



**SPIRITUAL PERCEPTION AND ATTITUDE TOWARD SPIRITUAL CARE
COMPETENCE AMONG NURSING STUDENTS**

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ABSTRACT

Spiritual care competence is one of the important competencies that must be developed in nursing students in the educational process. Perception, attitude and spiritual competence are the main factors which will help nurses in providing patient's spiritual needs. This study aimed to see the relationship between spiritual perception and attitude toward spiritual competence in nursing students. Using quantitative descriptive with a cross sectional approach, the data was collected from 222 respondents obtained by purposive sampling technique. The Spiritual Care Competency Scale (SCCS) questionnaire was used to assess spiritual care competence, the Spiritual Attitude and Involvement List (SAIL) to assess spiritual attitude, and the Spirituality and Spiritual Care Rating Scale (SSCRS) to assess spiritual perception. Data were analyzed using the Spearman test. The findings revealed a positive relationship between spiritual perception and attitude, and spiritual care competence with a significance value of <0.0001 . Spearman's correlation values were respectively 0.692 with a strong correlation strength and 0.565 with a moderate correlation strength. In conclusion, there is a correlation in a positive direction between spiritual perception and attitude, and the competence of spiritual care in nursing students.

Keywords: nursing students; spiritual attitude; spiritual care competence; spiritual perception

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INTRODUCTION

Spiritual care competence is one of the important competencies that must be developed in nursing students in the process of their nursing education. As study in the United States who conducted an online survey for 391 RNs reported that the majority of the respondents feel unprepared to provide spiritual care. Hence, obtaining spiritual competence still needs more attention (Green, Kim-Godwin, & Jones, 2020). Other research revealed that 69.7% of nursing staffs have an average level of competence in providing spiritual care to patients and the dimensions of assessing and implementing spiritual care have the lowest average (Abusafia, Mamat, Rasudin, Bakar, & Ismail, 2021).

Research conducted by Sezer, T. A., & Ozturk Eyimaya (2022) explained that almost half of the students reported having never heard of the concept of spiritual care, nor had any knowledge of this treatment, and almost none had attended training. In contrast to the

research conducted by Ross et al., (2014) found that a relatively large number of nursing and midwifery students considered themselves competent in providing spiritual care to patients. Spiritual competence possessed by nurses and nursing students is influenced by several factors. These factors include social demographics and professional experience. Social demographics referred to include age, gender, relative, religion, work experience and health status. Professional experience factors include an interest in spirituality, attendance at spiritual rituals, training, having a role model and scores related to spirituality such as perception, attitude and spiritual well-being (Hsieh et al., 2020).

From the factors discussed-above, it is very important to carry out research on nursing students. By seeing how the spiritual competence of students and what factors are related to these competencies can be a reference in determining the steps in achieving one of the nurse competencies. Ultimately, nurses who have spiritual care competencies which will later be applied directly by students when they are in contact with patients. Based on the problems mentioned previously, the researcher is interested in examining the factors related to spiritual competence in nursing students at UIN Alauddin Makassar.

METHOD

This research designed quantitative descriptive study with a cross sectional approach. Cross sectional is a research approach in which the dependent and independent variables are measured at the same time. This study measured the effect of spiritual perception and attitude on spiritual care competence in nursing students. This research was conducted from June to August 2022. A sample of 222 respondents was obtained using the purposive sampling method from 243 students of the bachelor of nursing degree at Alauddin State Islamic University Makassar. The dependent and independent variables were measured using questionnaires which also consisted of respondent demographic data. The Spiritual Care Competency Scale (SCCS) questionnaire was used to assess spiritual care competence, the Spiritual Attitude and Involvement List (SAIL) to assess spiritual attitude, and the Spirituality and Spiritual Care Rating Scale (SSCRS) to assess spiritual perception. This research has been declared ethically passed by the research ethics committee of FKIK UIN Alauddin Makassar with number No.C.128/KEPK/FKIK/VIII/2022 and has also received a research permit. Data collection was carried out using a online form in which informed consent was first given to the respondent and if they agreed they could continue to fill out the questionnaire. The data was then analyzed using a univariate description test and bivariate analysis using the Spearman test to determine the correlation of perception and spiritual attitude towards the spiritual care competence of nursing students.

RESULTS

Respondents in this study consisted of 222 respondents, most of them were aged 21 years with a total of 57 respondents (25.7%). The majority were women with 196 respondents (88.3%), and were in the second and sixth semesters with a total of 58 respondents each (26.1%). The details can be seen in the table 1.

Spiritual perception consisted of 3 subscales which were activity centered spiritual care, emotional support centered spiritual care, and religiosity. The highest average score among three of the subscales was emotional support centered spiritual care with 4.36. Spiritual attitude consisted of 7 subscales which were meaningfulness, trust, acceptance, caring for others, connectedness with nature, transcendent experience, and spiritual activities. The highest average score was the acceptance subscale with 4.48. Furthermore, spiritual

competence consisted of 6 subscales, namely attitude toward patient spirituality, communication, assessment and implementation of spiritual care, referral to professionals, personal support and patient counseling, and professionalization and improving the quality of spiritual care. The highest average score was the attitude toward patient spirituality subscale with 4.39 which can be seen in more detail in following table 2:

Table 1.
Respondent characteristics (n= 222)

Characteristics	f	%
Age		
18 years old	18	8.1
19 years old	55	24.8
20 years old	54	24.3
21 years old	57	25.7
22 years old	33	14.9
23 years old	5	2.3
Gender		
Man	26	11.7
Woman	196	88.3
Semesters		
Second	58	26.1
Fourth	51	23.0
Sixth	58	26.1
Eighth	55	24.8

Table 2.

The description of the mean subscale scores of spiritual perception, spiritual attitude, and spiritual competence (n=222)

Variabel	Mean \pm SD
Spiritual perception	
Activity centered spiritual care (ACSC)	4.15 \pm 0.61
Emotional support centered spiritual care (ESCSC)	4.36 \pm 0.63
Religiosity	3.37 \pm 1.12
Spiritual attitude	
Meaningfulness	4.26 \pm 0.67
Trust	4.25 \pm 0.64
Acceptance	4.48 \pm 0.64
Caring for others	4.32 \pm 0.62
Connectedness with nature	4.32 \pm 0.71
Transcendent Experience	3.98 \pm 0.77
Spiritual Activities	4.02 \pm 0.72
Spiritual competence	
Attitude Towards Patient Spirituality	4.39 \pm 0.60
Communication	4.32 \pm 0.74
Assessment and Implementation of Spiritual Care	4.10 \pm 0.73
Referral to Professionals	4.03 \pm 0.70
Personal Support and Patient Counselling	4.08 \pm 0.70
Professionalisation and Improving the Quality of Spiritual Care	4.02 \pm 0.71

From the bivariate test, the correlation of spiritual attitude to spiritual competence was obtained with a significance value of <0.0001 and the Spearman correlation value of 0.692 with a positive correlation direction and strong correlation strength. Correlation of spiritual perception to spiritual competence with a significance value of <0.0001 and the Spearman correlation value of 0.565 with a positive correlation direction and moderate correlation strength, which can be further seen in table 3:

Tabel 3.
Correlation of spiritual perception, spiritual attitude, and spiritual well-being to spiritual competence (n=222)

		Spiritual competence
Spiritual perception	r	0.565
	p	<0.0001
	n	222
Spiritual attitude	r	0.692
	p	<0.0001
	n	222

*Spearman correlation test

DISCUSSION

Spiritual care competence is a competency that students should have before providing spiritual care or services to patients. The results of this study indicated that nursing students had competence with the highest average score for the attitude toward patient spirituality subscale, followed by the communication subscale. In line with 2 studies in the Netherlands, the first study was among 440 nurses, found the highest competence at the level of competence (knowing how) was for subscales that referred to communication (4.6) and attitude toward patient spirituality (4.5) while the lowest score was perspective for the professionalization and quality improvement of spiritual care (3.2). The higher score of the self-competence assessment would result the higher frequency score of giving spiritual care (Cheng et al., 2021).

Subsequent research by Hsieh et al., (2020), 449 nurses conducted a self-assessment of spiritual care competence and resulted nurses felt more competent in communicating about spirituality and about their attitudes towards patient spirituality, rather than about professionalization and improving the quality of spiritual care. According to Adib-Hajbaghery, Zehtabchi, & Fini, (2017), nurse-patient therapeutic communication is the cornerstone of spiritual care and has an important role in the psychiatric unit.

Nurses still need to be educated about spiritual care. In the educational process, one of the important factors that influence competency improvement is developing spiritual feelings so that they can provide spiritual care for patients. Nurses who are accurately educated about the meaning of spirituality are more likely to understand how to provide spiritual care and spiritual interventions to their patients (Abbasi, Farahani-nia, Mehrdad, & Haghani, 2014)

In addition, this study also revealed a positive correlation of perception and spiritual attitude to spiritual care competence with a significance value of <0.0001 and the Spearman correlation values were 0.692 with a strong correlation strength and 0.565 with a moderate correlation strength, respectively. The results of this study found a positive correlation between spiritual perception and spiritual care competence in accordance with previous

research which showed a positive relationship between spiritual perception and spiritual competence in nurses (Azarsa, Davoodi, Khorami Markani, Gahramanian, & Vargaei, 2015). This result indicates that the higher the spiritual perception, the better the spiritual competence of nursing students. Other studies that supported the findings in this study stated that students' perceptions of spirituality have an effect on their spiritual competence. Nursing students who had broad perceptions of spirituality and spiritual care also had high levels of competence in spiritual care (Kalkim, Sagkal Midilli, & Daghan, 2018; Ross et al., 2016)

Students who have a broad perception of spirituality and spiritual care consider themselves competent in providing spiritual care, especially in the humanistic aspect, namely communication skills and attitudes towards the patient's spirituality (Ross et al., 2014). Students who have a broad perspective will be more aware of the spiritual needs needed by the patients they care for and increase awareness of their responsibility in providing holistic care to patients so that they strive to improve their spiritual nursing competence (Kalkim et al., 2018; Ross et al., 2016).

Spiritual perception which consists of 3 domains, the first domain on spiritual perception is activity centered spiritual care that refers to several specific activities related to patient expectations and nurse beliefs that are directly related to these expectations. This domain includes activities such as allowing patients to carry out religious practices while hospitalized, for example arranging visits by religious leaders for patients, providing patients with comfort, dignity and safety and strengthening interpersonal relationships such as time for conversations (Panczyk et al., 2022). The second domain identified is the emotional support centered spiritual care domain that includes providing emotional support to patients in difficult life situations, especially those who experience strong emotions in search of purpose and meaning in life, hope and intrinsic harmony. This dimension places special emphasis on maintaining the psychological well-being of patients through adequate response to their emotional needs (Panczyk et al., 2022). The third domain is religiosity which supports that spirituality is not only a concept related to religion (Panczyk et al., 2022). From this study, the domain with the highest average score was obtained in the emotional support centered spiritual care domain.

The results of the study also depicted a correlation between spiritual attitude and spiritual care competence that was also in line with the research of Guo, Zhang, Li, Zhang, & Shi, (2022) which showed a positive correlation between spiritual care attitude and spiritual care competence, simultaneously in line with the results of previous studies (Azarsa et al., 2015; Hsieh et al., 2020)). Nurses who have a positive attitude towards spiritual care tend to have better professional commitment and ability to care for patients (Chiang, Lee, Chu, Han, & Hsiao, 2016). Nurses who have a positive attitude towards spirituality and spiritual care will regard spirituality as an innate human aspect and recognize the importance of spiritual care in nursing practice (Chew, Tiew, & Creedy, 2016; Tunny, Saleh, & Rachmawaty, 2022). Guo et al., (2022), stated that the more positive the students' spiritual care attitude, the greater the students' perception of spiritual care competence. Students who have a positive spiritual care attitude are willing to acquire more knowledge and skills to meet the needs of patients and thus, they can provide more effective care. In this process, their competence of spiritual care continues to increase. This correlation is important and meaningful for both schools and hospitals and can motivate nurses to improve the quality of spiritual care practices by increasing their awareness and attitudes (Rykkje et al., 2022).

Spiritual attitude is based on spiritual beliefs, where nurses consider spiritual care as a professional responsibility that must be accompanied by self-sacrifice for patients. This professional responsibility is the first step in increasing awareness and sensitivity to the patient's spiritual needs so that nurses achieve peace, spiritual well-being, and a positive attitude (Azarsa et al., 2015). A positive attitude towards spiritual care can increase patient and nurse satisfaction. Nurses with a high level of spiritual well-being and have a positive attitude towards spiritual care will generally implement spirituality in the nursing care plans provided to patients (Azarsa et al., 2015).

This study also resulted that among 7 subscales of spiritual attitude, the highest average score was the acceptance subscale with 4.48 and the lowest average score was the transcendent experience subscale with 3.98. Previous research found that nurses reported spiritual attitudes scored the highest on meaningfulness and the lowest on transcendent experience (Deluga et al., 2020). In the transcendent experience domain, many respondents answered that they did not have the experience of seeing something look perfect and did not have the experience of feeling united with a power greater than themselves.

Spiritual attitude is an attitude that shows one's belief and piety or a form of great acknowledgment of the existence of Almighty God. There are several factors related to a person's spiritual attitude such as age, higher age is strongly related to spiritual activity. Female gender is lacking in the domain of trust and acceptance (De Jager Meezenbroek et al., 2012). In contrast to this study, the acceptance domain score was at the highest average, where the respondents were dominated by women. Higher education experiences had more acceptance, transcendent experiences, and more spiritual activities. (De Jager Meezenbroek et al., 2012). Holistic nursing care requires a combination or integration of spiritual care in it and to provide better care services to clients. It must maintain human dignity and morals by paying more attention to the spiritual aspect which is an important aspect that has a significant effect on human health, so that competence and skills in the field of spiritual care is urgently needed (Azarsa et al., 2015). Therefore, it is important to cultivate students' spiritual attitudes that will influence their desire to improve their spiritual care competencies.

CONCLUSION

Spiritual perception and spiritual attitude are positively correlated with spiritual care competence in nursing students. This means that the better the perception and spiritual attitude of nursing students, the better the spiritual competence they will likely to have. This research can be a reference for nursing education institutions to further develop the spiritual perception and spiritual attitude of nursing students so that they are motivated to improve their spiritual care competence. Ultimately, the quality of spiritual services to patients when they are in the workplace can increase.

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