Nurses' Spirituality Improves Caring Behavior

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Nurses' Spirituality Improves Caring Behavior

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Article Info

ABSTRACT

Caring is a behavior of giving holistic assistance to individuals. In fact, this important behavior still has not routinely performed in current nursing practice. Personality and sipirituality are important factors in forming one's caring behavior. Spirituality is a passion or impulse to perform noble action. The objective of this study was to explain the relationships of nurses' spirituality and caring behavior. This study was an observational research with cross sectional design. Study participants were ward nurse in three hospitals. The participants were recruited consecutively from untill the desired quota satisfied. Questionnaires on caring behavior and spirituality were used to collect primary data. Multivariate data analysis with Structural Equation Modeling- Partial Least Square (PLS-SEM) was used to analyze the data. The results showed no significant relationships between nurses' demographic characteristics (education, working experience, and wards type) and their spirituality or caring behavior. However, we found significant relationship of nurses' spirituality and caring behavior. In conclusion, nurses spirituality could affect caring behavior in positive ways and potentially improve nursing practice.

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1. INTRODUCTION

Caring is a behaviour of giving holistic assistance to individuals and is the essential part of everyday nursing practice [1-2]. Caring involves respect, honor, certainty, assuranc, positive relationships, profesionalism, and whole hearted service [3]. These are very important in nursing care to patients given such care lasting 24 hours a day. Previous study suggested that only 53.3% of nurses showed caring behavior [4] leaving substantial proportion of whom did not show caring behavior. Other study reported that 27.3% nurses always showed caring behavior, 69.7% have shown caring behavior and 3% of them seldomly showed the behavior [5]. This suggest that caring behavior has not been the routinely performed as a part of the art of patient care. Nurses caring behaviour may decline with age or inversely correlated with nurses' years of service, in addition to other factors such as awards, working environment, and personality [6].

There were several factors that could be associated to the caring behavior. Sun Rise model or known as Culture care diversity and universality suggests that family, social, religious and belief, cultural values and habits, politics and law, economics, education, and technology influenced caring behavior [7]. Potter and colleagues suggested that family kinship, culture and religious belief altered the nurse-patient relationships [8]. Another study identified ledership, compensation and benefits, and professional relationship as the influential factors [1]. Nurse personality and spirituality were important factors that affect caring behavior in nurse-patient relationships [8-9]. Religion is one of the dimensions of spirituality and influence

spiritual life of the believers [10-11]. Spiritual beliefs are associated with the creator and correlate with the tendency of done noble conduct [11-12]. Nurses' spirituality that is influenced by religious belief may likely encourage nurses the perform caring behavior. This study aimed to assess the effect of nurses' spirituality on caring behaviour during daily nursing practice.

2. RESEARCH METHOD

This study used cross sectional design aimed to assess whether the spiritual aspect of nurses could improve caring behaviour in positive direction. Figure 1 showed research variables that caring behavior performed by nurses must involved spiritual aspect and other factors that related are service factors and patients factors. Caring behavior of nurses were faced with a need to improve work satisfaction and patient satisfaction. Caring behavior of nurses measured by aspect of assurance, knowledge and skill, respect, and positive connectness. This study was conducted in wards unit of hospitals involving nurses that responsible in providing care to patients. Participated hospitals in this study include Haji Hospital Surabaya, Al Irsyad General Hospital Surabaya and Muhammadiyah General Hospital in Gresik district. Participants were recruited consecutively until desired number of samples was satisfied. Participants' Demographics and baseline data were recorded with standardized form and used throughout the study. Assessment on spirituality and caring behaviour was done using questionnaires.

Descriptive data analysis was performed to identify indicators that influence caring, spiritual and type of nursing care. The analysis was conducted by creating frequency distribution and calculates the frequency and percentage of the measured variables. A description of each indicator is expressed in the value of the frequency and average. Data was analyzed by multivariate statistical tests using Structural Equation Modeling- Partial Least Square (PLS-SEM) to test hypothesis.
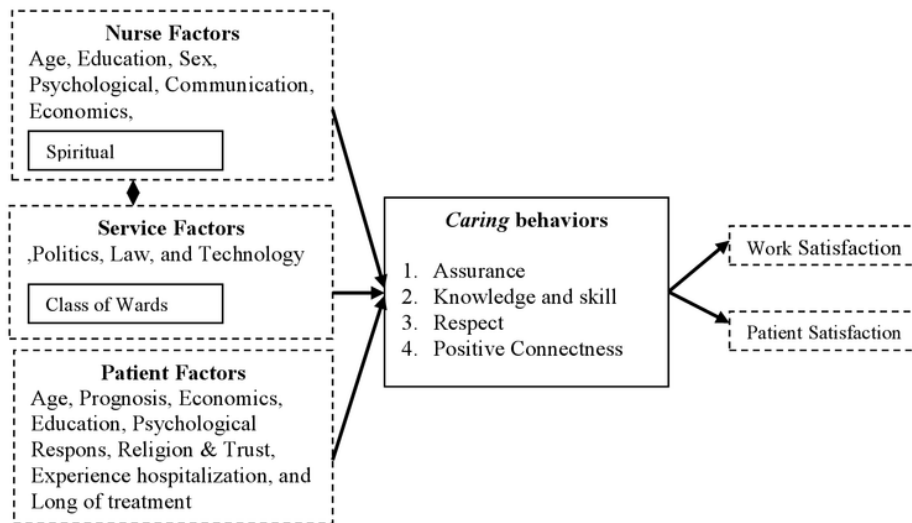

Figure 1. Research Variables

This study has been reviewed and approved by the Health Research Ethics Committee of the Faculty of Nursing, University of Airlangga on November 9, 2016, with the approval letter number 243-KEPK. Principles of ethics applied in this study include the principle of self-determination, privacy/confidentiality, anonymity, protection from discomfort, and justice. Written informed consent was provided for all participants prior of study commencement and participants were free to withdraw from the study at any stage.

3.   RESULTS AND ANALYSIS

Between October and December 2016, there were 88 nurses from three hospitals consented to participate with 16 males and 72 females. There was a diverse characteristic of participants as shown in Table 1. Thirteen perecent of nurses have experienced psychosocial problems with varying degrees. Median working experience was 7 years ranging from 1 to 27 years. Most of the participating nurses had 3 years of diploma certification with only 18% of them had bachelor of nursing certification. More than half of the nurses were recruited from class 3 level of care ward with 59% participants and others were from class I and II with 25% and 16 % respectively. SEM-PLS analysis showed that psychosicial indicators were the only valid variables (loading factors > 0.5) in measuring the characteristics with loading factor of 0.954.

Table 1. Characteristics of Nurses and PLS Analysis found Results for outer loading

Characteristics	Criteria	Value	Original sample estimate
Psychosocial (D1)	Not present	87%	0.954
	Sometimes	13%	
Length of work (D2)	Mean	8.53 years	
	Median	7 years	
	Std. Deviation	6.324 years	0.254
	Minimum	1 years	
	Maximum	27 years	
Education (D3)	Diploma	82%	0.066
	Bachelor	18%	
Wards Unit (D4)	Class 1	25%	
	Class 2	16%	-0.092
	Class 3	59%	

Table 2 shows spiritual aspects of nurses' assesed in this study including patience, sincerity, and gratitude behaviour. Most nurses often behave patience (55%), always behave sincerity (72%), and always behave gratefully (69%) when providing care to patients. Multivariate statistical tests using SEM-PLS method yielded relationship between indicators and their construct.The indicator was valid the loading factor was equal or greater than 0.5. Patience, sincerity and gratitude were statistically significant or valid in measuring nurses' spirituality.

Table 2. Spiritual Nurses and PLS Analysis found Results for outer loading

Variable	Criteria	Value	Original sample estimate
Spirituality	Sometime behave	06%	-
	Often behave	68%	
	Always behave	26%	
Patience (S1)	Sometime behave	18%	
	Often behave	55%	0.796
	Always behave	27%	
Sincerity (S2)	Sometime behave	02%	
	Often behave	26%	0.815
	Always behave	72%	
Gratitude (S3)	Sometime behave	01%	
	Often behave	30%	0.863
	Always behave	69%	

Table 3 explains nurses caring behavior and its subscales analysis. Most observed nurses in this study often show caring behaviour (68%), other respondents said that they sometime or always show caring behaviour with 11% and 20% respondents respectively. Analysis on caring subscales indicate that most nurses often show guarantees behaviour (60%), respect (57%), positive relationships (59%), but 49% of them always showed professional behavior. Consistent caring behaviour only showed by less than 50% of nurses in almost all subscales. The subscales used in this analysis was further shown to be a valid indicator of caring behaviour by SEM-PLS analysis loading factors of more than 0.5 in all aspects.

Table 4 is a summary of PLS analysis showing relationships of participants characteristics, spirituality, and caring behaviour. The analysis showed that participants' spirituality aspect has significant relationships towards caring behaviour as shown by t-statistics of greater than 1.96. Based on the R-square values in Table 5, it can be explained that: 1. The value of R-square for endogenous variable of caring=0.423. This means that caring behavior could be explained by participants characteristics and spiritual factors by 42.3%, other indicators were guarantee behavior, respect, positive relationships, and professionalism. 2.

Spirituality factors can be explained by the participants' characteristic at only 17.0%. The remaining factors were patience, sincerity and gratitude.

Table 3. Caring Nurses and PLS Analysis found Results for outer loading

Variable	Criteria	Value	Original sample estimate
Caring	Sometime behave	11%	-
	Often behave	68%	
	Always behave	20%	
Guarantees (C1)	Sometime behave	05%	
	Often behave	60%	0.852
	Always behave	35%	
Respect (C2)	Sometime behave	11%	
	Often behave	57%	0.895
	Always behave	32%	
Positive Relationships (C3)	Sometime behave	14%	
	Often behave	59%	0.927
	Always behave	27%	
Professional (C4)	Sometime behave	03%	
	Often behave	48%	0.870
	Always behave	49%	

Table 4. The results of PLS analysis found Results for inner weights

Variable	T- Statistic
Characteristic ➔ Caring	0.344
Characteristic ➔ Spiritual	1.005
Spiritual ➔ Caring	7.061

Table 5. The value of R-Square on the path diagram

Variable endogen	R- Square
Caring	0.423
Spiritual	0.170

Figure 2 conclude from Table 1 to 4 about nurses' caring behavior model. SEM PLS models on relationships of nurses' characteristic, spirituality and caring behaviour. Nurses' caring behavior model showed result of relationships between indicator and their construct whether it significant or not.
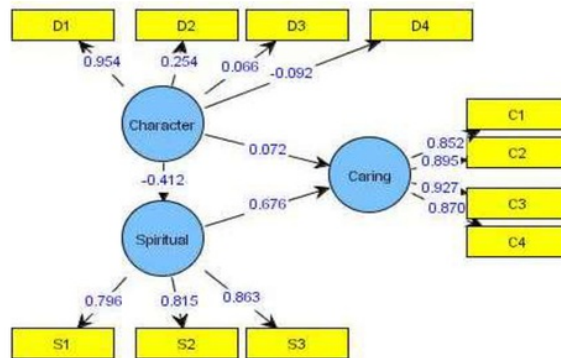

Figure 2. Spirituality and Caring relationships model

3.1   Analyzing Relationships of Demographic Characteristics with the Spirituality of Nurses

Our study found that nurse's background characteristics was not significantly associated with their spirituality. This was consistent with previous study exploring nurses' baseline characteristics including education, job position and working experience with spiritual intelligence [13]. The study suggested that nurses psychosocial aspects, emotional side and positions when dealing with environment, was the only

factors significantly depicts nurses'chracteristics. This situation shows that psychosocial as spiritual experience was fiscal in nature and emotional, and was common in critical situation. The theory behind this wasthat person's spiritualitycould be influenced by stage of development, family role, culture, life experiences, and the critical condition [11].

This study also found that nurses' charracteristics could be the factors associated with their spirituality, other factors include patience, sincerity and gratitude behavior. Patience, sincerity and gratitude behavior were the thought process of the nurse to perform spiritual behavior [10]. Spiritual often influenced by the thought process [14-15]. This indicates that spiritual aspects can be evaluated from all factors associated with thought process, but not physical factors.

3.2 Analyzing the Relationship between Demographic with Caring Behavior

This study found that nurses' baseline characteristics have no significant relationships to caring behavior. Similar results were also confirmed by previous study in Jakarta, Indonesia [6]. However, recent studies suggested that there was a significant relationship between nurses' characteristics and caring behavior [16-17]. The odds maybe due to homogeneity in psychosocial aspects, working experience, educational backgrounds, and wards unit of participants in this study. Previous report suggested that caring behavior was inversely associated with working experience [6], but ours indicated that working experience has no effect on caring behavior as shown by the distribution of caring behaviors that were spread throughout the participants. This showed that the nurses who participated in this study had a good caring at level of working experience.

The education level of nurses in this study was dominated by nurse with diploma certification. There was no significant relationship of educational background with caring bahavior, as also confirmed by the previous study [6]. This result reveals that caring behavior was not determined by the level of education. In term of caring behavior relation to ward level of care, our study observed high percentage of caring behavior in class III level of care, although was different with the previous similar study [6]. However, overall results suggested nurses expressed caring bahavior in all class level of care.

3.3 Analyzing the Spiritual Relationship of Nurses with Caring Nurses

Our findings showed that nurses' spirituality has significant relationships with their caring behavior. This was consistent with Priambodo and colleagues study suggesting strong relationships of caring and spirituality [9], also supported by Watson's theory on nurse siptuality and caring [18]. Sun rise theoritical models also support this findings [7]. There seems to be harmony between spirituality and caring behavior, and such behavior was positively correlated with spirituality.

Spirituality refered in this study were patience, sincere and gratitude, and these have been shown to be significant indicators to measure nurse spirituality. Sincerity was included in the spirituality assesment as it reflects surrender to God, enjoying process of life (patient), and ability to feel grateful [19]. These results indicate that a person's spirituality, either nurse or patient can be observed from their patience, sincerity, and gratudeness.

Caring behavior in this study includes guarantee behavior, respect, positive relationships and professionalism. These factors has been shown to be significant in measuring caring behavior. The results were also consistent with previous study by Killic et al using the indicators [20]. However, the behaviors were not routinely performed by nurses in daily practice, yet they often behave. Caring behavior could be exlained moderately by nurses' characteristics spirituality at about 42.3 %, and was supported by previous study showing caring behavior was heavily influenced by nurse themselves [17]. Caring behavior should be expressed by nurses in their daily practice, with providing guarantee of service, respect patients' rights, maintaining positive relationships and professionalism.

4. CONCLUSION

Nurses' spirituality has significant relationships with their caring behavior. We suggest that nurses need to maintain their spirituality (gratitudeness, sincerity, and patience) to provide excellent care. Maintain nurses' spirituality by give spiritual training to nurses regularly. The following recommendations for further research are: use observational instruments to measure spiritual nurses and caring behavior to get an objectivity, next research method use an experimental study with the intervention of Islamic Caring.

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