

The relationship between Nurses' spiritual health and their caring behaviors

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Abstract

Background and Objectives: Human beings are complicated and have different cognitive, social, emotional, and spiritual dimensions. One of the most important human dimensions is the spiritual dimension that can affect the other dimensions. To this end, this study intended to determine the relationship between spiritual health and nurses' caring behaviors.

Materials & Methods: This study was descriptive-correlational research. 256 nurses working in academic hospitals of Tehran in 2015-2016 as a sample were randomly selected. Data collection instruments included demographic, spiritual health and caring behaviors questionnaires. Research data were analyzed by 21-SPSS statistical software and using descriptive statistics and Pearson correlation coefficient, regression and multivariate analysis of variance. In this study, all relevant ethical issues were considered.

Results: The findings showed the mean score of spiritual health was 75.43 ± 5.21 and the average scores on all subscales and the overall scale of caring behaviors were more than 3 where the highest mean was related to the subscale of respect for the others (4.12 ± 0.89) and the lowest mean was related to the subscale of attention to other experiences (3.38 ± 1.09) respectively. Moreover, the results revealed that there was a significant positive correlation between the mean score of spiritual health and caring behaviors ($r = 0.84, P < 0.01$).

Conclusion: Caring behaviors and spiritual health are related to each other in nurses. Therefore, it is indispensable to promote and prioritize the spiritual health and caring behaviors of nurses so that patients and their families will receive better health services.

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Summary

Background and Objectives: Human beings are complicated and have different cognitive, social, emotional, and spiritual dimensions (1-3). One of the most important human dimensions is the spiritual dimension which has an important role in his health (4). Spiritual health is an important part of health and

life quality. Moreover, the spiritual dimension is an important part of care process (5).

It is impossible to reach the optimal life quality without spiritual health (6). Spirituality enhances psychological function and compatibility and has a meaningful correlation with depression (7), self-esteem (8), life satisfaction (9), mood disorder (10) and anxiety (11).

Spiritual health has two dimensions: a religious dimension which incorporates satisfaction from a superior power and existential health which means an effort to understand the meaning and aim of life

(12). Spiritually healthy people are more flexible when encountering problems. One study specified that the spiritual health of medical students has a direct relationship with their encountering skills in face of crisis (13).

Providing quality care is a main responsibility of nurses (14). It refers to mental, psychological, physical and spiritual caring behaviors (15). The complexity of nursing practice can affect their spiritual health and the quality of their performance (16, 17), because they are constantly exposed to critical and stressful situations (18). Nurses' spiritual health can significantly affect their attitudes and performance in taking care of patients and their occupational commitment (19). On the other hand it seems that if a nurse lacks a good spiritual health, he/she cannot take good care of a patient (20).

Despite the important role of mental health in nursing care, limited studies have been conducted in the field of spiritual health of nurses, while spirituality is a concept based on culture and religion, which can lead to various effects in different cultural societies (21). Therefore, this study aimed to determine the relationship between spiritual health and nursing care behaviors in hospitals affiliated to Universities of Medical Sciences in Tehran.

Materials and Method: This study was descriptive-correlation. 256 nurses working in academic hospitals of Universities of Medical Sciences in Tehran in 2015-2016 were randomly selected from 5 regions (with each region having a random selection chance). They participated in this study after signing an informed constant. Data collection instruments included demographic, spiritual health and behavioral health care questionnaires.

Palutzian and Ellison spiritual health questionnaires, with 20 questions, were used with a 6-measure Likert scale. The overall score of the questionnaire was 20 to 120 [in three levels of low (20-40), medium (41-99) and high (100-120)]. The higher score indicates a higher spiritual health (22). Reliability was ($\alpha = 0/82$) in previous studies (23), and ($\alpha = 0/87$) in this study.

Wolf et al Caring Behaviors Inventory (CBI) with 42 questions has five subscales of respect for others (12 items), ensuring human presence (12 items), communication and positive attitude (9 items), knowledge and professional skills (5 items) and experience (4 items).

The degree of importance of each item is scored on a six point Likert scale (never = 1 to always = 6) is scored. Total score of each tool and subscale was reported as a mean score between 1 and 6 (24). Reliability in the previous study was ($\alpha = 0/92$) (25) and in this study it was ($\alpha = 0/88$). Analysis of data was performed by statistical software SPSS (version 21) using descriptive statistics and Pearson correlation, regression and analysis of variance in compliance with the relevant assumptions.

Results: The findings revealed that most samples (12/78%) were female. The average age for the

participants was $21/3 \pm 25/38$ with years with average work experience of $33/2 \pm 56/14$ years. Most participants held a bachelor's degree (56/76 percent). The results showed the mean score of spiritual health was in average 75.43 ± 5.21 and the average score of religious health was higher than other grades of existential health. The scores on all subscales and the overall scale of caring behaviors were 3, where the highest mean was related to the subscale of respect for the others (4.12 ± 0.89) and the lowest mean was related to the subscale of attention to other experiences (3.38 ± 1.09) respectively. Moreover, there was a significant positive correlation between the mean score of spiritual health and caring behaviors ($r = 0.84$, $P < 0.01$).

Conclusion: The mean score of caring behaviors and its subscales were similar to last studies (26, 27) It was specified in Green's study that the average scores on all subscales and total score of caring behaviors, was higher than 5, but the lowest score was related to the subscale of positive connectedness (28).

In Carol et al study, the average score of nurses was more than 5 in all subscales and the highest score was related to respect for others and the lowest score was related to positive connectedness (29). Perhaps the difference in the outcome of this research is due to cultural and work environment differences of nurses participating in this study.

The score for the religious dimension of health is more than its existential one which conforms to the studies conducted by Najjar kolai et al, Ebrahimpour et al and Tayebi et al, and disconfirms to the study of Mousavimoghaddam et al (30-33).

As the spiritual health has a positive relationship with mental health (34), life satisfaction (35) and nurses' quality of life (36), and as these factors can provide peace and human happiness, it is necessary to promote spiritual health of nurses. The findings of this study show that the greater the spiritual health of a nurse, the greater his/her caring behavior would be. This study is in line with Chiang et al study (19). Therefore, in order to have quality care by nurses, nurse managers and hospital authorities need to promote spiritual health conditions and behaviors, for nurses.

Since the caring behaviors and spiritual health of nurses in this study was higher than average, especially in religious health, it is recommended that necessary measures are taken to maintain and promote caring behaviors and spiritual health of nurses in order to increase patients' satisfaction.

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