

## Undergraduate Gerontological Nursing Students' Perception of Spirituality and Barriers of Geriatric Spiritual Care

Neamit Ibrahim Elemam Ahmed Elashri<sup>1</sup> & Eman Hassan Mounir Radwan<sup>2</sup>

<sup>1,2</sup>Lecturer of Gerontological Nursing, Faculty of Nursing, Mansoura University, Egypt

Corresponding Author: Neamit Ibrahim Elemam Ahmed Elashri

### Abstract:

**Background:** Gerontological nurse willingness to provide geriatric spiritual care is influenced by their perception and understanding of spirituality and spiritual care. Gerontological nurse who were more knowledgeable on the meaning of spirituality will be more able to provide spiritual care. **Aim:** Assess the undergraduate gerontological nursing student's perception of spirituality and barriers of geriatric spiritual care. **Method:** A descriptive correlation research design was used. The study was conducted at faculty of Nursing Mansoura University. A convenient sample of 340 full time nursing students was selected. **Tools:** Two tools were used: Nursing Student' Interview Sheet and Spiritual Care-Giving Scale. **Results:** 79.4% of the studied subjects are females with a mean age of  $21.22 \pm 0.86$  yrs. 98.5% of the studied subjects did not attend any educational activities about spirituality in the past 6 months, 97.6% didn't have integration of spirituality in their lecture. Inadequate staffing constituted 79.4% of spiritual care barriers followed inadequate time (73.2%). The total mean score of spirituality perception was  $3.7 \pm 0.22$  regarding all five factors, while spiritual perspective; received the highest agreement ( $4.09 \pm 0.36$ ), compared to spiritual care attitude received the least agreement ( $3.3 \pm 0.53$ ). A statistically significant difference was found in the spirituality perception score of the studied subjects related to their marital status, interest in nursing profession, Spirituality pervious training and integration of spirituality in nursing course ( $P > 0.05$ ). **Conclusion:** Most of the studied subjects have moderate perception of spirituality despite insufficient training. The marital status, interest in nursing profession, pervious training about spirituality has a significant effect on their level of spirituality perception. **Recommendation:** Development of an educational program for gerontological nursing students about spirituality and geriatric spiritual care. Integrating spirituality and geriatric spiritual care into the standard undergraduate gerontological nursing curriculum to improve gerontic nursing care quality. Further and extensive assessment of gerontological nursing student perception of spirituality is needed.

**Keywords:** Gerontological Nursing students, perception, spirituality, barriers, Geriatric spiritual care.

Date of Submission: 09-05-2020

Date of Acceptance: 29-05-2020

### I. Introduction:

Human being personality has different aspects such as cognition, emotion, sociality and spirituality which should be studied separately. Neglecting one of these aspects means neglecting an important part of human's existence<sup>1,2</sup> Spirituality is not well valued or represented in nursing education and practice. Spirituality is an integral part of holistic care. It is a dimension seen in every human being, with different level of awareness varying from person to person.<sup>3-5</sup> The World Health Organization health spirituality definition not only focuses on disease but also on spiritual health to maximize mental and physical wellness. Spirituality play a significant role in geriatric patients 'well-being and quality of life and a memorable factor in achieving balance in life that safeguard health and well-being.<sup>6,7</sup>

Spiritual care is an important part of holistic and multidisciplinary care and it has not been given much importance. Though accomplishment of geriatric patients' spiritual needs is a fundamental aspect of high-quality nursing care. Consequently, there is a professional requirement for gerontological nurse to achieve competence in the delivery of spiritual care. Spirituality may combine of one's beliefs and values; a sense of meaning and purpose in life; a sense of coherence; identity and for some people, religion. Meeting the spirituality needs of geriatric patients and their families has been a basic element of nursing care.<sup>8-10</sup> One of the basic role of the gerontological nurse is respecting the patient's spiritual needs not considered as an additional task. This can be achieved by enhancing interpersonal skills and relationship with geriatric patients and their families, respecting their 'personal values, honesty and multidisciplinary cooperation.<sup>11</sup> Perception of spirituality among gerontological nurses can affect their delivery of spiritual care ability. Moreover, spirituality and spiritual care are culturally linked and influenced by nurse's ethnicity, religious, academic level and clinical skills.<sup>12,13</sup>

Spiritual perception is a prerequisite to satisfy the spiritual needs of geriatric patients<sup>14,15</sup> Interest in spirituality and aging has increased recently, due to great evidence of positive health outcomes connected to spirituality and religious activities. Increasing longevity in modern society puts spiritual needs of geriatric patients at the primacy of societal priorities.<sup>16</sup> Spiritual resilience help geriatric patients in coping with ageing process hardness; their spiritual well-being could confronted these losses and threats.<sup>17</sup>

Increased life expectancy and the likelihood of longevity lead to reversal on the importance of spirituality while aging.<sup>18</sup> Although aging has been described as a process of decline, the spiritual aspect is one that continues to grow.<sup>19</sup> Geriatric patients insist on having their emotional and spiritual needs to be gratified during hospitalization.<sup>20</sup> Although the importance of spirituality across age categories, refinement of spiritual care is a primary need of geriatric patients.<sup>21</sup> A strong relation between spiritual health and quality of life of geriatric patients with chronic diseases reflect a need for specialized gerontological nurse understand how to fulfill spiritual needs of their geriatric patients for better coping with chronic illnesses and stress.<sup>7</sup>

Treating spirituality in the clinical setting is challenging nowadays. Even though spirituality is an important need for geriatric patients, as well as the physical need; many geriatric patients complained lack of support to satisfy the spiritual need.<sup>22</sup> Spiritual care is an instinctive, interpersonal, selfless, and integrative expression that is dependent on the gerontological nurse perception of the supreme aspect of life.<sup>23</sup> Although the importance of providing spiritual care has been acknowledged previously, spirituality is the most neglected element of gerontic nursing care.<sup>24</sup> Gerontological nursing is the most appropriate specialty to provide spiritual care because gerontological nurses are the health care team who spends most of their time with the geriatric patients and more knowledgeable about their needs.<sup>25</sup>

Gerontological nurse insight of spirituality and spiritual care contribute to their attitudes toward spiritual care competence and practice.<sup>26,27</sup> Previous studies showed that gerontological nurse who were more knowledgeable on the meaning of spirituality were more able to provide spiritual care.<sup>12,28</sup> Gerontological nurses' perception of spirituality can directly effect on nurse preparedness, behavior and communication skills with geriatric patients in spiritual care delivery.<sup>28</sup> The development of nursing curriculum and course content to comprise the right spiritual care practice by a better understanding of how the nursing students perceive spirituality and spiritual care, their relationship with health, and their barriers in integrating spiritual care within actual practice will provide important contributions for organizing the curriculum and improving the quality of gerontic nursing care.<sup>29,30</sup>

The greatest awareness of essential aspects of geriatric spiritual care enable the gerontological nurse to provide more appropriate and better spiritual care. Gerontological nurses in clinical practice faced by numerous barriers in geriatric spiritual care delivery such as unsupportive environments, lack of clinical policy, restricted time, limited training and nurse feeling of unconfident in separating personal belief in professional practice. Moreover; the negative perceptions regarding the spirituality can causes the gerontological nurse to stay away from spiritual issues and to being confused about their ability in providing spiritual care.<sup>31- 33</sup> There is a necessity to understand nursing students' views and insight of the spirituality aspects and it is essential prerequisite toward the initial step for further development of spiritual care curriculum applied in educational and clinical settings.<sup>34</sup> The purpose of this study is to assess nursing student's perception of spirituality and any influencing demographic characteristics.

#### **Aims of the study:**

- Assess spirituality perception of the undergraduate gerontological nursing student and their perceived barriers of geriatric spiritual care.
- Assess the relation between perception of spirituality and spiritual care and their demographic characteristics and spiritual care related factors.

#### **Research question:**

- What is the level of perception of spirituality and perceived barriers of geriatric spiritual care of the undergraduate gerontological nursing students?

## **II. Subjects and Method**

**Design:** A descriptive correlational research design.

**Setting:** The study was conducted at faculty of nursing, Mansoura university, on 4<sup>th</sup> level gerontological nursing student.

#### **Subjects:**

A convenient sample of 340 undergraduate gerontological nursing students was drawn from the nursing student who register the gerontological nursing course, in the first semester of the academic year of 2019-2020, both sex, full time student and voluntary participated was selected. After asked the student affairs about the total number of the student who register the course (350).The gerontological nursing course of the credit hour system presented in 4 total hours;2hrs for theoretical and 2hrs for clinical practice.

### **Tools:**

In order to fulfill the objective of this study, two tools were used:

#### **Tool I: Nursing student' Interview Sheet:**

This tool was developed by the researchers based on review of relevant literature and covered

Two parts:

- **Part I: Demographic characteristics** such as age, sex, marital status, academic qualifications, spiritual care training, nursing profession interest, spirituality self-rating, pervious spirituality educational training in the past 6 months, spirituality integration in nursing course.
- **Part II: Nursing student perceived geriatric spiritual care barriers:** it was developed by the researcher based on review of relevant literature; it included question regarding spiritual care perceived barriers such as inadequate time and staffing, lack of skills, nurse s' beliefs, lack of support and motivations..etc.

**Tool II: Spiritual Care-Giving Scale (SCGS):** It was developed by **Tiew and Creedy in 2012**<sup>30</sup>; to assess the perception regarding spirituality and spiritual care among nursing students. This scale consists of 35 items, and its Cronbach's alpha coefficient has been found as  $\alpha = 0.95$ . An Arabic version of the SCGS was produced and psychometrically tested by **Cruz, Alshammari & Colet (2017)**.<sup>35</sup> The scale uses a 6-point Likert scale scored from 1 (strongly disagree) to 6 (strongly agree). The scale has five factors namely: Factor 1 "Attribute for spiritual care" (9 items), Factor 2; Defining spiritual care (7 questions), Factor 3; Spiritual care attitude (6 questions), Factor 4; Spiritual perspective (8 questions), and Factor 5; Spiritual care values (5 questions). The scale is scored by calculating the arithmetic mean of all items for the average score, which ranges from 1 to 6. In general, ratings of four factors and higher score indicate higher agreement with scale items.

### **III. Procedure:**

1. Approval letters was taken from the Faculty of Nursing, Mansoura University Dean to collect the data, and were informed about the purpose of the study, date and time of starting data collection.
2. The purpose of the research and rationale of the objectives were explained to the students
3. Tool I (Part I: Demographic interview sheet and Part II: Nursing student perceived geriatric spiritual care barriers) were developed by the researchers based on review of relevant and recent literature.
4. Tool II (Spiritual Care-Giving Scale (SCGS) was used in Arabic version which translated and tested for its reliability by Cronbach's alpha coefficient as  $\alpha = 0.95$  by **Cruz et al. (2017)**<sup>35</sup>.
5. A pilot study was conducted on 10% of the study subjects to test and ascertain clarity and feasibility of the study tools and the necessary modifications were done. The nursing student who included in the pilot study were excluded from the study sample.
6. The researchers distributed the data collection sheets on the study participant at the end of their course lecture. It took from 10-15 minutes from each nursing student to complete the data collection sheet.
7. The data collection started from the mid of October 2019 to mid of December 2019.

### **Ethical considerations:**

The study protocol was approved by Faculty of Nursing Mansoura University Research Ethics Committee. Verbal informed consent was taken from the nursing student who agreed to participate in the study after explanation of the study aims. Anonymity and privacy of the participants and confidentiality of the collected data were maintained. The right to withdraw at any time was assured.

### **Statistical analysis:**

After data collection, they were coded, to be suitable for computer feeding. The Statistical Package for Social Sciences "SPSS" software version 20.0 was utilized for data analysis and tabulation. Descriptive statistics were done using numbers, percentages, arithmetic mean and standard deviation. Analytical statistics were done using Independent t-test, Anova test and Pearson's correlation coefficient. The 0.05 level was used as the cut off value for statistical significance.

### **Limitation of the study:**

The possibility of social desirability image cannot be excluded.

### **IV. Results**

**Table 1:** showed the demographic characteristics of the studied subjects, 79.4% are females with a mean age of  $21.22 \pm 0.86$  years., 97.7% were single, 95.6% in the fourth level in the credit hours system, 67.6% had adequate family income. As for spiritual care characteristics of nursing students, 85.3% preferred nursing as their career profession, while 53.2% of the student rated their own spirituality as moderate. 98.5% of the studied subjects did not attend any educational activities about spirituality in the past 6 months, 97.6% didn't have integration of spirituality in their lectures or in their nursing courses previously.

As for the spiritual care barriers, 79.4% of the studied subject reported inadequate staffing as the major barriers to spiritual care, 73.2% inadequate time and heavy workload of nursing care by 71.8%, Insufficient education and training of the nurse by 67.6% of the studied subjects.

**Table 2:** showed the spirituality perception related factors of the studied subjects: The total mean score of SCGS-A was  $3.7 \pm 0.22$  among the five factors. As for spiritual perspective factor received the highest agreement ( $4.09 \pm 0.36$ ), followed by spiritual care attributes  $3.92 \pm 0.42$ , spiritual care value  $3.9 \pm 0.39$ , and defining spiritual care factor received favorable responses by a mean of  $3.5 \pm 0.48$  respectively. Compared to spiritual care attitude factor which received the least agreement among the studied subjects  $3.3 \pm 0.53$ .

**Table 3:** showed relation between the mean score of spirituality perception of the studied subjects and their demographic characteristics; the difference between the spirituality perception mean score was found to be statistically significant in terms of marital status ( $P=0.037$ )\*, interest in nursing profession ( $P=0.043$ )\*, Spirituality pervious training in the past 6 months ( $P=0.023$ )\* and integration of spirituality in nursing course ( $P=0.020$ )\*. While there is no statistically significant regarding the spirituality perception mean scores and sex ( $P=0.783$ ), academic level ( $P=0.927$ ), family income ( $P=0.638$ ) of the studied nursing student.

**Table 4:** showed the multiple regression analysis of independent relationship between the SCGS mean score and spiritual care characteristics. The studied subjects with pervious training in spiritual care had a higher mean score regarding defining spiritual care factor and in spiritual care attitude factor compared to those who haven't ( $p=0.026$ \*,  $p=0.033$ \*) respectively. Furthermore, the studied subjects who had spiritual care lesson involved in their nursing course reported higher mean scores in their spiritual care attitude than those who do not ( $p=0.008$ ). Moreover, the nursing students who rating their spirituality as good have higher mean score of defining spiritual care and in spiritual care value than those who self-rating their spirituality as bad ( $p=0.002$ \*,  $p=0.045$ \*) respectively. In addition, the nursing student who have great interest in nursing profession have higher score of spiritual care attitude and spiritual care values ( $p=0.033$ \*,  $p=0.052$ \*) respectively.

**Table (1): Demographic characteristics and perceived spiritual care barriers of the studied subjects:**

items	Frequency (n=340)	Percent (%)
<b>Age (in years):</b>		
. 20	98	28.8
. 21	70	20.6
. 22	172	50.6
<b>Minimum 20yrs Maximum 22yrs. Mean <math>\pm</math> SD =21.22<math>\pm</math>0.86yrs</b>		
<b>Sex:</b>		
. Male	70	20.6
. Female	270	79.4
<b>Marital status:</b>		
. Single	333	97.7
. Married	7	2.1
<b>Academic level:</b>		
. Third level	15	4.4
. Fourth level	325	95.6
<b>Interest in nursing profession ( nursing career interest):</b>		
. No interest	50	14.7
. Interest	290	85.3
<b>Family income:</b>		
. Adequate	230	67.6
. Inadequate	110	32.4
<b>Spirituality self-rating:</b>		
. Bad	77	22.6
. Moderate	181	53.2
. Good	65	19.1
. Very good	17	5.0
<b>Pervious spirituality educational training in the past 6 months:</b>		
. Yes	5	1.5
. No	335	98.5
<b>Spirituality integration in nursing course:</b>		
. Yes	8	2.4
. No	332	97.6
<b>Perceived spiritual geriatric spiritual care barriers: #</b>		
. Nurses belief about spirituality	191	56.2%
. Nursing care heavy workload	244	71.8%
. Insufficient education and training	230	67.6%
. Inadequate staffing	270	79.4%
. Insuffient time	249	73.2%
. Lack of support and work motivation	177	52.1%
. Communication difficulties	221	65.0%

# More than one answer

**Table 2: Distribution of spirituality perception related factors of the studied subjects.**

Spirituality perception factors	Mean ±SD
<b>Factors 1 ( Attributes for spiritual care )</b>	
Q27- Spiritual care should take into account of what patients think about spirituality	4.00±1.16
Q28-Nurse who are spiritual aware are more likely to provide spiritual care	4.0±1.02
Q29- Spiritual care requires awareness of one's spirituality	3.9±1.08
Q33- The ability to provide spiritual care develops through experience	4.1±1.18
Q35- Spiritual care is important because it gives patient hope	4.1±0.74
Q36- Spirituality is influenced by individual's life experiences	3.6±1.07
Q37- Spirituality helps when facing life's difficulties and problem	3.5±0.97
Q38- Spiritual care requires the nurse to be empathetic toward the patient	3.8±0.91
Q39- A trusting nurse –patient relationship is needed to provide spiritual care	4.1±1.2
<b>Overall mean score of factor 1 =</b>	<b>3.92±0.42</b>
<b>Factors 2 ( Defining spiritual care )</b>	
Q14- Spiritual care is a process and not a one-time event or activity	3.5±1.7
Q15- Spiritual care is respecting a patient's religious or personal belief	3.8±0.96
Q16- Sensitivity and intuition help the nurse to provide spiritual care	3.6±0.92
Q17- Being with a patient is a form of spiritual care, their fears, anxieties, and trouble	3.2±0.71
Q18-Nurse provide spiritual care by respecting the religious and cultural beliefs of patient	3.2±0.71
Q19-Nurse provide spiritual care by giving patients time to discuss and explore	3.5±1.2
Q26-Nurse provide spiritual care by respecting the dignity of patient	3.37±0.97
<b>Overall mean score of factor 2 =</b>	<b>3.5±0.48</b>
<b>Factors 3(spiritual care attitude ):</b>	
Q21- Spiritual care enables the patient to find meaning and purpose in their illness.	2.9±1.18
Q22- Spiritual care includes support to help patients observe their religious belief	2.9±1.08
Q24- I am comfortable providing spiritual care to patient	3.3±1.28
Q31- Spiritual care should be instilled throughout a nursing education program	3.8±0.95
Q32- Spiritual care should be positively reinforced in nursing practice	4.1±1.18
Q40- A team approach is important for spiritual care.	3.04±0.97
<b>Overall mean score of factor 3 =</b>	<b>3.3±0.53</b>
<b>Factors 4 ( spiritual perspective)</b>	
Q1 - Everyone has spirituality	4.5±0.79
Q2- Spirituality is an important aspect of human being.	4.1±0.86
Q3- Spirituality is a part of a unifying force which enables individuals to be at peace	4.08±0.85
Q4-Spirituality is an expression of one's inner feelings that affect behavior	4.4±1.05
Q5-Spirituality is a part of our inner being	4.1±0.8
Q6-Spirituality is about finding meaning in the good and bad events of life	4.08±0.93
Q7- Spiritual well-being is important for one's emotional well-being	4.1±0.69
Q8-Spirituality drives individuals to search for answers about meaning and purpose in life	4.4±0.99
<b>Overall mean score of factor 4</b>	<b>4.09±0.36</b>
<b>Factors 5 ( spiritual care values):</b>	
Q9-Without spirituality, a person is not considered whole	3.5±1.17
Q10- Spiritual needs are met by connecting oneself with other people, higher power or nature	3.19±0.67
Q11- Spiritual care is an integral component of holistic nursing care	4.17±0.74
Q12- Spiritual care is more than religious care	3.4±0.62
Q13- Nursing care, when performed well, is itself, spiritual care	4.1±0.82
<b>Overall mean score of factor 5 =</b>	<b>3.9±0.39</b>
<b>Overall spirituality perception</b>	<b>3.7±0.22</b>

**Table 3: Relation between demographic characteristics of the studied subjects and their mean score of spirituality perception.**

items	N	spirituality perception mean score	p
<b>Sex:</b>			
. Male	70	132.45±7.4	0.783
. Female	270	132.8±7.8	
<b>Marital status:</b>			
. Single	333	132.92±7.75	0.037*
. Married	7	126.57±6.3	
<b>Academic level:</b>			
. Third level	15	132.60±8.3	0.927
. Fourth level	325	132.80±7.7	
<b>Family income :</b>			
. Adequate	230	132.65±7.7	0.638
. Inadequate	110	133.08±7.81	
<b>Interest in nursing profession:</b>			
. yes	290	130.74±8.01	0.043*
. No	50	130.74±8.01	
<b>Own spirituality self-rating:</b>			
. Bad	77	129.20±6.4	0.000*
. Mild	181	134.11±7.6	
. Good	65	133.81±7.9	
. Very good	17	131.05±9.4	
<b>Spirituality pervious training in the past 6 months:</b>			
. Yes	5	139.40±7.7	0.023*
. No	335	132.69±7.7	
<b>Spirituality content integration in your nursing course:</b>			
. Yes	8	139.12±6.7	0.020*
. No	332	132.64±7.74	

**Table 4: Multiple linear regression analyzes of independent relationship between the Spiritual care characteristics and the Spirituality perception related factors**

Spiritual care characteristics	Attributes for spiritual care		Defining spiritual care		Spiritual care attitude		Spiritual perspective		Spiritual care values	
	β	p	β	p	β	p	β	p	β	p
• Interest in nursing profession :	0.017	0.329	0.038	0.067	0.051	0.033*	-0.010-	0.494	-0.030-	0.052*
• Pervious spirituality training:	0.011	0.100	0.017	0.026*	0.019	0.033*	0.000	0.996	0.000	0.964
• Own spirituality self-rating:	0.035	0.063	0.68	0.002*	0.045	0.079	-0.011-	0.483	0.033	0.045*
• Integrate spirituality content in nursing course:	0.004	0.543	0.009	0.244	0.024	0.008*	-0.004-	0.478	-0.005-	0.349

Factor 1: Attributes for spiritual care  $R^2 = 0.986$  Adjusted  $R^2 = 0.986$

Factor 2: Defining spiritual care  $R^2 = 0.981$  Adjusted  $R^2 = 0.980$

Factor 3: Spiritual care attitude  $R^2 = 0.974$  Adjusted  $R^2 = 0.974$

Factor 4: Spiritual perspective  $R^2 = 0.990$  Adjusted  $R^2 = 0.990$

Factor 5: Spiritual care values  $R^2 = 0.990$  Adjusted  $R^2 = 0.989$

\*significant at 0.05 level

## V. Discussion

Gerontological nurse performance of spirituality and spiritual care directly influence by their perception of spirituality as well as their relationships with geriatric patients.<sup>36</sup> The negative perception about spirituality causes the nurse to stay away from spiritual issues, to feel inadequate and confused about their role in providing spiritual care.<sup>29,30</sup> Assessment of spirituality perception of the future nursing staff who will be the cornerstone of patients care and their roles in spiritual care will contribute in development of nursing curriculum which will be reflected on the quality of geriatric patients care and their health outcome. There is no study targeting nursing students' awareness of spiritual care in Egypt.

As for demographic characteristics; the most of studied subjects are moslem, single, females with a mean age of  $21.22 \pm 0.86$  yrs. Similar result was found by other studies done in Saudi Arabia by Ebrahimi, Jafarabadi, et al (2016)<sup>37</sup> and in Iran by Zakaria al (2015)<sup>38</sup> who mentioned that the majority of their subjects were young female. As for the academic level, most of the studied subjects were in the fourth level of the credit hours system. This result could be due to the fact that gerontological nursing is a fourth level assigned course according baccalaureate regulation of the faculty of nursing by credit hour system and the rest of the student from the third level who have availability to register the course when they have alternative hours according their lecture schedule to complete their semester total hours by course form the higher level if they take it's prerequisite course. This finding is in the same line with a study done in Singapore (2013) who targeted final-year students from three educational institutions which is balanced to fourth level in the credit hour system.<sup>39</sup>

The present study showed that most of the studied subjects preferred nursing as their own career profession. This result is in congruent with a study done in Taiwan by Wu, Liao, & Yeh (2012)<sup>40</sup> who found that most of their student having an interest in nursing career with a few percent did not want to be a nurse. similar results was found by Aksoy M, Coban G(2017).<sup>41</sup>

Gerontological nursing students must equip with essential skills of spiritual care and higher awareness of spirituality dimension to be able to provide nursing care for their patients in the clinical setting. The present study showed that most studied subjects have no pervious educational activities about spirituality. This result could be due to the fact the nursing student rated their own spirituality based on their limited knowledge regarding spirituality and spiritual care and mostly based on individualized religious issues, which possibly had resulted in a limited perception of the accurate meaning of spirituality and spiritual care. The same finding was reported by Jordanian study done by Melhem, el al (2016)<sup>42</sup> that most of their subjects had not attended spiritual courses or lectures either in nursing schools or continuing education. Similarly, in a British study (2011)<sup>43</sup> reported that the most of their subjects had not received an adequate education on spiritual care such a result reverberate a low interest in the spiritual care and do not consider spirituality to be an important part of nurses' education.

Most of the studied subjects reported that spirituality content didn't integrated in their lectures. This result could be due to there is no specific separated spirituality nursing course for undergraduate students despite they have clinical training in hospital and dealing with patients with a low percentage of them had received little specific education in spiritual care within their lectures. The same finding was reported by study done in Saudi Arabia by Curz, et al (2017).<sup>34</sup>

The delivery of spiritual care has been problematic due to lack of nurses' understanding of this concept. The present study reported that the major barriers of spiritual care delivery were inadequate staffing followed by inadequate time, heavy workload of nursing care, Insufficient education and training regarding spiritual care; nurse belief and attitude toward spirituality; Communication difficulties with patients and lastly the lack of support and work motivation. Lundmark (2006)<sup>44</sup> & Taylor (2008)<sup>2</sup> confirmed that the most important obstacles encountered in spiritual care is the limited training and the negative perceptions and attitudes. In additional to study done in Iran by Zakaria et al (2015)<sup>38</sup> found that low education and training regarding spiritual care are major barriers of spiritual care. The same result was reported by other studies.<sup>45,46</sup>

Perception of spirituality and spiritual care affect directly on gerontological nurse readiness to provide spiritual care to their geriatric patients. The present study found that the total score of the studied subjects on the spiritual caregiving scale was satisfactory among the five factors. As for spiritual perspective factors received the highest agreement followed by spiritual care attributes, spiritual care value, respectively compared to spiritual care attitude factor received the least agreement among the studied subjects which indicated that the nursing student had satisfactory levels of perception of spirituality and spiritual care. This finding asserts the fact of lack of knowledge of the nursing student regarding spirituality related term in general as they don't encounter pervious training about spiritual care and this moderate level of perception originate from low exposure to the spirituality concept in the prior nursing education. Similar finding was reported by Melhem, et al (2016)<sup>42</sup> that Jordanian nurses had satisfactory levels of perception of spirituality and spiritual care. This result is consistent with the study of Ozbasaran et al.(2011)<sup>12</sup> which reported confused perceptions of spirituality and spiritual care among Turkish nurses. Also, Zakaria (2015)<sup>38</sup> Found that their participants had a moderate level of perception of spirituality and spiritual care. Conversely with the results of previous studies of Coban et al, (2015)<sup>25</sup> & Tiew et al, (2013)<sup>39</sup> who found that the spirituality and spiritual care perception of their studied students was high. This difference might be related to the variation in cultural background and religious and experience.

Generally, the studied subjects show least mean scores on SCGS for spiritual care attitude factor and the highest agreement with items under spiritual perspective. This result reflects that the studied subject's recent level of spirituality perception was insufficient to change or affect positively on their attitudes.

This finding is contradicting with the results of previous study by Tiew et al (2013)<sup>39</sup> who found that without spirituality, a person is not considered whole received lowest agreement which is an items categorized under spiritual care values. While considering spirituality is an important aspect of human being highest agreement. This difference may be ought to cultural and values background difference.

Regarding to attributes for spiritual care; the studied subjects strongly agreed that the ability to provide spiritual care develops through experience; while spirituality helps when facing life's difficulties and problem received the least agreement. This finding was consistent with Pesut & Reimer-Kirkham (2010) who assert on raising the spiritual awareness through reinforcement of spirituality in their practice to enables nurses to address the spiritual needs of their patients.<sup>47</sup>

As for defining spiritual care, the question spiritual care is respecting a patient's religious or personal belief' received the highest score while the question being with a patient is a form of spiritual care received the lowest score. This finding reflect that the studied subjects define spiritual care from their islamic religious culture which emphasizes on the respect of religions, as mentioned Quran. This result is consistent with the study of Ozbasaran et al.(2011)<sup>12</sup> Leeuwen et al.2006)<sup>48</sup>, Abu el Noor in Gaza (2012)<sup>49</sup> found that Muslim patients need nurse to appreciate their humanity, confidentiality, traditions and belief system.

Regarding spiritual care attitude received the lowest score compared to that spiritual perspective received the highest score. This finding reflect that the student has satisfactory level of knowledge and awareness about spirituality based on their cultural background and islamic religious habits which affects their impression and perception. The same finding was reported by Tiew, et al (2013)<sup>39</sup> who found that spirituality perspectives receive the highest score among their subjects. This finding in the opposite line with previous studies which revealed that spiritual care values received the lowest score among the five factors.<sup>39,42</sup>

As for spiritual care values most of nursing students reported the highest agreement with "spiritual care is an integral component of holistic nursing care; however, they disagreed with spiritual need are met by connecting oneself with other people, higher power or nature" This finding pointed our attention that most of the study subjects realize the importance of spiritual care as a part of nursing care process, perceive that the patient is holistic human being with an integrated entity of feelings and emotional needs that must be satisfied through nursing process and spiritual needs must go side by side with the physical needs. On the other side they believe that spiritual need is depend on islamic religious beliefs, which can satisfy only through person relationship with Allah, and its adherence to Sunnah regulation, and it is not related to surrounding people. The same finding was reported by other studies done by Cruz, et al (2017) Tiew, et al (2013)<sup>34,39</sup>

There is no statistically significant difference in between spirituality perception score of the studied subjects related to their sex and family income. This result can be explained by most of the studied student are female with the same cultural background and most of them with similar income status while unequal distribution of the sample as the most of subjects are female contribute to the effect of males is not apparent; Although the fact that female nurse have a better ability to share emotions and feelings with patients than male and they tend to focus on patients' emotions and feeling while males focus on the physical aspects of nursing care. This result is supported by a study done in Iran by Zakaria. et al, (2015)<sup>38</sup> found that sex and income of the students did not affect their perception of spirituality and spiritual care. Moreover, some previous studies have supported our findings.<sup>40,50</sup> On the opposite side a study done by Celik et al, (2014)<sup>51</sup> found that sex affects individuals' perceptions of spirituality and spiritual care. Also, a study done in Jordon reported that there was a significant link between participants' sex and their average total of spirituality perception.<sup>42</sup>

The academic level of the studied subject has no effect on their level of perception. This result can be explained by most of the studied student were in the same level of graduation with the same background regarding curriculum content in the previous years. Similar finding was reported by Aksoy & Coban (2017)<sup>41</sup> who support our result that the students' years in school did not affect their perception of spirituality and spiritual care. On the opposite side a study done in Iran found that education levels had a significant relation with spirituality and spiritual care perception.<sup>38</sup> Also, previous studies assert on the influence of education level on spirituality perception<sup>28,52</sup>

A statistically significant difference between the studied subjects regarding the mean score of spirituality perception in relation to their marital status, interest in nursing profession, pervious training about spirituality. The marital status has an effect may be due to the low number of married students in the study which affected the study findings. Similar finding was reported by previous studies which assert on the influence of these factors, such as marital status, profession interest and years of experience<sup>28,52</sup> On the same line Wu and Lin(2011)<sup>53</sup> reported that nurse who received spiritual care lectures and training and integration of spirituality in nursing course reported higher levels of spirituality and spiritual care perception. This finding had been confirmed by Wu et al.(2012)<sup>40</sup> and Baldacchino,(2008)<sup>(11)</sup> who reported that the love and embracement of students who preferred their profession willingly as well as their psychological inclination to perform the activities required by the profession, they have higher perception level of spirituality.

## VI. Conclusion

Most of the studied subjects had a moderate perception level of spirituality. The marital status, interest in nursing profession, previous training about spirituality have a significant effect on their level of spirituality perception. A significant gap in teaching spirituality in courses be appeared. Our finding enables nursing educators to consider spiritual care as an essential component of holistic care.

## VII. Recommendation:

- Development an educational program for undergraduate gerontological nursing students about spirituality and geriatric spiritual care.
- Integrating spirituality and geriatric spiritual care into the standard nursing curriculum to improve gerontic nursing care quality.
- Extensive assessment of nursing student's awareness related spiritual care practices for further benefits in patient gerontic nursing care.

## Acknowledgment

We would like to express our deepest thankfulness to all nursing students in faculty of nursing Mansoura University, for their cooperation in fulfillment of this work.

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Neamit Ibrahim Elemam Ahmed Elashri, et.al. Undergraduate Gerontological Nursing Students' Perception of Spirituality and Barriers of Geriatric Spiritual Care. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(03), 2020, pp. 58-67.