



Influence of Palliative Care Training on Last-Year Nursing Department Students' Perception on Regarding Spirituality and Spiritual Care: A Single-Group Pretest–Posttest Intervention Study

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Abstract

Spiritual care is a part of integrated care and should not be considered as a separate aspect of palliative care. Spirituality is seen as a requirement that must be met for all patients. The aim of this study is to determine the influence of palliative care on the perception levels of student nurses regarding spirituality and spiritual care. The research was carried out as a single-group pretest–posttest intervention study. The study was conducted with 70 student nurses. Data were collected via personal information form and spirituality and spiritual care grading scale (SSCGS). Frequency, percentage, average, standard deviation, paired sample t-test and Wilcoxon test were used to analyze the data. 55.7% of the students who participated in research stated that they had never heard of spiritual care, and 81.4% of the students stated that they had not obtained any information regarding spiritual care. The point average of the student nurses related to SSCGS was found to be 3.27 ± 0.21 before training and 3.35 ± 0.22 after training. The difference between the total point averages of the student nurses pre- and posttraining was found to be statistically significant ($p < 0.05$). As a result of the research, the perception of the student nurses regarding spirituality and spiritual support was found to be above the middle and increased significantly after the training. In accordance with these results, it is suggested that spiritual care training should be included more into nursing education.

Keywords Student nurse · Palliative care · Spirituality · Spiritual care

Introduction

The concept of health was previously defined as “the absence of illnesses in individuals.” However, nowadays, it upholds the idea of an integrated approach toward individuals. With the adoption of an integrated approach in health care, the importance of spiritual care

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in palliative care has become increasingly apparent. Palliative care should address the psychological, social, emotional and spiritual needs along with the physical symptoms of patients (National Institutes of Nursing Research 2017). With an integrated approach in palliative care, the life quality of both patient and their families is ensured (Epstein and Morrison 2012; Evangelista et al. 2016).

Spiritual care is a part of integrated care and should not be considered as a separate aspect of palliative care. Spirituality is defined as a part of human life related to seeking the meaning of life and expressing a situation that relates the connections between the individual and ego, others, nature and sanctity (Evangelista et al. 2016). In other words, it means to feel life. The aspect of spirituality especially stands out in crises situations or life-threatening diseases where/in which an individual is suffering from stress, an illness or the fear of death, questioning the meaning of life, has lost all hope and with palliative care patients. Spirituality is seen as a requirement that must be met for all patients (Çetinkaya et al. 2007; Bertachine and Pessini 2010). The spiritual needs of the patients under palliative care such as hope, forgiveness, love, consolation, relationships, worshiping god and saintly one, praying and the wish to find the meaning of life are all of great importance. The irregularities in the system of values that give the individual hope to live create spiritual distress in the individual (Edwards et al. 2010; Puchalski 2008; Evangelista et al. 2016). Thus, in comparison with physical needs, spiritual needs tend to be more abstract and complex and also difficult to evaluate. Therefore, physical needs that can be evaluated more clearly and easily are given priority; in return, spiritual needs can go unnoticed. However, it is significant that the spiritual needs of an individual are also defined and the necessary care is maintained (Baldacchino 2006; Bertachine and Pessini 2010; Edwards et al. 2010). Nurses should be actively involved in providing this care and meeting the spiritual needs (Baldacchino 2006; Ergül and Bayık 2004).

Determining and taking care of a patient's spiritual needs can be achieved by planning and applying spiritual care specific to that patient. Thus, the spiritual care given to the patient affects the healing process positively, by helping the patients to accept their illnesses, to strengthen their coping mechanisms, to increase their social support and to make plans of the future (Lundberg and Kerdonfag 2010; Baldacchino 2006; Boscaglia et al. 2005; Narayanasamy 2003). In studies that have been conducted, it has been emphasized that spiritual care has a positive effect on health, well being, quality of life and also a significant effect on the recovery of diseases (Ergül and Bayık 2004; Wong et al. 2008; Kavas and Kavas 2015; Baldacchino 2006; Boscaglia et al. 2005; Narayanasamy 2003).

Although spiritual care is an extremely important therapeutic resource for patient care, it is stated that spiritual care is still ignored by health-care professionals. As it is stated that the information nurses possess regarding spiritual care is inadequate and they are not adequately aware of the needs of spiritual care (Edwards et al. 2010; Puchalski 2008; Evangelista et al. 2016). Furthermore, the difficulty of defining the term “spirituality;” factors such as lack of time, personal, cultural and institutional factors, the need for professional development and education in this field, and confusion of religions and spirituality prevents effective spiritual care of the nurses (Edwards et al. 2010; Puchalski 2008; Evangelista et al. 2016; Ronaldson et al. 2012).

In order to contribute to the knowledge acquisition in palliative care regarding spirituality, further research on this subject is required. Therefore, firstly, the nature of spirituality and the subject of how it is expressed by all individuals should be clarified. Spirituality is a term with various meanings. Therefore, nurses need a clear definition of the concept of spirituality in order to give the patients the high-quality spiritual support that can meet all of their spiritual needs. In order for nurses to recognize the spiritual needs of

others, they must first discover their own spiritual needs. The nurses' individual thought system, their perspective on life, their perceptions regarding spiritual care and the necessity of spiritual care affects the quality of spiritual care (Kostak 2007; Çetinkaya et al. 2007; Khairunnisa 2014). Nurses who provide continuous care to patients should have professional knowledge, skills, perceptions and approaches regarding spiritual care. Fulfilling the spiritual needs of an individual and the high perception of nurses regarding spirituality will increase the quality of the care given to the patient. Therefore, increasing the perception and awareness of student nurses, who will become future health-care professionals, regarding spirituality and spiritual care will ensure them to consider the needs of the patients and their families with an integrated approach and implement effective nursing initiatives in their professional practices. Aim: The aim of this study is to determine the influence of palliative care on the perception levels of student nurses regarding spirituality and spiritual care.

Research questions:

- Is there any effect of the palliative care course on the level of perception of spiritual and spiritual care by the student nurses?
- What are the opinions of student nurses about spiritual care?

Methods

Procedure and Sample

The population of the research consisted of 100 students studying in the 4th year and taking palliative care courses during the fall semester of 2017–2018. The study was conducted with 70 students who voluntarily participated in the study and completed the questionnaires.

The research was conducted between September 2017 and December 2017 in the nursing department of the Faculty of Health Sciences in Turkey. Palliative care course is given as a compulsory course in the fourth semester in the fall semester. Palliative care course is given 2 h per week and 28 h in total. In this course, pain, symptom control, loss, mourning, death and postmortem care, spiritual and spiritual care, factors affecting spiritual care, nursing process in spiritual care, spiritual distress as nursing diagnosis, spiritual approach to patient, role of nurse in spiritual approach and family process are included. On the first day of the palliative care course, personal information form and the spirituality and spiritual care grading scale (SSCGS) were applied to the students in the scope of the research. The SSCGS was also applied to the students once again at the end of term. Pretest and posttest questionnaires were coded and ensured that they belonged to the same person.

Research Design

The research was carried out as a single-group pretest–posttest intervention study.

Assessment Measures

The data were collected by using the personal information form and the SSCGS. The introductory specifications form was prepared by the researchers using the literature (İnce and Akhan 2016; Kavak et al. 2014; Baldacchino 2008; Chung and Eun 2011; Çelik et al.

2014; Khairunnisa 2014; Kalkım et al. 2016). The cronbach alpha coefficient of the scale was 0.76. The cronbach alpha coefficient in this study was calculated as 0.74. The personal information form consists of questions regarding the age and gender of the students, and whether they have taken an education regarding spiritual care and believe in the necessity of spiritual care. The SSCGS was developed by McSherry, Draper and Kendrick in 2002, and the validity reliability studies were conducted by Ergül and Bayık in 2004 (McSherry et al. 2002; Ergül and Bayık 2007). The scale, which contains 17 questions in total, consists of lower dimensions of spirituality and spiritual care (articles 6, 7, 8, 9, 11, 12, 14), religiosity (articles 4, 5, 13, 16) and individual care (articles 1, 2, 10, 15). The rating of the articles is generated from 1, meaning “totally disagree” to 5, meaning “totally agree.” The first 13 articles are graded inversely, and the last 4 articles are graded directly. As the total point average increases, the perception level of spirituality and spiritual care concepts also increases positively. The approximation of the total point average to 5 shows that the perception level of spirituality and spiritual concepts is high. In the case of using the Turkish version of the scale in our country, it is suggested that the sub-dimensions should not be evaluated separately and the scale should be evaluated on the overall score (Ergül and Bayık 2007). For this reason, the evaluation and interpretation of this research were based on the average of the scale scores.

Statistical Analysis

The evaluation of data obtained from the research was carried out by using the Statistical Package for Social Sciences/18.0 for Windows (SPSS) program. For the evaluation of the data, number, percentage calculation, average meters (minimum, maximum), paired sample t-test and the Wilcoxon test were used. In order to determine the statistics to be used in this study, it was evaluated whether the data showed normal distribution. As a result of the normality test, differences between the groups were examined. In the matched pairs, paired sample t-test was used for variables with normal distribution and Wilcoxon test was used for variables that do not correspond to normal distribution. The level of significance in the study was accepted as 0.05.

Ethical Considerations

For the application of the study, permission was obtained from Kırıkkale University Medical Faculty Hospital Clinical Research and Ethics Committee no 2018/01. In order to use the spirituality and spiritual care grading scale, written permission has been obtained from Ergül. For the approval of the study, written permission was obtained from a school. The research conforms to the provisions of the Declaration of Helsinki (as revised in Brazil 2013). The study was conducted with the consent of the participant. The students who participated in the research were informed about the research, and their consent was taken.

Results

The personal information of the student nurses is shown in Table 1. The age average of the student nurses was found to be 21.80 ± 2.41 . Most of the students were female (84.3%), 52.9% being Anatolian high school graduates. It was determined that 81.2% of the students live in the city and the financial situations of 84.3% of the students are at a medium level (Table 1).

Table 1 Range of personal information of student nurses ($n = 70$)

Characteristic	Number	%
Age	21.80 ± 2.41 (min: 20, max: 40)	
Sex		
Female	59	84.3
Male	11	15.7
Educational level		
Anatolian high school	37	52.9
Regular high school	18	25.7
Associate degree	4	5.7
Other	11	15.7
Location lived in the longest		
City	56	81.2
County	8	11.6
Village	5	7.2
Socioeconomic status		
Income is less than expense	3	4.3
Income and expense are equal	59	84.3
Income is more than expense	8	11.4

The range of the student nurses' views regarding spiritual care is shown in Table 2. 55.7% of the students who participated in the study stated that they had never heard of spiritual care before, and 81.4% stated that they had not received any information about spiritual care. 43.8% of the students expressed that they were informed about spiritual care the most during their undergraduate education. 85.7% of the students stated that spiritual care is necessary, and 81.4% stated that spiritual care did not have the required significance. 82.8% of the student nurses stated that they did not give spiritual care in their clinical applications.

The range of the point average of spirituality the SSCGS, before and after the palliative care course, of the students who participated in the study is given in Table 3. The SSCGS total point average of the student nurses the in pretest has been stated as 3.27 ± 0.21 , the point average of the spirituality and spiritual care dimension as 3.74 ± 0.35 , religiosity as 2.69 ± 0.47 and individual care as 3.57 ± 0.48 . When examining the point average scores of the student nurses in the posttest, it was determined that the SSCGS total point average was 3.35 ± 0.22 , the point average of spirituality and spiritual care dimension was 3.95 ± 0.32 , religiosity was 2.64 ± 0.45 and individual care was 3.66 ± 0.39 . The difference between the total point averages of the student nurses pre- and posttraining was statistically found to be significant ($p < 0.05$).

Discussion

Nurses and student nurse are required to have the knowledge and skills on the subject of spirituality and spiritual care so that they can identify the spiritual care needs of individuals and meet those needs with an integrated approach (Aştı and Karadağ 2013). In the literature, the number of studies regarding the perceptions, approaches and knowledge levels of

Table 2 Range of student nurses' opinions regarding spiritual care ($n = 70$)

Student expressions	Number	%
Heard about spiritual care pretraining?		
Yes	31	44.3
No	39	55.7
Informed about spiritual care pretraining?		
Yes	13	18.6
No	57	81.4
The means through which knowledge regarding spiritual care was acquired ($n = 16$)*		
During training	7	43.8
Scientific meetings such as congress and symposium	2	12.5
Scientific articles and publications	2	12.5
Media outlets such as radio, television and newspaper	5	31.2
Believing in the need for spiritual care		
Yes	60	85.7
No	10	14.3
Emphasis on spiritual care in nursing education		
Yes	13	18.6
No	57	81.4
Giving spiritual care in clinical internship applications		
Yes	12	17.4
No	58	82.8

* n is doubled because more than one option is marked. The percentage of rows was calculated because the percentages were calculated over folded n

Table 3 Range of Spirituality the SSCGS point average scores of the student nurses pre- and posttraining of palliative care

Spirituality and spiritual care grading scale and sub-scales	Pretest			Posttest			Statistical evaluation
	$\bar{X} \pm SS$	Min	Max	$\bar{X} \pm SS$	Min	Max	
Spirituality and spiritual care	3.74 \pm 0.35	2.71	5.00	3.95 \pm 0.32	3.29	4.43	$t = - 4.674$ $p = 0.000$
Religiosity	2.69 \pm 0.47	1.25	3.75	2.64 \pm 0.45	1.25	3.75	$Z = - 0.686$ $p = 0.493$
Individual care	3.57 \pm 0.48	2.00	4.75	3.66 \pm 0.39	3.00	4.75	$t = - 1.470$ $p = 0.146$
Total score	3.27 \pm 0.21	2.80	4.07	3.35 \pm 0.22	3.07	4.13	$t = - 2.627$ $p = 0.011$

student nurses regarding spiritual care is still limited, but increasing day by day (Kalkım et al. 2016; Dağhan et al. 2016; İnce and Akhan 2016; Kostak et al. 2010; Midilli et al. 2017).

In this study, 81.4% of the students stated that they did not receive any information about spiritual care, and 85.7% stated that spiritual care is essential. In the studies of İnce and Akhan (2016), Kostak et al. (2010) and Midilli et al. (2017), nurses and student nurse stated that it is essential to give spiritual care to the patients although they were not informed adequately about spirituality and spiritual care. Similar to the conducted studies, the findings of this study show that student nurses believe in the necessity of spiritual care but very few were already informed about spiritual care and are inadequate to give the care directed to those needs. This result raises the question of whether nursing education is able to prepare the students on giving spiritual care and whether the time spared in the curriculum for theoretical and practical fields is sufficient or not. Spiritual care is a natural part of the integrated approach and an indispensable factor in nursing care. Nurses should recognize the spiritual needs of individuals and should provide individualized spiritual care (Ergül and Bayık 2004).

In this study, the average points of the student nurses on the SSCGS were found to be 3.27 ± 0.21 before training and 3.35 ± 0.22 after training (Table 3). Considering that the highest score 5 is taken from the scale, it can be said that the perception level of the student nurses about the spiritual care is increased after the training and above the average. It is thought that spiritual care education within the context of palliative care education is effective on this difference. The difference in pre- and posttraining is significant in terms of reflecting the effectiveness of the training. These results emphasize the importance of the integration of spiritual care given under the palliative course with the undergraduate curriculum of the student nurses who will become health-care professionals in the future. In the literature, when education on spirituality and spiritual care is integrated with the curriculum of the student nurses or applied, it is stated that knowledge regarding the subject increased along with spiritual awareness, approach toward spiritual spirituality and nursing applications toward giving spiritual care to the patient and that individual/patient-oriented approach and efficiency of giving spiritual care developed (Van Leeuwen et al. 2008; Chung and Eun 2011). Due to spiritual needs being abstract, it is difficult to notice and acknowledge them. Therefore, it is emphasized that education is highly important in order to recognize the spiritual needs of individuals and provide spiritual care (Eğlence and Şimşek 2014). It is one of the ways in nursing students to develop spiritual awareness, to provide spiritual care for patients. When nurses are properly trained in spiritual care, they learn how to make initiatives about spiritual care. Since spiritual and spiritual care is a fundamental concept in nursing education and practice, it can be integrated with nursing education as well as patient care. Education begins with an understanding of spirituality. With the help of applied teaching techniques and awareness of spiritual perception, students should be provided with appropriate knowledge and skills (communication skills, trust relation, hope and support). The fact that the nurse does not have this capability will make it difficult to diagnose the spiritual needs of the patient she cares for. The prominent view in this regard is that the learner can gain the necessary theories and principles of spirituality with the necessary knowledge and skill in case studies. (Callister et al., 2004; Pesut 2002; Van Leeuwen et al. 2008; Chung and Eun 2011).

When the sub-dimensions of spirituality the SSCGS are examined, it is seen that there is no statistically significant difference between the students' religiosity sub-dimension and their pre- and posttraining individual care point average (Table 3). This result makes us think that the student nurses did not associate spirituality solely with religion even before training. Unlike our study findings, Ross (2006) found that nurses were more inclined to focus on religious needs related to spiritual care. However, spirituality is a concept that includes religion but is not restricted to religion and has a larger dimension than religion

(Baldacchino and Draper 2001, Narayanasamy and Owens 2001). The sub-scale of religiosity in the scale is the inclusion of spirituality not only to go to any worship (mosque/church); the state of being associated with god or a superior god in believing and worshipping; the inclusion of subjects such as art, creativity and self-expression, and the inclusion of non-believers in the god/super god. Furthermore, even though nurses accept the need to provide spiritual care to patients, most of them might feel uncomfortable asking questions about spirituality and religion.

Student nurses' point average of spirituality and spiritual care from sub-scales was determined as 3.74 ± 0.35 before training and as 3.95 ± 0.32 after training (Table 3). This finding is important in terms of showing that palliative care training increases the spirituality and spiritual care point average. In other words, it can be said that the more the perceptions of the nurses regarding spirituality and spiritual care increase with the given training, the more they meet the spiritual care needs of the patients. As is known, it is highly significant to receive a basic education regarding spiritual care due to the needs of spiritual care being abstract and difficult to notice. With this education, student nurses should be able to plan nursing initiatives regarding all needs including spiritual care needs, by evaluating their patients in every aspect. Therefore, it can be said that basic education can be effective in determining and eliminating spiritual needs.

The results of the research show that lack of knowledge related to spirituality spiritual care is an important disruptor factor in order to give spiritual care. The integrated evaluation of the patient and fulfilling needs is important in terms of nurses to plan individual spiritual care (Aştı and Karadağ 2013). As spiritual care is a part of high quality care and is in the responsibility of the nurse. Nonetheless, the effectiveness of the nurses' precision and personal perceptions regarding spirituality and spiritual care should not be ignored in giving spiritual care. Nurses need to discover their own spirituality and relations associated with providing care.

Conclusion

In conclusion, the perception of student nurses regarding spirituality and spiritual care increased significantly after training and it was found to be above the middle. In line with these results, the subject of spiritual care should be included more into nursing education and it is suggested that further studies should be conducted in which the perceptions of nurses regarding spiritual care is evaluated.

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Author's Contribution HÖ: design of the study, data collection, data analysis, results, interpretation and drafting the manuscript; KK: drafting the manuscript, conception and design of the study.

Compliance with Ethical Standards

Conflict of interest The authors have no conflicts of interest to declare.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

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