

Original Article

# Perceptions of spirituality in Australian undergraduate nursing students: A pre- and post-test study

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## ARTICLE INFO

Received 7 June 2014  
Revised 22 December 2014  
Accepted 5 January 2015  
Published 2 March 2015

Available online at:  
<http://npt.tums.ac.ir>

### Key words:

spirituality,  
undergraduate nursing,  
pre- and post-test design,  
Australia

## ABSTRACT

**Background & Aim:** Spiritual care is an integral part of a holistic nursing care. Providing spiritual care has a positive impact on patients' health outcomes. Although nurses understand the importance of incorporating patient's spiritual beliefs into the care practice, understanding their spirituality before addressing the spirituality of patients is also important. Therefore, the aim of this study was to examine where there was a change in the undergraduate nursing students' perceptions of spirituality care following a spirituality teaching unit in the Bachelor of Nursing course delivered in the Australian context.

**Methods & Materials:** A total of 113 nursing students completed the pre- and post-survey. The validated 32-items World Health Organization Quality of Life-Spirituality, Religiosity, and Personal Belief (SRPB) questionnaire were used in this study. Data were analyzed using SPSS version 20 using descriptive statistics and paired t-test.

**Results:** There were significant differences in students' perceptions of SRPB in all eight dimensions and total spirituality score. Significant differences were also found in students' perceptions of the SRPB scores by religious beliefs ( $P < 0.0005$ ) and personal beliefs ( $P < 0.0005$ ), indicating students with strong religious and personal beliefs had strong SRPB scores.

**Conclusion:** The integration of spirituality education in the undergraduate nursing program provided insights on spiritual teaching in nursing education.

## Introduction

Spiritual care is an integral part of a holistic nursing care. Providing spiritual care has positive impact on patients' health outcomes including the ability to manage stress, promote recovery after trauma, enhance better mental health and abate the incidence of depression, suicidal behaviors, and substance use (1) Professional councils and organizations have mandated clinicians to be aware of, and address the spiritual

needs of their clients (2) Incorporating spirituality in nursing is relevant, since nursing involves delivering holistic care that emphasizes physical, psychosocial, and spiritual health. Although nurses understand the importance of incorporating patient's spiritual beliefs into the care practice, understanding their spirituality before addressing the spirituality of patients is also important. An increasing number of undergraduate nursing programs has recently incorporated spiritual care education in their curricula to develop their spiritual care competencies (3, 4). Thus, researching and understanding whether spirituality nursing education have an impact on students' perceptions of their spirituality need to be

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examined to inform the directions and contents for nursing education.

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity” (5). According to the definition of health, by WHO, its main components had been the bio-psycho-social dimensions. Furthermore, quality of life (QOL) is defined by WHO as “individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (6). This implies that culture with its beliefs and values may play an important role in the QOL of the respective population. Research shows that a balance between mind, body, and spirit is needed for maintenance of health and good QOL (7, 8). Thus, the spiritual dimension appears to be essential for coping with life problems, which may enable finding meaning and purpose in life (9, 10). The definition of spirituality is still under investigation, and it appears that the characteristics of spirituality may be interpreted according to the individual life situations and culture (11). Spirituality is said to be more inclusive and universal than religiosity as it encompasses meaning in life and faith, as well as peace and harmony, regardless of any religious belief of affiliation (12).

However, research provides evidence to suggest that spirituality was found to contribute toward high QOL, lower the anxiety and depression, and finding meaning and purpose in life (13, 14). Several factors may influence spirituality namely religiosity and personal characteristics such as gender and age. Religiosity was found to enable individuals to cope with illness and life problems, demonstrating that a relationship with God could be a resource of strength and coping (15). According to Lazarus and Folkman (16), the generalized and personal beliefs, like intrinsic religiousness, may be regarded as an important psychological resource of coping. This is because a belief system, such as believing in a paternal, protective God may “serve as a basis for hope and sustain coping efforts in the face of the most adverse conditions” (p. 159). Moreover, Otto (17) explains

that during times of distress, the person may be overwhelmed by his/her own insufficiency to cope with illness. This numinous experience may trigger the individual to transcend to God which may result in empowerment to cope with illness and find meaning and purpose in life.

The benefits of spiritual care as part of nursing has become an increasing common theme in nursing literature in the last two decades (18). However, the literature related to spirituality in nursing education is sparse especially in how students learn to care for patients’ spirituality. According to the International Council of Nurses’ Code of Ethics (2), nurses have the responsibility to “promote an environment in which the human right, values, customs, and spiritual beliefs of the individual, family, and community are respected.” It is important, therefore, to explore how nursing students are prepared for this role especially in providing spiritual care. However, there has been an increasing debate regarding how, what and when to teach students (19, 20). Studies in both the West and the East reported that teaching spirituality using a variety of teaching strategies are important, as well as exploring student nurses’ perceptions of their own spirituality (3, 4, 21). It has been reported that nursing students tend to rely on their own experiences and intuition about spirituality and how they could apply it in practice. Some studies that explored the efficacy of integrating spirituality into the undergraduate curriculum found that there were specific changes in their attitudes, knowledge, and practice (22, 23). However, there is still an ongoing debate as to whether their educational preparation can enhance their competence to deliver better spiritual care and factors contributing to acquisition of skills (24, 25). Therefore, this study aimed to extend spirituality research by examining the effect of the educational program in nursing students’ perceptions of their spirituality.

## **Methods**

A pre- and post-test research design was used to examine the nursing students’ perceptions of the effect of the compulsory spirituality unit in the Bachelor of Nursing program. A conven-

ience sample of all 2<sup>nd</sup> year nursing students (n = 113) enrolled in a one-semester unit “Spirituality in Healthcare” consented to participate in this study. The aim of the unit was to explore spirituality from multiple views including Eastern, Western, Indigenous, Christian, and secular perspectives. Students were expected to: (1) Examine spirituality in the contexts of health care, (2) explore their individual beliefs, values, and spirituality in human life situations, (3) articulate a personal meaning of spirituality in the context of daily life, (4) recognize the spiritual needs of the person receiving professional health care, and (5) explore the dimensions of spirituality at both personal and professional levels in the delivery of quality and ethical health care. The unit consisted of 150 focused learning hours (1-h lecture fortnightly, 1-h of tutorial per week for 10 weeks, and five scheduled online activities and reflection sessions). Assessments included participation in the online discussions and submission of the reflective journal. Of the total cohort, 113 nursing students participated in the pre-test survey, and 113 nursing students participated in the post-test survey.

Ethical approval (ETH200949) for conducting this study was granted by the university ethics committee. Participation was voluntary and students were provided with an Information Sheet that described the purpose and nature of the study, their right to withdraw without this affecting their grades in the unit of study and assured them that their participation will be kept confidential. All consenting participants completed the demographic questionnaire and the validated 32-item World Health Organization QOL-Spirituality, Religiosity and Personal Belief (WHOQOL-SRPB) questionnaire (26). The pre-survey was collected in March 2012 before the start of the first lecture day of the unit and the post-survey in July 2012 1-week after the last lecture day of the unit. Returned completed de-identified questionnaires were considered as students’ consent to participate in the study.

The 32-item SRBP is the latest addition to the generic WHOQOL-100 and consists of eight dimensions: (1) Spiritual connection – Extent of connectedness to a spiritual being, (2) meaning in life – Feeling that life has a purpose, (3) awe

– Feeling of inspiration and excitement, (4) wholeness – Balance between body, mind, and soul, (5) spiritual strength – Feeling of better and happy life, (6) inner peace – Sense of harmony in life, (7) hope and optimism – Remaining hopeful and optimistic in times of uncertainty, and (8) faith – Feeling of comfort, well-being and enjoyment in life (26). Students were asked to respond to the items about the impact of spirituality education in their spirituality, religiousness, and personal beliefs on a five-point Likert scale from 1 = not at all to 5 = an extreme amount. A Higher score indicates high, positive perception of spirituality. In our study, the Cronbach alpha coefficient of the SRPB was 0.95. Additional four questions (responded as “Yes” or “No”) were also asked from the participants including:

To what extent do you consider yourself to be a religious person?

To what extent do you consider yourself to be part of a religious community?

To what extent do you have spiritual belief?

To what extent do you have strong personal belief?

A simple demographic data were also used to elicit information about gender, age, marital status, employment status, and religious affiliation.

The statistical software package, SPSS version 20, was used for data analyses. Descriptive statistics (frequencies and percentages) were used for categorical variables and means and standard deviations for continuous variables of the sample profile and scores they obtained for each item. Paired t-test was used to compare the pre-and post-survey scores for each dimension of the WHO-SRPB and total score. A  $P < 0.0500$  was used to indicate statistical significance.

## Results

There were 113 and 113 students in the pre-and post-test, respectively. The sample consisted of 75% female and 25% male nursing. The mean age of all students at pre-survey was 25.86 (6.9). About 40% of the students responded as having no religion while 38% were Christians. The majority of them consider themselves as religious person, has strong spiritual and personal beliefs,

and consider themselves a member of a religious community (Table 1).

As shown in table 2, there were significant differences between pre- and post-test in students' perceptions of SRPB in all eight dimensions and total spirituality score.

## Discussion

In spite of only one semester spirituality unit provided to the nursing students, the results showed that there were significant differences in students' perceptions of SRPB between pre- and post-survey that is, an improvement in their overall perceptions of spirituality. These differences might also be explained in the study results where by differences were also found between nursing students' religious beliefs ( $P < 0.0005$ ) and personal beliefs ( $P = 0.0005$ ), indicating students with strong religious and personal beliefs had strong SRPB scores, which

were consistent with the literature that nursing students relied on their own understanding and intuition about spirituality (27). However, the findings must be viewed with caution since there was an overrepresentation of students who had no religious affiliations and 38% of them were Christians as cultural difference in religious and personal beliefs could influence perceptions of students' spirituality (21, 28).

The one-semester spiritual education might not pose an immediate significant effect on students' post spirituality scores; however, the results showed that the unit had impacted on their beliefs. The effect of spiritual education cannot be truly discerned unless, nursing students are also observed while in clinical practice. A study that examined the effects of integrating spirituality into the undergraduate nursing curricula found that the students responded positively to spiritual education and showed competence in providing spiritual care to their patients (3, 23).

**Table 1.** Demographic profile of participants (n = 226)

Variables	Frequency (%)	Mean (SD)
Gender		
Male	56	25%
Female	170	75%
Age (range = 18-49)	25.86	(6.9)
Religion		
Christian	86	38*
Buddhist	22	10%
Hindu	20	9%
Islam	7	3%
None	91	40%
To what extent do you see yourself as religious?	Yes 165	73%
	No 60	27%
To what extent do you have spiritual belief?	Yes 196	84%
	No 30	13%
To what extent do you have strong personal belief?	Yes 213	94%
	No 13	6%
To what extent do you consider yourself to be part of a religious community?	Yes 157	69%
	No 31	31%

SD: Standard deviation

**Table 2.** Score comparisons between groups

Group comparisons	Perceptions of Spirituality Scores		
	Median	Mean (SD)	*P value
SRPB score pre-test (n = 113)	117	116.81 ± 22.45	
SRPB score post-test (n = 110)	117	113.74 ± 23.58	0.4070
Strong religious beliefs (response 4 or 5) group <sup>†</sup> (n = 68)	125	125.78 ± 17.28	
Low religious beliefs group (n = 116)	112	110.29 ± 24.301	< 0.0005*
Strong personal beliefs (response 4 or 5) group <sup>†</sup> (n = 107)	124	125.87 ± 16.96	
Low personal beliefs group (n = 74)	102	102.19 ± 24.04	< 0.0005*

SD: Standard deviation. P value at 0.0500 significant level using Mann-Whitney U-test statistic; \*Significant P values; <sup>†</sup>Five response categories: 1 = Not at all, 2 = A little, 3 = Moderately, 4 = Very, 5 = Extremely

The plausible explanation of the results of our study could be that nursing students were able to consider their own meaning of spirituality through their own religious and personal beliefs and in doing so may bring about better understanding and consideration of patients' spirituality as a broader notion of spirituality concerned with the individual's personal purpose of life as inner resource and religion as external belief resource. It is evident that there is a growing concern of spirituality in the undergraduate curriculum and therefore, considering implementing spirituality education systematically across the 3-years undergraduate nursing program could provide time for students to reflect upon and learn various spiritual and religious issues (20, 23, 28). Spirituality education have been reported to have significant differences between spirituality pre- and post-scores related to the aspects of spiritual health/well-being and spiritual attitudes (29), as well as in students' self-perceived spiritual competencies (24).

The study is limited because the sample included nursing students from one university in Australia that has a compulsory spirituality unit in their undergraduate program and a catholic university where theology and spirituality units are compulsory. It would have been beneficial to have more subjects with different religious affiliations to explore comparative views on spirituality. The administration of the post-survey was only 1-week after the completion of the unit and, therefore, may have influenced the immediate results.

## **Conclusion**

Research in spirituality in the Australian nursing curriculum is sparse. Our study presents the results of the integration of spirituality education in the undergraduate nursing program. Our study served to identify the impact of the teaching unit and provide insights on spiritual teaching in nursing education.

Relevance to clinical practice: The findings of this study pose implications in nursing education and practice. Spirituality unit as part of the undergraduate course should be included in the curriculum to increase students' awareness of

the importance of understanding and exploring the patients' religious and personal beliefs as part of holistic nursing care. However, spirituality within nursing education needs to be seen as a broad concept with an understanding that students may have strong religious and personal beliefs that could be related to their sociocultural background.

## **Acknowledgments**

We thank the nursing students who participated in this study. This article was accepted under the editorship of Professor Reza Negarandeh, PhD.

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