions on spirituality and spiritual care among nursing student in Health Campus, Universiti Sains Malaysia (USM) and related factors that influences their perceptions.

1.3.2 Specific objective

- a. To identify student perception on spirituality and spirituality care in delivering nursing care.
- b. To determine the relationship between selected socio-demographic factors and nursing student perceptions on spirituality and spiritual care.
- c. To determine the relationship of frequency of participation in religious activities with nursing student perceptions on spirituality and spiritual care.

1.4 Research Questions

- a. What are the nursing student perceptions on spirituality and spiritual care?
- b. Is there any relationship between the selected socio-demographic status and nursing student perceptions on spirituality and spiritual care?
- c. Is there any relationship of frequency of participation in religious activities with nursing student perceptions on spirituality and spiritual care?

1.5 Hypothesis

- a. Null Hypothesis (H_0): there is no relationship between selected socio-demographic status and nursing student perceptions on spirituality and spiritual care
Alternative Hypothesis (H_A): there is relationship between selected socio-demographic status and nursing student perceptions on spirituality and spiritual care.

b. Null Hypothesis (H_0): there is no relationship between frequency of participation in religious activities and nursing student perceptions on spirituality and spiritual care

Alternative Hypothesis (H_A): there is relationship between frequency of participation in religious activities and nursing student perceptions on spirituality and spiritual care.

1.6 Definition of Terms

1.6.1 Perceptions

Perception is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world (Lindsay and Norman, 1977). Rao and Narayana (1998), said “perception is the process whereby people select, organize, and interpret sensory stimulations into meaningful information about their work environment.” They also state that there are five elements in the perceptions which are perceptions is our attention, feelings and the way we act influenced by our environment. Second, perception helps us to gather data from surroundings, it processes the data and makes sense out of it, and it also sometimes difficult to separate the information from the action. Next, it is basically a process of gaining mental understanding, and lastly perception guides the perceiver in harnessing, processing and channeling relevant information towards fulfilling the perceiver’s requirements.

1.6.2 Spirituality

Muraay and Zentner (1989) stated that spirituality is 'a quality that goes beyond religious affiliation that strives for inspirations, reverence, awe, meaning and purpose, even in those who do not believe in God. The spiritual dimension tries to be in harmony with the universe, and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness or death.' Reed (1992), 'Spirituality refers to that part of being human that seeks meaningfulness through intra-, inter-, and transpersonal connection.' Spirituality also refers to beliefs and practices that connect persons with sacred and meaningful entities beyond themselves. These beliefs and practices often create and sustain a personal relationship with a supreme being as defined according to one's own beliefs, and give meaning and purpose to life (Mooney and Timmins, 2007). Smith and Rayment (2007), spirituality is a state or experience that can provide individuals with direction or meaning, or provide feelings of understanding, support, inner wholeness or connectedness.

1.6.3 Spiritual care

NHS Education for Scotland (2009), define the spiritual care is care which recognizes and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a

sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires’.

Based on Narayanasamy (1999), a spirituality care in nursing requires both a patient centered approach and a helping relationship in order to adequately assess and address patients’ spirituality needs.

1.7 Significance of the Study

In relation with the standard of care, nurses are responsible to provides compassionate and competent nursing care to meet each patient’s needs. A whole person is someone whose being has physical, emotional, and spiritual dimensions. Ignoring any of these aspects of humanity leaves the patient feeling incomplete and may even interfere with healing process. However, the extent to which nurses are prepared for play the role in supporting spiritual need is unclear (Mooney and Timmins, 2007). Our nursing profession needs to develop nurses who are capable of responding to patients’ spiritual needs in a competent and sensitive way. To provide competent and holistic nursing care, we need more study regarding the spirituality aspect among nurses, especially student nurses who will become future nurses.

In addition, Nursing and Mid-wifery Council (NMC) stated that newly qualified nurses should, ‘provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences’ (NMC, 2004). So the expectations of NMC need to be fulfilled by identify the perceptions of spirituality and spiritual care among nursing students as the first step.

Nardi and Rooda (2011) reported that the most prominent strategy found in the literature that enhance students' awareness of spirituality is that of journaling and or reflection. Therefore, this study is a clinical journaling which have high potential to increase student awareness of spirituality.

Moreover, identify the nursing students perception can help the nursing disciplines to prepare the student to improved and apply the spirituality concept in care the patients when they becomes a nurses later. This is because patients are at the high risk to get spiritual distress when they have a health problem. Therefore spiritual distress may also increase population morbidity and mobility.

Besides that, the finding from this study can help to guide to plan the intervention that nursing disciplines need to makes regarding the spiritual aspect. May be, from the finding we can help to suggest to add the spiritual learning in nursing curricular because there are some research provides evidence about the lack of education in the nursing undergraduate curricula on the spiritual dimension in care (Harrison, 1993; Narayanasamy, 1993; McSherry and Draper, 1997; Koslander and Arvidsson, 2005). Being properly educated to provide spiritual support based on the patient's perception and cultural and ethnic influences, and not on one's own personal bias is of utmost importance as a basic nursing competency (Burkhart and Solari-Twadell, 2001). So, to make nurses more competence to their responsibility, education of spirituality is needed. Including spirituality in nursing also can improve the relationship with patients, as nurses' spirituality may become the unspoken element which underpins and may improve quality of care. While Hoover (2002) said that students will become more aware of their own spirituality which incorporated connectedness with self and others, finding meaning and purpose in

life and clarification of values. McSherry (2000) too had stated that spirituality has played a major role within the development of nursing. Therefore, this study hopefully can help to improve nursing profession in higher standard.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

The aim of the literature review is to provide a concept of spirituality and spiritual care that may help to guide the research. This literature review also to identify a definition of spirituality that could serve as a foundation for the study. Several studies that had been done regarding the spirituality and spirituality will be discussed. To explore nursing students' perceptions of spirituality and spiritual care, the current literatures that explain and study on spirituality aspect in the health profession was reviewed. There have been many studies carried out related to spiritual and spiritual care among health care provider. Most of it focused to the nurses and among patients that undergo palliative care or incurables disease. However this literature reviews will concentrate on some of the implications and benefit of delivering spirituality and spiritual care in health, and perceptions of nurses, patients and student towards these issues.

All literatures collected are not set any timeframe but it is only in range between years 1948 until 2012. A variety of research studies were accessed were found to use quantitative and qualitative research methods in their studies. And in this chapter, we will discuss regarding the objective, instrument that they were used, its finding and also limitation and suggestion from the studies.

2.2. Review of Literature

2.2.1. Implications of Spiritual and Spiritual Care in Health Status

From the literature review, there is an evident that the spiritual support is help in increase patients' health status and better quality of life. Balboni *et al.*, (2007), reported their finding on study of Religiousness and Spiritual Support among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life. spiritual support will help to improve patients' quality of life. This is because spiritual support may help patients find their peace with God. It is also can maintain patients' quality of life by providing them with opportunities to express spiritual concerns and receive spiritual counsel. Patients also report that they still had better quality of life even after removing the support.

Next study that proves spiritual aspect is give positive effect to the health is study of spirituality and spiritual engagement as perceived by palliative care clients and caregivers by Penman *et al.*, (2006). From the interview many participants said that spirituality gave them power, strength, courage, purpose and encouragement in spite of their situations. They also found spirituality to be helpful in their coping.

From the study of The Relationship Between Spirituality, Psychosocial Adjustment to Illness, and Health-Related Quality of Life in Patients With Advanced Chronic Kidney Disease, Davison and Jhangri (2012), they also found that the improvement in physical health-related quality of life (HRQL) by greater the existential well-being (EWB) appears to be mediated by better adjustment in

psychological distress and extended family relationships in patients of stage 4 or 5 chronic kidney disease and dialysis patients. This result consistent with other studies of other terminal illnesses where spirituality was found to be related to decreased fear of death, decreased loneliness, increased emotional adjustment, and positive death perspective among seriously ill patients.

There is also one study that's shows implication of spiritual aspect help in patients' purpose in life and well being but focus for HIV-positive patients. Study conducted by Litwinczuk and Groh (2007), found that is a significant and positively correlated between spirituality and purpose in life.

The study on spirituality aspect in health care systems is not only done for medical area but also in obstetric and gynecology area such as study done by Jesse and Reed (2004). The study shows that higher levels of spirituality were significantly correlated with greater satisfaction with social support, higher levels of self-esteem, and decreased levels of smoking which is their psychosocial well-being.

Another study had been done by Carmody *et al.*, (2008), on 44 participants in the University of Massachusetts Medical School's MBSR program were assessed preprogram and postprogram on trait and state of mindfulness, spirituality, psychological distress, and reported medical symptoms. The finding of this study is shows that there is a significant improvement in spirituality, state and trait mindfulness, psychological distress, and reported medical symptoms. In addition, changes in both trait and state mindfulness were independently associated with changes in spirituality, but only changes in trait mindfulness and spirituality were associated with reductions in psychological distress and reported medical

symptoms. Therefore, from the literature reviewed, researcher conclude that spirituality is needed among patients when they have any medical symptoms or psychological distress and this study also shows that when the spirituality is improve, their psychological distress will reduces.

2.2.2. Spirituality and Spiritual Care among Nurses

McSherry (1998) had conducted one study regarding the nurses' perceptions of spirituality and spiritual care which almost same with this study. The same study clinical nurses' perceptions of spirituality and spiritual care that conducted by Li-Fen and Lih-Ying (2011). They explore nurses' perceptions instead of student perceptions and state that, nurses agreed that spirituality incorporates existential element in health care.

McSherry (1998) explore nurses' understanding of and attitudes towards the concepts of spirituality and spiritual care, identify whether the spiritual needs of patients are being recognized by both qualified and unqualified nurses in the clinical environment, and whether qualified nurses feel that they are able to meet patients' spiritual needs. The results of the study showed all nurse are prepared to be involved in the provision of spiritual care but only a small number of nurses felt that they are meeting patient's spiritual needs.

There are a lot of issues in providing of spiritual care and spiritual support among nurses towards their patients. Study of spiritual care: implications for nurses' professional responsibility that conducted by Leeuwen *et al.*, (2006), explain nurses responsibility in spiritual aspect. They found that attention to spiritual issues in the

nursing process is present but not clear-cut because it is very diverse and largely dependent on the personal expression of the individual nurse. The study also shows that the experiences and expectations of the nurse's role vary among patients, nurses and hospital chaplains and indicates that the basic care activities that seem to form the essence of spiritual care are include a nurse's presence, listening, and respect. They also suggest that some factor that cause to an inadequate context for spiritual care in nursing practice are includes age, experience, upbringing, spiritual involvement, time, cultural aspects. Although this study had explored spiritual aspect among nurses it still had limitation because there is no participant had Islamic background. Therefore, the study that carried out can help to look into Islamic perspective because most of the nursing students in healthy campus USM are Muslims.

2.2.3. Spirituality and Spiritual Care among Students.

The last part of literature review is reviewing spirituality and spiritual care among students. Previous studies had been done on spirituality and spiritual care. The study by Tiew *et al.*, (2012) is involved the final-year students from three educational institutions in Singapore and another study on senior nursing students from 22 schools in Taiwan. The finding from both studies shows that different type of level of education may influence students perceptions of spirituality because the results shows that a higher education level and more spiritual care lessons or training courses were found to increase perception level. The study that had done in

Taiwan showed that there is no significance difference of religion practice in gender because most of the participants were not involved in religious activities.

2.3. Conceptual Framework

This study used theory of planned behavior as a theoretical framework. The theory of planned behavior is developed by Ajzen and Fishbein on 1991. This theory assumes that people usually rational and will make predictable decision in well-defined circumstances. This theory is useful in thinking about what information needed to collect from a target group before a program is develop. It highlights the need to understand the beliefs of the group about the issue. This theory proposes a model which can measure how human actions are guided.

Intention to act is the most immediate determinant of behavior and other factors influencing behavior will be mediated through behavioral intention. Intention will become the cognitive representation of a person's readiness to perform a given behavior, and it is considered to be the immediate antecedent of behavior. The behavioral intention is influenced by factors which are attitude towards behavior, subjective norms and perceived behavioral control. Figure 1 below shows the major elements of the theory of planned behavior.

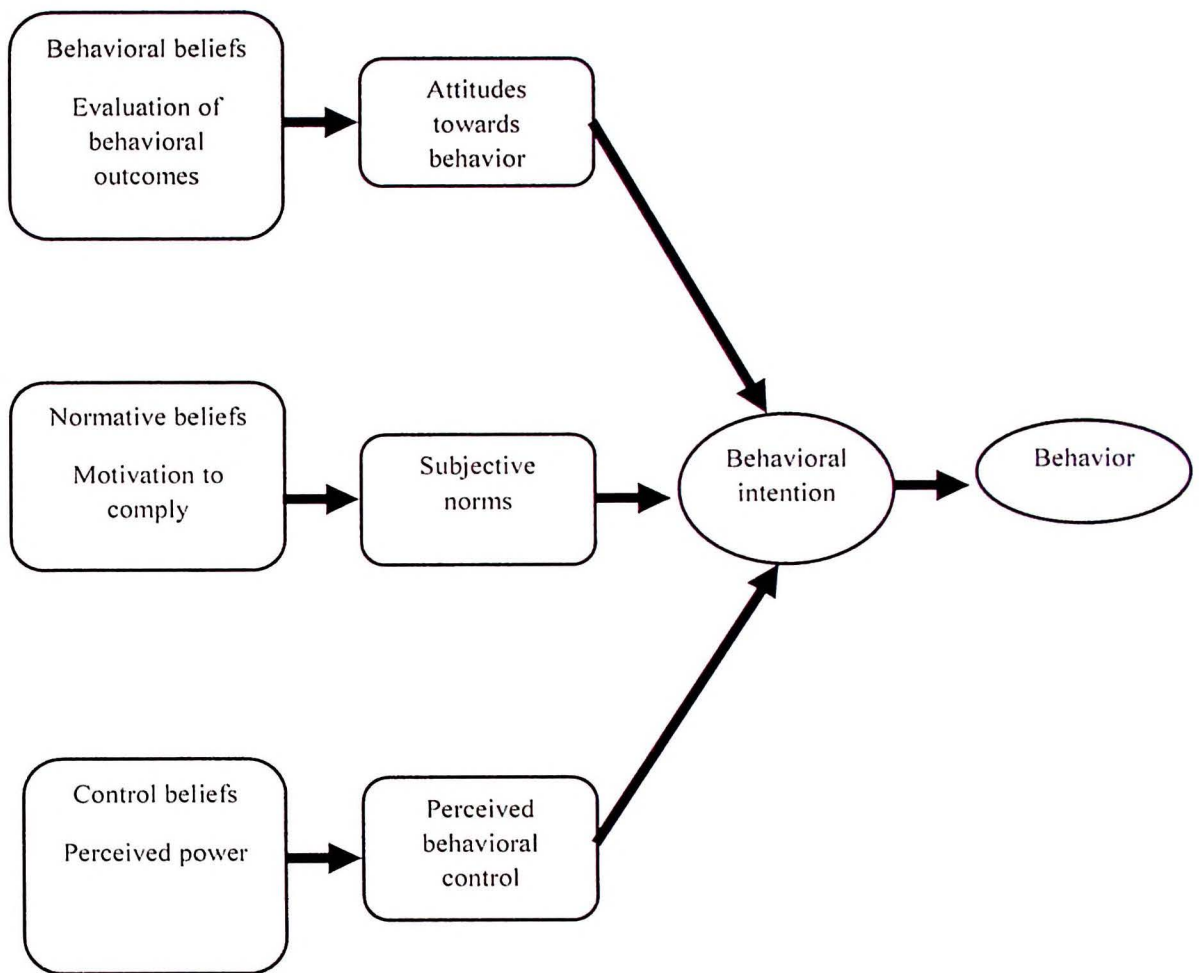


Figure 1.1: Theory of Planned Behavior (Ajzen, 1991)

First factor that influence behavioral intentions is the individual attitude towards the behavior. An attitude in this theory is referring to the belief that a desire outcome will occur if a particular behavior is followed. It is assumed to have two components that work together which are beliefs about consequences of the behavior and the corresponding positive or negative judgments about each of these features of the behavior.

Subjective norms also assumed will influence individual intention to perform behavior. Subjective norms here are a person's own estimation of the social pressure to perform the target behavior. It is related to a person's beliefs about what other people think the individuals should do or known as normative belief and also related to the motivation to comply with those other people's wishes. But, it also depends on degree to which the individuals values social approval by a particular group.

Last factor is perceived behavioral control which a factor that has two aspects that is how much a person has control over the behavior and how confident a person feels about being able to perform or not perform the behavior. A person's intentions will become significantly greater if they feel they have greater personal control over a behavior. It is determined by control beliefs about the power of both situational and internal factors to inhibit or facilitate the performing of the behavior.

The variables in theory of planned behavior can be measure either by direct or indirect measures.

This theory has been applied to the maintenance and change of health related behaviors such as smoking cessation, condom use, exercise behavior and dietary behavior (Francis *et al.*, 2004). But there are also some study used this theory to investigate the behavior of health care professionals. For examples, the study of prescription of antibiotics for uncomplicated sore throat, and radiology referral for patients with lower back pain.

Even though this theory is develop mainly to explain how individuals changes their behavior in order to promote their health, it also can used in this study. This study focus on the nursing students' perceptions on spirituality and

spiritual care, the perceptions is the main keys that can be apply to this theory. There are five elements in the perceptions are perceptions is our attention, feelings and the way we act are influenced by our environment, perception helps us to gather data from your surroundings, it process the data and make sense out of it, it is sometimes difficult to separate the information from the action, is basically a process of gaining mental understanding, and perception guides the perceiver in harnessing, processing and channeling relevant information towards fulfilling the perceiver's requirements. The first element of perceptions which is perceptions is our attention, feelings and the way we act are influenced by our environment is related to the second factor influenced behavior intentions.

To apply this theory in this study, the factors in the spiritual care giving scale is linked with the factor that influenced of individual behavior. This scale is divided into five factors which are attributes for spiritual care as factor 1, spiritual perspectives as factor 2, defining spiritual care as factor 3, spiritual care attitudes as factor 4, and spiritual care values as factor 5.

For the first factor which is attitude toward behavior is linked with the factor 4 and factor 5. For the spiritual care attitudes factor, it explores participants' views about the reasons and importance of spiritual care while factor 5 it look for the participants' beliefs about spiritual care. This factor will provide a baseline indication about participants' spiritual understanding and well-being. Their spiritual health also can be monitored to assess the extent to which their beliefs about the importance of spiritual care predict practice.

In addition to identify attitudes toward the behavior, we also need to know people's subjective norm which is their beliefs about how people will view the behavior. So it is included in the second factor of the planned behavior theory which can be related with the spirituality perspective. This factor will reflected a multidimensional perspective about the nature of spirituality with a predominance of humanistic, existential, and pragmatic views. It also related to the socio-economic and political ideologies. So from the students' views on the subjective norm, we can know how it will influence their perceptions of spirituality and spiritual care to the patients.

Lastly is a perceived behavioral control factor which influences behavioral intentions. Perceived behavioral control refers to nursing students perceptions of their ability to perform a given behavior which in this case is spirituality aspect and spiritual care. Because we want to know how much student has control over the behavior and how confident they feel about being able to perform or not perform the spiritual care, we need to know how they define spiritual care which is factor number 3 and their attributes for spiritual care as factor number 1. For factor 1, it looks for pre-requisites for spiritual care and consisted of spiritual awareness, empathy, and establishing trust. Individual life experience also include in factor 1 because life experience may influence someone to perform some behavior. Factor 3 will help to identified key aspects of spiritual care such as respect, listening, being sensitive and intuitive to patients' anxieties and fears. So, from this hey aspects, did they will fulfill patients spiritual needs or not.

A general rule, the more favorable the attitude and the subjective norm, and the greater the perceived control the stronger should the person's intention to

perform the behavior. So, the good spiritual care attitudes and values towards patient, the more positive spiritual perspective, the greater attributes for spiritual care and well in defining spiritual care, the stronger the person intention to perform behavior. Figure 1.2 below show modified theory of planned behavior with the perceptions of spiritual and spiritual care among nursing students.

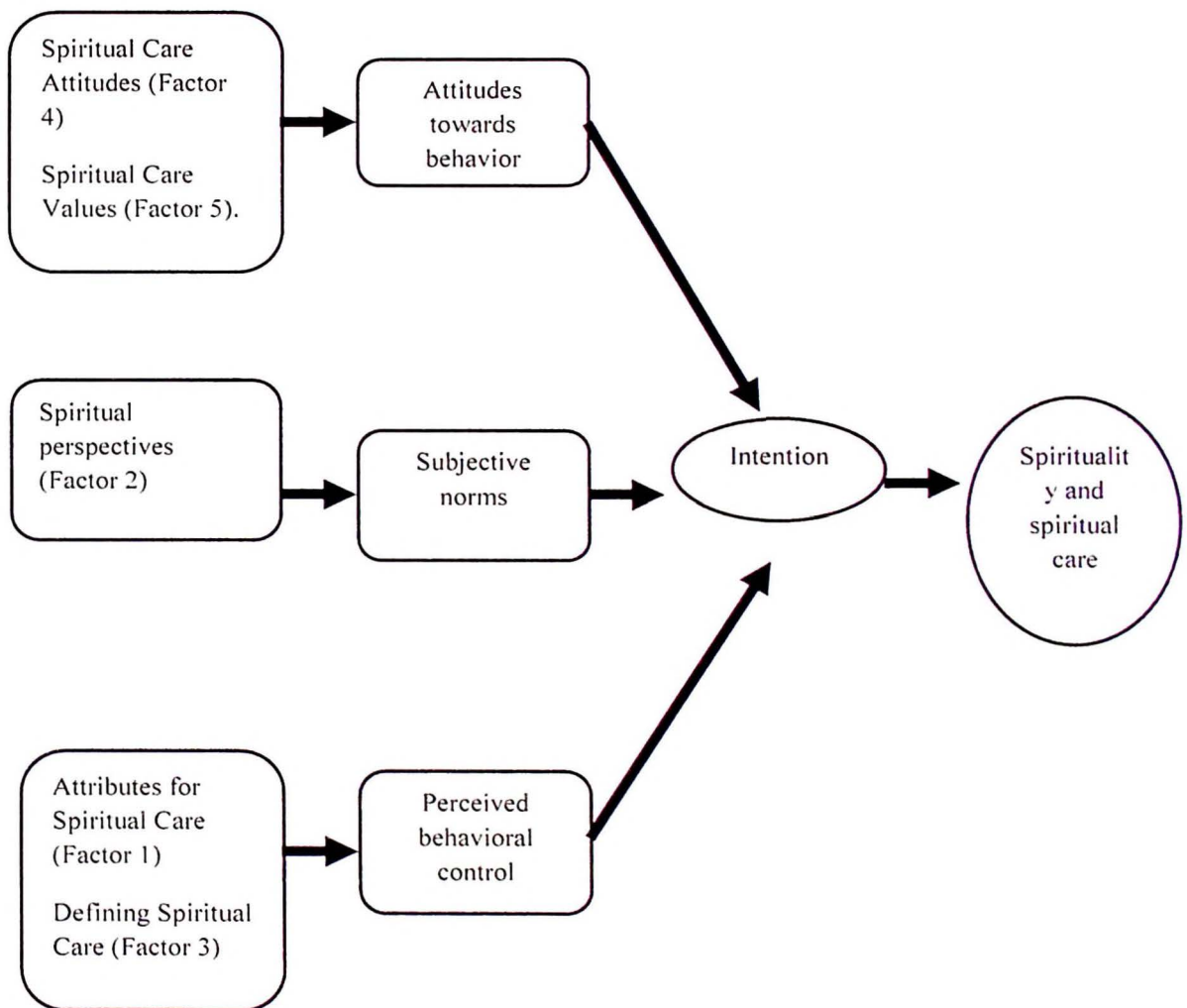


Figure 1.2: adapted from Theory of Planned Behavior (Ajzen, 1991)

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

Quantitative research is a formal systematic approach which incorporates numerical data to obtain information about the world (Burns and Grove, 2009). This study is a cross-sectional study using self-administered questionnaire Spiritual Care Giving Scale (SCGS).

3.2 Population and Setting

This study is conducted in School of Health Sciences, Health Campus, Universiti Sains Malaysia (USM), Kubang Kerian, Malaysia. The populations involved are final year nursing students.

3.3 Sampling Plan

3.3.1 Sample

Nursing student involved in this study are fourth year degree nursing students and third year diploma nursing students.