

# Readiness of Undergraduate Nursing Students at International Islamic University Malaysia (IIUM), Kuantan, Pahang in Delivering Spiritual Care to Hospitalized Patient

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## ABSTRACT

**Background:** Spiritual care is an important component of providing clients with holistic care in hospitals. As nurses, they need to address the patient's spiritual needs with both competence and compassion. This study is aimed to determine the level of readiness of nursing students in delivering spiritual care to hospitalized patients and the association between spiritual climate perception level and Spiritual Care Intervention Provision level among undergraduate nursing students in International Islamic University Malaysia (IIUM) Kuantan, Pahang, Malaysia.

**Methods:** A cross-sectional study using a convenience sampling method was conducted among 204 nursing students of IIUM Kuantan, from April to Jun of 2023. Data were collected using the Google Forms platform to determine the level of readiness in delivering spiritual care using the Spiritual Climate Scale (SCS) and Spiritual Care Intervention Provision Scale (SCIPS) respectively. Data were analyzed using descriptive statistics, Mann Whitney, Kruskal Wallis Test, and Spearman correlation.

**Results:** The result showed the nursing students had a better spiritual climate perception at the hospital. Furthermore, there is an association between spiritual climate perception at hospitals and spiritual care intervention provision level.

**Conclusion:** The spiritual climate perception at the hospital is associated with the spiritual care intervention provision level so that an increase in readiness level in delivering spiritual care can act as holistic care to hospitalized clients.

**Keywords:** Nursing students; Spiritual care; Hospitalized clients

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## INTRODUCTION

According to The National Consensus Project (2017) (1) defines spirituality as "the aspect of humanity that refers to the way individuals seek and express a sense of purpose and meaning, alongside how they experience their relationship to the moment, self, others, nature, and the valuable or sacred." This definition demonstrates that the concept of spirituality is broad and multifaceted, encompassing religious beliefs and practices as well as existential aspects. Thus, beliefs, values, traditions, and practices all contribute to spirituality (1).

A nurse may deliver the spiritual care by offering companionship, attentive listening, or engaging in religion practices aligned with patient's belief to help in achieving a better physical, mental, emotional, social and comfort. It demonstrates that spiritual care is an essential component of the client's comprehensive care in the hospital and integral to nursing practice (2). Furthermore, spiritual care may increase spiritual well-being of the hospitalized patient which is associated with a few positive outcomes including a greater tolerance of the emotional and physical demands of illness among patients (3). When healthcare providers support patients' spiritual needs, patients with advanced diseases use fewer healthcare resources with less aggressive treatment (4).

However, there are some barriers have been identified in implementing spiritual care to the patient in the hospital. Based on recent evidence stated that increased workload, lack of knowledge in the spiritual aspect, lack of time, different cultures, and insufficient resources could hinder nurses to deliver spiritual care to the client (5-7).

Besides, several past studies also discovered the most common hindering the nurses to delivering spiritual care to the client is the lack of spiritual care education which might be a factor the nurses had a lack of confidence to provide a such care to the client (8-10). As a result, spiritual care is a frequently overlooked and underappreciated aspect of nursing practice. Therefore, the objective of this study is to identify the perceive of spiritual climate of the hospital in delivering spiritual care for hospitalized patients and the spiritual care

intervention provision among undergraduate nursing students.

## METHODS

A cross-sectional study was conducted and 204 respondents were selected through convenience sampling from the undergraduate nursing students in Kulliyyah of Nursing, International Islamic University Malaysia, Kuantan, Pahang. The data collection tool included three parts: The first part is sociodemographic characteristics including, gender, age and year of study, Cumulative Grade Point Average (CGPA), and duration in clinical posting. Meanwhile, the second and third part are Spiritual Climate Scale (SCS) and the Spiritual Care Intervention-Provision Scale (SCIPS) to assess the perceptions of the spiritual workplace at the hospital. The SCS consists of four items in a 5-point Likert scale. A high percentage presents a good spiritual workplace. While, the Spiritual Care Intervention-Provision Scale (SCIPS) consists of 17 items: eight of which are religious, whereas nine are existential.

The validity of the SCS were tested by testing the SCS score with expected variables and found it was correlated with several variables include teamwork norms, patient safety norms, disruptive behaviors, burnout and intention to leave (11). In addition, the Cronbach's Alpha was 0.86 which indicate the good reliability of this tool (11). reliability of the SCS and SCIPS were. Meanwhile, the validity of the SCIPS was found two-factors structure including religiosity supported the hypothesized of SCIPS based on the exploratory factor analysis and good reliability with Cronbach's Alpha was 0.88 to 0.95 (12,13). The process of collecting data and analyzing data was done after getting approved from Kulliyyah of the Nursing Postgraduate and Research Committee (KNPGRC) and the International Islamic University Malaysia Research Ethics Committee (IREC). The data collection was done by distributing questionnaires among nursing students using the Google Form platform from April to June of 2023. The respondents were enlightened about the study and provided with written informed consent online. Students who are currently studying at IIUM Kuantan Campus, have a mobile phone or gadget to answer the online questionnaire, able to understand Malay or English were approached by the researcher and invited

voluntarily to answer the questionnaire. The analysis was done by using descriptive statistical tests and inferential statistical tests through IBM SPSS Statistics 27.0.

**RESULTS**

A cross-sectional study of 204 respondents was selected through convenience sampling from the undergraduate nursing students in Kulliyah of Nursing, International Islamic University Malaysia, Kuantan, Pahang. The response rate of the nursing students was 80%. **Table 1** summarized the mean (SD), frequency, and percentage of socio-demographic characteristics for the final sample of 204 respondents. This study was participated by undergraduate nursing students in IIUM Kuantan with a mean age of 21.95 (SD = 1.59) years. There are 21 male students (10.4%), and 183 female students (89.7%). Also, more than half of nursing students are experienced clinical posting above 7 weeks (73 %). Meanwhile, the academic performance (CGPA) of nursing students below 3.5 (59.3%) and above 3.5 (40.7%).

**Table 1:** Sociodemographic characteristics of the respondent (N=204)

Characteristics	Mean (SD)	Frequency	Percentage (%)
Age (years)	21.95 (1.59)		
Gender			
Male		21	10.4
Female		183	89.7
Year of Study			
Year 1		53	26
Year 2		53	26
Year 3		44	21.6
Year 4		54	26.5
CGPA			
<3.5		121	59.3
>3.5		83	40.7
Period of clinical experience			
< 7 weeks		55	27
>7 weeks		149	73

**Table 4** demonstrated the relationship between socio-demographic statistics and spiritual climate assessment among IIUM Kuantan undergraduate nursing students. The Mann-Whitney and Kruskal Wallis tests were used to analyze the relationship between sociodemographic information and spiritual climate perception among undergraduate nursing students at IIUM Kuantan. Based to the

**Table 2** showed the descriptive findings for the level of the spiritual climate at hospitals perceived by nursing students IIUM Kuantan. The overall mean in the SCS was 16.01 (SD = 2.88), with item 1 “I am encouraged to express spirituality in this clinical area” receiving the highest percentage reporting good spiritual climate (79.9%) and item 3 “My spirituality has a comfortable home in this clinical area” receiving the lowest percentage reporting good spiritual climate (67.2%).

**Table 3** presented the description findings of the provision of spiritual care intervention measured using the SCIPS. The overall mean in the SCIPS was 57.20 (SD = 8.49) indicating that the nursing student always delivered spiritual care to their patients. For its subscales, the mean score in the existential items was 31.42 (SD = 4.32), whereas the mean score in the religious items was 25.78 (SD = 4.85). These findings imply that nurses tend to provide existential spiritual care more often than religious spiritual care interventions.

findings, there was a significant relationship between year of study ( $p=0.03$ ) and spiritual environment perception among undergraduate nursing students, with Year 4 (Mean=16.83, SD=2.516) having better spiritual climate perception than Year 1 (Mean=15.19, SD=3.144).

**Table 2:** The spiritual climate at hospitals as perceived by nursing students (N=204)

Item	Mean	SD	Min.	Max.	Percentage Reporting Good Spiritual Climate
I am encouraged to express spirituality in this clinical area	4.13	0.81	1	5	79.9%
My spiritual views are respected in this clinical area	3.88	0.81	2	5	76.9%
My spirituality has a comfortable home in this clinical area	4.00	0.78	2	5	67.2%
A diverse set of spiritual views are accepted in this clinical area	4.00	0.85	1	5	75.5%
Overall	16.01	2.88	8	20	

**Table 3:** The provision of spiritual care intervention among nursing students (N=204)

Items	Mean	SD	Min.	Max.
Existential items	31.42	4.315	18	36
Religious items	25.78	4.852	8.0	32.0
Overall	57.20	8.49		

**Table 4:** The association between demographic variables and spiritual climate perceptions among nursing students (N=204)

Characteristics	Median (IQR)	Mean (SD)	Test Statistical	p-value
Age		21.95 (1.598)	0.078	0.268
Gender				
Male	16 (7)	15.52 (3.396)	-0.869 <sup>a</sup>	0.385
Female	16 (4)	16.07 (8.033)		
Year of Study				
Year 1	16 (5)	15.19 (3.144)		
Year 2	16 (4)	16.26 (2.697)	8.916	0.030*
Year 3	16 (5)	15.70 (2.962)		
Year 4	17 (4)	16.83 (2.516)		
Academic performance (CGPA)		15.59 (2.934)	-2.441 <sup>a</sup>	0.015*
< 3.5	16 (4)	16.64 (2.699)		
>3.5	16 (5)			
Period of clinical experience				
<7 weeks	16 (5)	15.11 (3.149)	-2.540 <sup>a</sup>	0.011*
>7 weeks	16 (4)	16.35 (2.711)		

Notes. <sup>a</sup>Mann-Whitney Test, <sup>b</sup>Kruskal Wallis Test, \*Significant value set at  $p < 0.05$

**Table 5:** Association between Spiritual Climate Scale (SCS) with Spiritual Care Intervention Provision (SCIPS) among Nursing Students

Characteristics	Correlation coefficient (r)	p-value
Spiritual Climate Score	0.406	0.01*

Notes. Significant value set  $*p < 0.05$

Furthermore, nursing students' academic performance was reported based on their Cumulative Grade Point Average (CGPA), with CGPAs above 3.5 (Mean = 16.64, SD = 2.699) having significantly better perceptions of the hospital's spiritual climate than CGPAs below 3.5 (Mean = 15.59, SD = 2.934) with  $p < 0.05$ . Similarly, the students who had clinical experiences longer than seven weeks (Mean = 15.11, SD = 3.149) had a significantly higher assessment of the spiritual climate (Mean = 15.11, SD = 3.149). Other sociodemographic information did not indicate a significant relationship with spiritual climate assessment among undergraduate nursing students ( $p > 0.05$ ).

**Table 5** presented the association Spiritual Climate Scale (SCS) and Spiritual Care Intervention Provision Scale among undergraduate nursing students in IIUM Kuantan. Spearman Correlation was performed to analyze the association. According to the table, there is a moderate positive correlation Spiritual between Spiritual Climate Perception and Care Intervention Provision Scale among undergraduate nursing students in IIUM Kuantan ( $r = 0.46, p < 0.051$ )

## DISCUSSION

In this study, item "I am encouraged to express spirituality in this clinical area" obtained the highest percentage of positive spiritual climate reports perceived by the nursing students. It can be suggested that the IIUM nursing students had been exposed to spiritual care learning where Islamization can be one element of spirituality and has been implemented during teaching and learning activities. The current literature significantly supports the usefulness of spiritual care education in promoting spirituality and perceptions of spiritual caregiving (14,15). Besides, the nurses must increase their levels of knowledge and understanding of spirituality, incorporate spirituality into their nursing care procedures, and improve their communication with clients and their families.

Moreover, this study found that nursing students provided more existential spiritual care compared to religious spiritual care intervention. It could be due to this country having a multiracial population and a variety of religious beliefs. Thus, nurses must provide spiritual care that is compatible with the beliefs

of their client. According to a previous study, nurses believed that religious spiritual care interventions should be handled by experts such as imams rather than nurses (16).

The results from the current study showed there was an association between the year of study, academic performance (CGPA), and duration of clinical experience in clinical posting, with Spiritual Climate perceived by the undergraduate nursing students at IIUM Kuantan. Similarly, a further substantial finding from this study is that the nursing students' period of experience in clinical posting at the hospital is highly related to their perception of the spiritual climate. The spiritual climate perception is affected by the length of experience (17). The findings showed that the nursing students with a greater year of study that parallel the length of experience have a positive spiritual climate that is perceived at a hospital. This is supported by Cruz and team stated that nurses' years of experience and years of working as a nurse in Saudi Arabia are significantly related to the perceived spiritual climate (18). Similarly, the findings revealed by Ross and colleagues mentioned the length of experience influencing the perceived spiritual climate (14).

Also, this study found no correlation between age and gender and perception of the spiritual atmosphere. This finding can be explained by the fact that all nursing students belong to the same community, social, religious, and cultural class. In addition, everyone takes part in the same cultural activities and lives in the same university-organized study environment. As a result of sharing the same administrative and educational environment, they have the same degree of spiritual perception at the hospital. Contrary to Daghan's and Cruz's finding that showed that nursing students' perceptions of spirituality and spiritual care were significantly connected to gender and age (18). This contrary could be due to the different region of study settings which may have different perception and varied culture towards the spiritual care to the clients at the hospital.

The current study discovered a link between spiritual climate perception level and Spiritual Care Intervention Provision among undergraduate nursing students. According to the previous study, the emphasis that the nurses understanding to provide spiritual care systematically is important to provide

optimum care and avoid misunderstanding among other healthcare providers, clients, and their families (9). Therefore, it can be concluded that understanding nurses' spiritual care boosts their spiritual care interventions to the client.

## CONCLUSION

In conclusion, this cross-sectional study met the objectives by determining the level of readiness in providing spiritual care to hospitalized patients and assessing the relationship between spiritual climate perception at a hospital and spiritual care intervention provision among IIUM Kuantan undergraduate nursing students. The current study found that the spiritual climate reported by nursing students is influenced by demographic factors such as year of study, academic achievement (CGPA), and time spent in clinical placement at the hospital. The more the nurses' perceptions of their hospital's spiritual climate, the better the spiritual care interventions they deliver to their patients.

The several implications of this study were highlighted to the nursing students, organization and patients. For the nursing students, this study findings may help the nursing school to incorporate the spiritual care education into nursing curricula including preparing the students to develop skills to meet the patient's spiritual needs. While, this study findings may implicate the organization such as the hospital to provide necessary training and resources to support the spiritual care needs by the patients. Other than that, a new policy prioritize to the spiritual care may be recommended as a part of the holistic patient care. As well as to the patients, the initiation of spiritual care may enhance patient's satisfaction to the healthcare delivery, promote wound healing, receiving more compassionate and improve quality of life of the patient.

## LIMITATIONS

As this study consisted solely of undergraduate nursing students at IIUM Kuantan, the findings cannot be extrapolated to other settings. This is due to time constraints, which limit the amount of data that can be collected. Next, the chances of getting multiple submissions of the survey filled by the same person might happen. The researcher would ask the participants to log in with their personalized email before answering the questionnaire, and only one submission per

email is allowed. Lastly, as it is a self-administered online questionnaire, there is a potential that the participants will answer the question inaccurately. The use of a self-reported questionnaire in this study can increase the possibility of social desirability bias in which the respondents are more likely to choose answers that they consider to be most socially acceptable. Thus, the researcher will briefly remind the participants to answer the questions honestly while obtaining their consent since the study's data might be beneficial in future studies.

## RECOMMENDATION

Alternative methods for spreading the questionnaire, including emails, WhatsApp groups, telegram, and supplying a QR code for the set of questions, are advised since they are more convenient, cost-effective, and time-consuming. Finally, it is strongly proposed to the healthcare organizations to conduct research related to the readiness in the delivery of spiritual care and report on how these aspects affect patients' recovery and quality of care. In addition, a varies methods of study designs such as a qualitative study can be conducted to explore the nurses' perceptions in delivering spiritual care to the client at the hospital.

## CONFLICT OF INTEREST

The author declares no conflict of interest.

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## AUTHOR CONTRIBUTIONS

**AIN:** Involve in data collection, writing the draft of manuscript.

**SNIJ:** Involve in drafting, editing and finalizing the manuscript.

**WHWM:** Assist in data analysis.

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