

A Study for Enhancing the Spiritual Nursing Care Competence of Nursing Students

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Abstract

Background/Objectives: This study is a descriptive comparative study to investigate the effects of nursing students' completion of the spiritual nursing curriculum on spirituality, spiritual well-being, and spiritual nursing care performance.

Methods/Statistical analysis: The nursing students who completed the spiritual nursing curriculum earned one credit each with theory and practice for 15 weeks. The data analysis used SPSS version 23.0 by the collected questionnaire.

Findings: As a result, the two groups have not shown a statistically significant difference in the spirituality and the spiritual well-being scores, but there were statistically significant differences in the score of spiritual nursing care performance. So it can be seen that performing spiritual nursing care is being possible only if the spiritual nursing curriculum and practice is existed in the college of the nursing curriculum.

Improvements/Applications: It's expected that the basic data will be utilized to continuously improve the nursing students' spiritual nursing care competence and to prepare for the nursing college curriculum through this study.

Keywords: Nursing Students, Spiritual Nursing Curriculum, Spirituality, Spiritual Well-Being, Spiritual Nursing Care Competence

1. Introduction

Modern nursing is turning into an entire understanding process of the subjects rather than the subjects' disease itself[1], and the subjects of nursing are regarded as a total organism in physical, mental, social, and spiritual terms with value in the aspect of holistic[1,2]. Since health became the right that everyone should enjoy, it intends to realize holistic health[2], which means a whole way of life that includes not only the body but also the concept of mental, social, and spiritual health to maximized personal potential. The holistic nursing, through a holistic approach, is increasingly emphasized in nursing.

Spiritual nursing care is a key concept oriented to holistic nursing in nursing, and nursing theorists also emphasize that spiritual nursing care should be essentially treated to meet human's basic needs[3]. Newman[4] explained that nursing should be included spiritual nursing care and emphasized the importance of the study for the subject's spiritual nursing care. Also, Pender[5] explains that all people free of disease are not equally healthy, views of health have broadened to include not only physical well-being, but also mental, social, and spiritual well-being and a focus on health at the family and community levels. So, the Health Promotion Model (HPM) proposed by Pender, it defines health is not merely the absence of disease but a positive and dynamic state, and health promotion is to increase the patient's level of well-being. Even though the need for spiritual nursing care is recognized in nursing, spiritual nursing care has been not performed faithfully due to a heavy workload and the lack of knowledge and support systems of it[6]. Moreover, the current status is that the nurses are not accustomed to the process of meeting patients' spiritual needs in carrying out the nursing course for their spiritual nursing care, and they are not systematically educated in the curriculum[7]. Hence, the need for a curriculum to improve spiritual nursing care competence within the college of nursing's curriculum is being raised.

Spirituality is often used interchangeably with religiosity, but the attributes of spirituality in nursing are harmonious connectedness, transcendence, integrated energy, and the meaning and purpose of life, and its interpretation is in a broader sense than religiosity[8]. It is as a total of human's internal resources, acts as the dynamic

and creative energy of life and grant experiences beyond reality through the harmonious relationship with oneself, others and the upper beings. And as a result, it means the meaning and purpose of existence and the spiritual attitude and behavior that let live a full life[9]. On the other hand, spiritual well-being refers to the healthy state of a human's internal resources on the whole and makes the supreme value to be completed[10]. In the case of nursing students, the higher the spirituality shown, the higher the spiritual well-being[11]. And spiritual well-being is actively being tried various studies reaching in such as mental health [12], clinical stress and burnout[13,14], depression and suicidal ideation [15], life stress and coping [16], death [17]. Also, different educational programs are being developed and applied to carry out and improve spiritual nursing care[18,19,20,21]. However, the current status is in that the situation in which the extremely important spiritual nursing care in holistic nursing is operated within the nursing curriculum is unsatisfactory. Especially, although the practice should be done after learning the theory since the theory and actual situation are important in nursing education, the status is extremely rare to open a curriculum for spiritual nursing care. Hence, the current status is in that comparative study is needed to a group that completed a spiritual education course in the nursing curriculum through the regular course, theory and practice, with a group that did not complete the spiritual curriculum.

Human who is subject of nursing are integrated existence in their body-physiological, socio-psychological, and spiritual aspects, so spiritual nursing care is essential in performing holistic nursing[22]. Spiritual nursing care maintains and enhances the spiritual well-being state by to the utmost reducing the spiritual distress of the human and satisfying the spiritual needs[10]. The nurse provider's spirituality nursing and spiritual well-being are the core elements of spiritual nursing care, and when the nurses' own development of spirituality and the enhancement of spiritual well-being, assessment and diagnosis of spiritual needs, and performing ability are improved, spiritual nursing care competence is improved[23] and positive spiritual nursing care is achieved. Therefore, in order to perform spiritual nursing care, it can be considered that it will be possible when spiritual nursing care education and training are in the nursing college curriculum[8].

All diseases deal a blow to the whole human being and this is spread throughout the individual, so when cared for spiritually as well as physical and mental care, it is holistic nursing and they can be fully cured as a human[24]. However, the reality of nursing is preferentially focused on physical care, and psychological, mental, and spiritual care is neglected[22]. Also, in nursing theory applied spiritual elements by embracing new paradigms. However, spiritual nursing in nursing practice is performed negligently than substantive and psychiatric nursing, and the clinical guideline does not include spiritual nursing care, and spiritual nursing based on academic expertise or evidence-based practice is not being performed[25]. Most nurses lack educational preparation to meet the spiritual needs of the subject, and as a result of the failure of spiritual nursing care to be applied to the nursing curriculum[26], the necessity of the spiritual nursing care education in the curriculum for this has raised[8].

Hence, in this study intends to use the basic data to prepare the curriculum to improve spiritual nursing care by identifying the spirituality, spiritual well-being and spiritual nursing care performance of nursing students, and looking at the effect of completion of the spiritual nursing curriculum on the spirituality, spiritual well-being, and spiritual nursing care competence.

2. Materials and Methods

2.1. Research design

This study is a descriptive comparative research study that intended to investigate the differences according to the completion of the spiritual nursing curriculum for nursing students.

2.2. Purpose and Hypothesis

The purpose of this study is to verify the effect according to the completion of the spiritual nursing curriculum for nursing students. The hypotheses according to this are as follows.

Hypothesis 1. The nursing students that have completed the spiritual nursing curriculum will have higher scores on spirituality than the nursing students that have not completed.

Hypothesis 2. The nursing students that have completed the spiritual nursing curriculum will have higher scores on spiritual well-being than the nursing students that have not completed.

Hypothesis 3. The nursing students that have completed the spiritual nursing curriculum will have higher scores on spiritual nursing care competence than the nursing students that have not completed.

2.3. Research subjects and Data collection

2.3.1. Subject selection criteria

Subjects of this study are Christian colleges, and they are nursing students from B and K nursing colleges in which the Christian class is essential in the regular class until graduation. B college is a group that has not completed the spiritual nursing curriculum, C college is a group that has completed the spiritual nursing curriculum, and the subjects were experienced clinical practice. The convenience sampling was conducted for students who gave written consent under the consent of participation in the research after a description of the research and obtaining consent. The sample size was calculated by the G power 3.1.2 program[27], and when the t-test's large effect size was set at 0.80 and the number of samples calculated when the power was set to 0.95 and the significance level was set to .05 were a total of 84 with 42 from each group. The study was conducted with 71 people in the group that has not completed the spiritual nursing curriculum and 70 people in the group that has completed the spiritual nursing curriculum, the combined number of the two groups stood at 141, which was satisfying the number of subjects.

2.4. Research tool

2.4.1. Spiritual

In this study, a tool developed by Howden[9] and verified validity and reliability by Oh et al.[28] by translated into Korean version, was used. This tool is 28 questions in total, the answer to the question is the 5-point Likert scale and it means the higher the score, the higher the degree of spirituality. The internal consistency reliability at the time of tool development was Cronbach's $\alpha = .91$, and the reliability in this study was Cronbach's $\alpha = .93$.

2.4.2. Spiritual well-being

The tool that the spiritual well-being scale(SWBS) developed by Paloutzian and Ellison[29], and modified and supplemented by Kang[30] was used. This scale is intended to measure subjective spiritual well-being, it consists of two sub-divisions that measure religious spiritual well-being having a sense of well-being in the relationship with God(Absolute) and existential spiritual well-being focused on the meaning and purpose of life. It was a Likert type 5-point scale that measures the frequency of the behavior or emotion experienced for each question, and the higher the score means the higher the spiritual well-being level. The tool's internal consistency reliability at the time of development was Cronbach's $\alpha = .93$, and it was .93 in this study. And the religious well-being was .89 and existential well-being was .83.

2.4.3. Spiritual nursing care competence

The spiritual nursing care technology scale(SCCS) of this study is that a tool developed by [31] to investigate the spiritual nursing care competence of nursing students was translated into English to verify its validity and reliability. This tool consists of a total of 27 questions on the Likert type 5-point scale, and the higher the score means the higher the spiritual nursing care competence. The tool's internal consistency reliability at the time of its development was Cronbach's $\alpha = .73$, and it was .96 in this study.

2.5. Data collection and procedures

The data collection period of K nursing college which completed the spiritual nursing curriculum in this study was from May 17 to June 17, 2019. One credit of the theory of spiritual nursing curriculum was completed for 15 weeks in the second semester of the second year, then one credit of the practice of spiritual nursing curriculum was completed for 15 weeks in the first semester of the third grade[Table 1]. The data collection period of B nursing college, which did not complete the spiritual nursing curriculum was from May 1 to May 31, 2019.

Table 1: Subject of spiritual nursing curriculum theory & practice

Week	Subject of theory	Subject of practice
1	Overview of the necessity of learning and spiritual subjects	Practice orientation
2	Holistic health and spiritual health	Application of therapeutic communication techniques for the therapeutic relationship formation
3	Understanding of the spiral nursing care, the spiritual nursing care of nurses and priests	Therapeutic relationship formation
4	Assessment of spiritual health status and establishment of care planning	-Assessment of the subject's spiritual needs
5	History of spiritual nursing care	Therapeutic relationship maintenance
6	Concepts of spirit and spirituality	-Diagnose and goal-setting for the subject's spiritual problems
7	Spirituality according to world view, Christian Spirituality	Therapeutic relationship maintenance -Diagnose and goal-setting for the subject's spiritual problems
8	Interim Review	Therapeutic relationship maintenance

		-Nursing plan and implement prepare to solve the diagnosed spiritual nursing care of the subject
9	Spiritual needs and physical, emotional, social aspects	Therapeutic relationship maintenance -Nursing performance to solve the diagnosed spiritual nursing care of the subject
10	Spiritual needs assessment	
11	Preparation of spiritual nursing care	
12	Spiritual nursing diagnosis	
13	Spiritual nursing intervention	
14	spiritual nursing care evaluation	Preparation for ending therapeutic relationships
15	Overall education and review	Ending therapeutic relationships Evaluation of the practice process

2.5. Data analysis

The data analysis of the study was analyzed with the following statistical methods using SPSS version 23.0. The general characteristics of the subjects are frequency and percentage, and the pre-homogeneity tests of the experimental group and the control group were analyzed using χ^2 -test, Fisher's exact test, independent samples t-test, and verification of difference between the group that has not received the spirituality education and the group that has received the spirituality education was analyzed by an independent t-test.

3. Results and Discussion

3.1. Validate the general characteristics and homogeneity of the subject

The Validate the general characteristics and homogeneity of the subject is shown in Table 2.

The group that has not completed the spiritual nursing curriculum and the group that has completed the spiritual nursing curriculum were shown a statistically significant difference in health status ($t=6.87, p=.010$), religious period ($t=14.24, p<.001$), whether regular religious activity ($t=23.83, p<.001$), idea of opening the spiritual nursing care course ($t=15.22, p<.001$), and whether they took the course at the time of opening ($t=9.07, p=.003$).

On the other hand, religion ($t=3.46, p=.065$), time for diary writing or reflection ($t=.01, p=.936$), idea of their own life ($t=.07, p=.788$) and grade level ($t=2.09, p=.150$) were shown no statistically significant differences.

Table 2: Validate the general characteristics and homogeneity of the subject (N=141)

Characteristics	Categories	A (n=70)	B(n=71)	χ^2 or t	p
		n(%) or M±SD	n(%) or M±SD		
Health status	Healthy	39(54.9)	52(74.3)	6.87	.010
	Normal	30(42.3)	18(25.7)		
	Unhealthy	2(2.8)	0(0)		
Religion	Christian	33(46.5)	44(62.9)	3.46	.65
	Buddhism	0	2(2.9)		
	Catholic	8(11.3)	2(2.9)		
	None	27(38.0)	19(27.1)		
	Etc.	3(4.2)	3(4.3)		
Religious period	<6 Month	14(19.7)	4(5.7)	14.24	<.001
	6 Month-1 Year	9(12.7)	1(1.4)		
	1 Year-3 Years	16(22.5)	6(8.6)		
	3 Years-10 Years	6(8.5)	3(4.3)		
	>10 Years	26(36.3)	35(50.0)		
Whether regular religious activity	Haven	10(14.1)	22(31.4)	23.83	<.001
	None	61(85.9)	48(68.6)		
Time for diary writing or	Haven	13(18.3)	14(20)	.01	.936

reflection	None	58(81.7)	56(80)		
Idea of their own life	Very dissatisfied	0(0)	0(0)	.07	788.
	Not very satisfied	5(7.0)	4(5.8)		
	Average	22(31.0)	17(24.6)		
	Generally satisfied	34(47.9)	43(61.4)		
	Very Satisfied	10(14.1)	6(8.6)		
Grade level	Low grade	8(11.3)	7(10.0)	2.09	.150
	Moderate grade	54(76.1)	46(65.7)		
	High grade	9(12.7)	17(24.3)		
Idea of opening the spiritual nursing care course	Yes	51(71.8)	54(77.1)	15.22	<.001
	No	20(28.2)	16(22.9)		
The idea of taking a course if opened	Yes	46(64.8)	52(74.3)	9.07	.003
	No	25(35.2)	18(25.7)		

A: The group that has not completed the spiritual nursing curriculum

B: The group that has completed the spiritual nursing curriculum

3.2. Differences in variables between the group that has not completed the spiritual nursing curriculum and the group that has completed the spiritual nursing curriculum

Differences in variables between the group that has not completed the spiritual nursing curriculum and the group that has completed the spiritual nursing curriculum are as shown in [Table 3].

Hypothesis 1. The spirituality score of the group that has not completed the spiritual nursing curriculum was 3.54 and the spirituality score of the group that has completed the spiritual nursing curriculum was 3.58, which was higher, but there was no statistically significant difference ($t=-0.44, p=.663$).

Hypothesis 2. The spiritual well-being score of the group that has not completed the spiritual nursing curriculum was 3.38 and the spiritual well-being score of the group that has completed the spiritual nursing curriculum was 3.55, which was higher, but there was no statistically significant difference ($t=-1.46, p=.147$).

Hypothesis 3. The spiritual nursing care competence score of the group that has not completed the spiritual nursing curriculum was 3.14 and the spiritual nursing care competence score of the group that has completed the spiritual nursing curriculum was 3.58, which was higher, it was shown statistically significant difference ($t=-4.07, p<.001$).

Table 3: Differences in variables between the group (N=141)

Characteristics	A (n=70)	B(n=71)	t	p
	M±SD	M±SD		
Spirituality	3.54±0.54	3.58±0.51	-0.44	.663
Spiritual well-being	3.38±0.64	3.55±0.70	-1.46	.147
Spiritual nursing care competence	3.14±0.64	3.58±0.62	-4.07	<.001

3.3. Differences of detailed factors between the two groups regarding the spiritual nursing care competence

As show in [Table 4], in the verification of the difference of the detailed factors of the spiritual nursing care competence between the group that has not completed the spiritual nursing curriculum and the group that has completed the spiritual nursing care competence, it was shown a statistically significant differences in the sub-factors of 'spiritual nursing care assessment and performance' ($t=-5.27, p<.001$), 'improvement and specialization of the quality of the spiritual nursing care' ($t=-3.34, p=.001$), 'patient counseling and personal support' ($t=-2.92, p=.004$), and 'request for experts' ($t=-3.14, p=.002$).

On the other hand, in the verification of the difference of the detailed factors of the spiritual nursing care competence between the group that has not completed the spiritual nursing curriculum and the group that has

completed the spiritual nursing care competence, the 'patient's attitude toward spirituality' ($t=-0.48, p=.631$), 'communication' ($t=-1.14, p=.256$), that there was not shown any statistically significant difference.

Table 4: Differences of detailed factors (N=141)

Characteristics	A (n=70)	B(n=71)	t	p
	M±SD	M±SD		
Spiritual nursing care assessment and performance	2.87±0.8 7	3.56±0.6 7	-5.27	<.001
Improvement & specialization of the quality of the spiritual nursing care	2.81±0.8 6	3.26±0.7 3	-3.34	.001
Patient counseling and personal support	3.14±0.8 2	3.52±0.7 3	-2.92	.004
Request for experts	3.04±0.8 0	3.48±0.8 5	-3.14	.003
Patient's attitude toward spirituality	3.88±0.7 7	3.95±0.7 7	-0.48	.631
Communication	4.02±0.7 6	4.17±0.8 2	-1.14	.256

4. Discussion

This study was conducted with the purpose of using basic data for the curriculum to improve spiritual nursing care through identifying the spirituality, spiritual well-being, and spiritual nursing care components of nursing students and confirming the effect of completion of spiritual nursing curriculum on spirituality, spiritual well-being, and spiritual nursing care competence. To this end, two Christian colleges were selected to investigate the difference according to the completion of the spiritual nursing curriculum for the nursing students. Both nursing colleges were taking Christian classes, and the programs and curriculums for the spiritual nursing care were not established in B college, while K college had a curriculum for performing practical education after taking theoretical education for the spiritual nursing care.

As a result of comparing general characteristics, the group that has not completed the spiritual nursing curriculum and the group that has completed the spiritual nursing curriculum showed statistically significant differences in health status, religious period, whether regular religious activity, idea of opening the spiritual nursing care course, and whether they took the course at the time of opening, but there were no statistically significant differences in religion, time for diary writing or reflection, idea of their own life, and grade level. Especially, the group that has completed the spiritual nursing curriculum had a positive idea about whether to open the spiritual nursing curriculum, and the number of students who expressed their intention to take the course when opening was high. In the study of [19] was conducted the spiritual nursing care education as a short-term program regardless of the credits. And most of the students voluntarily participated, and according to the student's reason for the high participation rate, they said it was because of the more they participated in the education, the more they felt the necessity of education. And they also said that the reason is they have realized spiritual nursing care is not religious but is necessary for the nurse as an essential human desire, while educated. According to the study of [32], it was said that the spirituality promotion program can improve positive emotion and empathy ability, strengthen the inner strength of the individual, have a positive view, and not only induce reflection and empathy about the relationship with the people around, but also have an opportunity to express the spirituality by combining with one's job. The subjects were said that they experienced such as rejection of spiritual nursing, the thing that limited to religious jurisdiction that only for those who have religion, thing that distance from me, distrust, and annoyance before participating in the program, but experienced the theoretical concept of spiritual nursing care became clear and importance while experiencing the program[19]. Hence, it is necessary to raise awareness of the spiritual nursing curriculum and to confirm the importance of taking the course. Especially, in the case of nursing students who are going to perform nursing for human beings, the try and study for the necessity of spiritual nursing care shall be conducted.

Despite that there is a demand for the nursing students' spiritual nursing care as shown in this study, there is no active research applying the spiritual nursing care education in Korea, and the standardized spiritual nursing care education program is also insufficient. Spiritual nursing care education is effective when making an educational approach suitable for the characteristics of learners in the state that the personal character and the growth process of the learner have already grasped, and improving the trust with form a bond of sympathy is attached. Therefore, the period of the spiritual nursing care education will be suitable and effective in the period of nursing students [19]. In the study of [19] reported that the spiritual nursing care education was not given enough time for field practice or learning because it was a short-term course, and it is desirable to reflect the spiritual nursing care education in the regular curriculum by supplement that point and to educate it in parallel with theory and practice. Hence, the necessity

of the curriculum according to the linkage between theory and practice through the curriculum rather than the program or short-term course is raised.

Second, in this study, the before and after assessment can't be conducted as the score before the completion of the spiritual nursing curriculum was not measured, but according to the result of after completion of the spiritual nursing curriculum, the result of the spiritual nursing care competence was statistically significant. Also, the group that has not completed the spiritual nursing curriculum and the group that has completed the spiritual nursing curriculum did not show a statistically significant difference, but the spirituality score and spiritual well-being score were shown higher in the group that has completed the spiritual nursing curriculum. In the study of [19], the spirituality, spiritual well-being, and spiritual nursing care competence were significantly increased after the operation of Spiritual Nursing Care education program, and in the study of [32], spirituality education, spirituality, self-identity, spiritual well-being, life satisfaction, spiritual nursing care competence were all significantly higher, after the education of spirituality. Based on this study, it is necessary to conduct a repetitive study to verify the effect of education on spiritual nursing care. In particular, based on this study and preceding studies [19,32], the necessity of a refined curriculum to improve the spiritual nursing care competence is raised. Since the competence of educators is important for spiritual nursing care education, it is necessary to have a prepared professor for spiritual nursing care education [19], and the teacher also will need various academic conferences and studies for spiritual nursing care education.

Third, in the verification of the difference in the detailed factors of spiritual nursing care competence between the group that has not received the spirituality education and the group that has received the spirituality education, there were statistically significant differences in the detailed factors of 'spiritual nursing care assessment and performance', 'improvement and specialization of the quality of the spiritual nursing care', 'patient counseling and personal support', and 'request for experts', while there was no statistically significant difference in the 'patient's attitude toward spirituality', and 'communication'. Along with that, in the study of [19], all the detailed factors of spiritual nursing care competence were statistically significantly increased after operating a spiritual nursing care education program. The reason why there was no significant difference in 'patient's attitude toward spirituality', and 'communication' in this study is considered that the curriculum was not enough to master up to the ability to skillfully communicate with the patient as the nursing students. Therefore, it is necessary to reinforce the spiritual nursing care through the linkage with the curriculum subject that treats and communicate with patients.

5. Conclusion

Recently, the research and interest in spirituality are increasing in abroad as interest in spiritual nursing, and spirituality medical care has increased. However, the current status in Korea is that even education has not been properly conducted because of shifting it to the religious part or the reason that it is difficult in reality from overdoing nursing work. However, nurses should be prepared for the diverse cultural and religious backgrounds of the subjects to meet in the practice of nursing, and they have the responsibility for practicing holistic nursing to enhance their well-being regardless of religion. Through this study, it is expected to be support for the education that the nursing students can be conducted more trustfully in the spiritual nursing care of the subjects after graduation.

6. References

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