

Original research

# An Exploratory Factor Analysis of Health Professional Perceptions of Integrating Spirituality in Daily Patient Care

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## Abstract

**Background:** Spirituality is very subjective, and it is commonly assumed as the modifiable factors that can affect the quality of life among elderly, where elderly is referred to the male or female with the age of above 60 years old.

**Objective:** The main purpose of this study is to evaluate the perception of nurses toward spirituality in nursing care practice among the patients.

**Methods:** An exploratory sequential design using qualitative study (N=24) by collecting data via face-to-face interview in Federal Territory of Kuala Lumpur. The spirituality tool was analysed using four categories: 1) Believe, 2) Faith, 3) Emotion and 4) Practice.

**Results:** The reliability of the dimensions was all high as the Cronbach's Alpha coefficients were above 0.90. Therefore, this spirituality measurement tool can be considered highly reliable. It was found, there was significant relationship between age, ethnicity, religion, versus the four-spiritual dimension. However, the results showed that there is no relationship between gender and spirituality dimension.

**Conclusion:** In conclusion spirituality play large role throughout the individual and variances of cultural and closely context toward nursing. The spiritual care encompasses beliefs that significantly give meaning to the life of an individual, and then able to motivate individuals where may enhance the faith, hope, peace, and empowerment to an individual health. It was used to construct a profile of elderly in Malaysia, and it may be applied to profile elderly in other countries.

*Keywords:* Spirituality measurement; spiritual well-being; quality of life; elderly

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## Background

Spirituality and spiritual ideas are closely linked to caring in the context of nursing. The belief system has connection within than faith. Super thinking toward belief in God and become curiosity about spirituality and spiritual values during the end stage of life. There are several components literally related in spirituality such as belief, faith in comorbid patients. These components of spirituality mainly become spiritual value toward the connectedness (Tanzi *et al.*, 2023). While during the development of spirituality measuring tools for the elderly, the qualitative interview ended up with theme of Faith, Believe, Emotion

and Practice. the interview carried with registered nurses on their perception and found to correspond what they said, what is spirituality.

Nurses are a profession category that cares about the well-being of patients, meeting the needs of patient in the spiritual aspect. According to Rachel *et al.*, 2019, nurses play a spiritually focused role in managing the health of patients. Therefore, spiritual needs are an important element in patient care. To fulfil the meeting needs patients, nurses must indicate and provide the holistic care as part of their responsibility in nursing intervention. Holistically care has highly needed toward nursing care.

Puchalski *et al.*, (2014) agreed as human being, spiritual need in expressing and seeking their life more meaningful. That spirituality is the aspect of humanity that refer to the individual seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, nature and to significant or sacred. Nurses perceive the spiritual attitudes and feelings of others. They play a positive role in providing spiritual care to patients. Nurses deal appropriately with suffering, frustration, and spiritual dysfunction. (Akbari *et al.*, 2022).

The second theme described how do nurses practice spiritually when providing care to patients. Many of them felt it is the function of spirituality in nursing care, to empower to cope with the illness of the patients, meeting the needs with comfort care using soft skill a long with spiritual care to clients as comforting, stabilizing suppling perseverance and enabling the patients who receive the care to move forwards. According to Mamier *et al.*, 2019 highly mentioned spirituality values and awareness among nurses, shows highly impact positive throughout the nursing care, whereby this will give an impact to the surrounding environment. In relation to that, the spiritual care of the patient is very important to the aspect of comfort care. It's can reduce physical pain, disturbed emotions, stress, anxiety and can strengthen the communication relationship between the patient family members and the health care provider in living a life that has more direction and meaningful (Mamier *et al.*, 2019).

Most Nurses and health care providers lack confidence, are not competent, especially the spiritual needs of patient. The level of spiritual needs of the patient is ignored. Causing the risk of deterioration of psychological aspects, quality of life deteriorates, and spiritual tranquillity is neglected. The implication is that the level of spiritual needs is unmet (O'Brien *et al.*, 2019). Spiritual care includes a group of activities that support individuals in worship, praying, telling stories about God, relationship with the Creator, encouraging reference to religious book, referring to religious authorities, hold counselling sessions, communication to express emotions toward positive things, and have an empathetic and respectful relationship with the patient (Kaddourah *et al.*, 2018).

A number of studies conducted around the world have shown how nurses feel about faith and spiritual care. But there isn't a lot of study on how nurses in Malaysia feel about faith and spiritual care. This study is a beginning look into what Malaysian nurses know about faith and spiritual care. The aim of the study was to teach these nurses, other interested parties, and nurse trainers about the current situation, any ways it could be better, and how it affects care for patients and their families. The purpose of this paper, to explore nurses' perception integrating spirituality in nursing care practice among patients.

## Method

### Study design

An exploratory sequential design using qualitative study [N=24] by collecting data via face-to-face interview in Federal Territory of Kuala Lumpur. The spirituality tool was analysed using four categories: 1) Believe, 2) Faith, 3) Emotion and 4) Practice.

### Setting

In revealing spirituality among the elderly related to self-belief, relationships in daily life at community of Federal Territory of Kuala Lumpur Malaysia, specifically focusing on eleven districts, including Kepong, Batu, Wangsa Maju, Segambut, Setiawangsa, Titiwangsa, Bukit Bintang, Lembah Pantai, Cheras, Seputeh, and Bandar Tun Razak, where elderly individuals are located.

Data was collected from January 22, 2021, to the end of June. This study involves a rigorous exploratory process.

### Sample/Participants

The data collected from the 24 respondents. It was intended that the interview data would build on the qualitative result to provide an insight of the spirituality among patients in their daily work, followed by analysis the interview data was being coded in themes and it would be described below.

## Data collection

A total of 24 participants had been interviewed and the summarized the data related to participants profile, that indicates the age, marriage, education, ethnicity, employment status and income and spirituality.

## Data analysis

A total of 24 participants were interviewed out of the total of 32 participants who were selected.16 participants were interviewed in their home and 4 was conducted in clubs and another 4 was conducted by phone as they were busy but keen to participate at that particular time. But the researcher made a second appointment to interview the respondents who were earlier interviewed by phone in a quiet café near their home. A small disc recorder Sony MPE was used in this case and reports were also written down. All reporting was carried out by the researcher. An exploratory sequential design using for data analysis.

**Ethical consideration:** This study was approved by Lincoln University College's Nursing ethical committee with a reference number of PhD-111191019197-1910 approved on the 10 of January 2021.

## Results

Table one showed all participants are female, most of the female (45.8%) fall in the age group of 40-49 years old, followed by 50 years to 59 years female (41.7%), 60 years to 69 years female (12.5%). In term of marital status of the participants, where most of the female (66.70%) (25%) for single and not married was (8.5%).

**Table 1.** Demographics of Interview Respondents

Demographics	Frequency N=24	%
Age (Years)		
40-49	11	45.8
50-59	10	41.7
60-69	3	12.5
Marital Status		
Married	16	66.7
Separated	6	25
Single/Never Married	2	8.3
Occupational Qualification		
Completed Diploma in Nursing	14	58.3
University or college degree	10	41.7
Race		
Malay	12	45.4
Chinese	5	20.2
Indian	7	34.4
Employment Status		
Full time	17	70.8
Part time	3	12.5
Pensioner	4	16.5
Work Experience		
5 years to 10 years	6	25
11 years to 20 years	8	33.3
21 years and above	10	41.7
Monthly Income (MYR)		
Less than 3.000	8	33.3
3.001 to 5000	9	37.5
5001 to 8000	7	29.2
I am a spiritual person		
Strongly Agreed	24	100%
Agree	0	0%
Neither agree or nor disagree	0	0%
Disagree	0	0%
Strongly disagree	0	0%
Spiritual training		
Seminar, workshop, short courses	4	16.4%
None	20	83.6 %

Regarding level of education status for participants, most of them who attained was completed diploma in Nursing 14 (58.7%) and the other 10 obtain degree in Nursing from university. All races were approached for data collection in this research, majority were Malays (45.4%), followed by Indian (34.4%), Chinese (20.2%). The income level of the 24 participants, majority 9 respondents (37.5%) were having an income between 3.001 MYR to Rm 5000, followed by 8 respondents (16.7%) less than 3.001 MYR, the least income group 7 respondent (29.2%) were earning between 8.001 to 10.000 MYR. Majority of the nurses have 20 years (41.7%) and above working experience followed by 11 years to 19 years working experience, the least were with 5 to 10 years' working experience. All participant 24 (100%) strongly believe in spirituality. Regarding the spirituality seminar, courses or workshop only 4 (16.4%) participants had attended rest of the 20 (83.4) participant had never attend any spirituality courses or seminar.

#### Qualitative Interview Data

This section will address the main question "What is the nurses' perception in integrating spirituality in daily care among patients" and 4 sub questions: 1) What is your perception on spirituality? 2) How do you practice spirituality when providing care to patients? 3) What are the barrier when practicing spirituality among the patients? 4) How do you overcome this barrier? Their responses were coded in themes. The 4 themes were: 1) *Core spirituality Belief in God* 2) *Spiritual Self-awareness in Nursing Care*. 3) *Nursing Barrier*. 4) *Training on Spirituality in Nursing Practice* 'All 24 participants answer all questions given to them.

Majority of 24 participants answer all the interview question, the question on definition of spirituality definition fall in the theme, core in spirituality. Majority of participants 17 (71%) define spirituality more in connection and belief in God and only 7 (29%) participants define spirituality as inner self, personal, connection to environment and to the universe.

Spiritual Self-awareness in Nursing Care had 23 (96%) participants and only 1 (4%) participant feel that to ensure patients should have religion and should be provided spiritual care. The theme on Nursing Barrier 20 (83%) participants can identify the barrier while only 4 (17%) did comment on the Barrier. Majority of participants feel that they need training and 18 (75%) to better themselves and only 6 (25%) participants did mention any training.

## Discussion

### *Core in Spirituality*

Spirituality is a pillar that becomes an important resource, understanding their belief which connected highly supreme, something created with great power. Most of the participants concern with God and religious belief. The fear of the supreme almighty. Spirituality is a religion and religion. Nurses' definitions of spirituality and spiritual care are culturally constructed and shaped by a variety of circumstances, including their educational background, clinical experience, religious affiliation, and ethnic origin (Campesino *et al.*, 2009; Ozbasaran *et al.*, 2011). Patients in both medical and mental health settings often turn to spiritual beliefs and practices as a coping mechanism for sickness and other difficult life transitions. Numerous studies demonstrate that those with higher levels of spirituality have better mental health and adjust to health issues faster than those with lower levels of spirituality (Koenig 2012). In the result of this study majority of participants describe spirituality is belief in God, and the inner peace is more related to Almighty. The source of spiritual-being has related with supreme power. Faith, believe and emotion too play a major meaning to spirituality.

### *Spiritual Self-awareness in Nursing Care*

According to the perspectives of participating nurses about "attributes for spiritual care," 96% of nurses think that spiritual care has certain qualities that are necessary as fundamental preconditions for providing this kind of care. Holistic care and spirituality are two aspects that are considered by Nurses in nursing care so spiritual self-awareness within nurses must be in the nursing care, to be effective in caring for patients as spiritual care had positively influence patients coping with illness (Melhem *et al.*, 2016).

The participants are not aware of the spirituality, they only encourage patients to talk, or they sit next to patients in respect of the spirituality. The majority of those who have religious background or had attended religious classes are able to recite Quran and reading religious verses, able to discuss on religion and explore spiritual matter with patients. Few felt that they are unable to talk about a patient's religion

due to the time factor (Potter *et al.*, 2009). While nurses possess knowledge about the spiritual requirements of patients, only a small minority of them are capable of delivering spiritual care to address these needs.

#### *Nursing Barrier in Practicing Spirituality*

Spirituality is an important element for patient, to prevent health problems deterioration and treatment. This is the most important for nurses in meeting the needs of patients. There are various reasons, including spiritual needs, shallow understanding of spirituality, unclear guidelines. Deterioration for the aspect of spirituality handling is caused by insufficient time, lack of knowledge about spirituality among nurses (Momeni *et al.*, 2022).

The main barrier when practicing spiritually among patients for the nurses is lack of space to conduct the spiritual counselling or advice as patient's religion and belief differ (Balboni *et al.*, 2013). This line with this research where nurses are explained that they have lack of time and time consuming to conduct spiritual session, feeling uncomfortable in engaging this issue, worried about patients feeling, fear of offending the patients, few mention that they lack communication skills and not having confident.

#### *Training of Spiritually in Nursing Practice*

Spiritual care education and training in clinical settings enables nurses to comprehend patients' notions of dignity, principles, and encounters, allowing them to demonstrate compassionate care towards their patients, alleviate their stress and anxiety, promote their spiritual well-being and tranquility, and assist them in discovering significance and purpose in the face of adversity (Timmins & Caldeira 2017; Chen *et al.*, 2018). According to a Malaysian research, medical staff members were already providing spiritual care for their patients, which some felt may help prevent suicide. As a result, we must formalize and regulate these practices by creating appropriate ethical boundaries, standardizing guidelines for the integration of religious and spiritual care into medical practice, and considering the patient's religion or spirituality during assessment, treatment, and referral (Siau *et al.*, 2021).

Even though spiritual care is an important part of nursing care, it seems to be quite different in practice. Majority of nurses in this study agree that they need training. Spirituality training to spiritual care and proper attention to patients need more attention. Majority of the participant in this study felt they need more training in spiritual care by attending seminar, workshop, or short courses in spiritual care. Few nurses with religious background felt they need training on communication and how to build up their confident.

The research was undertaken under the presumption that conceptual distinctions exist between religiosity and spirituality. Additionally, the conceptual distinctions between spirituality and religiosity were not exhaustively examined in relation to the elderly participants of the research. The majority of elderly individuals who participated in this research considered spirituality and religiosity to be synonymous, and they would place equal value on the two. In addition, the objective of this study was not to investigate the underlying mechanisms associated with the rise in religiosity and spirituality, an aspect that might have practical implications.

## **Conclusion**

Spirituality is essential to health. Studies have proven that there are many benefits in the implementation of spiritual care, therefore it is necessary to hold charity training to be part of the development of professional health care, while the burden of care and concentration often hinders its provision. However, existing health emergency strategic frameworks are ill-prepared for such provisions of Spiritual care, so early recognition of the issue will benefit the nurse and patients.

#### **Conflict of Interest**

Authors declares there is no conflict of interests.

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#### **Author Contribution**

Article is written by Fatimah Binti Yahya, Hafizah Che Hassan and Santhna Letchmi Panduragan guiding the research, Samsiah Mat and Faridah Mohd Said helps in editing and publication.

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