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THE EFFECT OF NURSES' FREQUENCY OF PROVIDING SPIRITUAL CARE ON THEIR ATTITUDES TOWARDS DEATH: A CROSS-SECTIONAL STUDY

HEMŞİRELERİN SPİRİTÜEL BAKIM VERME SIKLIĞININ ÖLÜME KARŞI TUTUMLARINA ETKİSİ: KESİTSEL BİR ARAŞTIRMA

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ABSTRACT

Aim: This study aimed to determine the effect of the frequency of providing spiritual care among nurses on their attitudes toward death.

Method: The study population of this cross-sectional study consisted of nurses working at X Hospital in Turkey (N=900). The study data were collected via personal information forms, the Nurse Spiritual Care Therapeutics Scale (NSCTS), and the Attitude Toward Death Scale (ATDS).

Results: The NSCTS mean score was found to be at a moderate level of 41.03±11.52. The nurses' ATDS total mean score was 101.91±30.76, and their positive attitudes toward death were above average. Among the independent variables, marital status (β-coefficient= .292; p=0.000) and the clinic (β-coefficient= .142; p=0.014) were found to be effective on attitude towards death and the result was statistically significant. It was determined that these variables explained 13% of the total variance.

Conclusion: It was determined that the frequency of providing spiritual care among nurses did not affect their individual attitudes toward death.

Keywords: Attitude Toward Death, Nurses, Spiritual.

ÖZET

Amaç: Bu araştırmanın amacı, hemşirelerin spiritüel bakım verme sıklığının ölüme karşı tutumlarına etkisini belirlemektir.

Yöntem: Kesitsel olarak yapılan araştırmanın evrenini X Hastanesi'nde çalışan hemşireler (N:900) oluşturmaktadır. Araştırmanın verileri; Kişisel Bilgi Formu, Hemşire Spiritüel Bakım Terapötikleri Ölçeği ve Ölüme Karşı Tutum Ölçeği kullanılarak toplanmıştır.

Bulgular: HSBTÖ toplam puan ortalaması 41.03±11.52 olarak orta düzeyde bulunmuştur. Hemşirelerin ÖKTÖ toplam puan ortalaması 101.91±30.76 olup, ölüme karşı olumlu tutumları ortalamanın üzerindedir. Bağımsız değişkenlerden medeni durum (β-katsayısı= .292; p=0.000) ve klinik (β-katsayısı= .142; p=0.014) ölüme karşı tutum üzerinde etkili ve sonuç istatistiksel olarak önemli bulundu. Bu değişkenlerin toplam varyansın %13'ünü açıkladığı belirlendi.

Sonuç: Bu araştırma sonucunda hemşirelerin spiritüel bakım verme sıklığı bireysel olarak ölüme karşı tutumlarını etkilemediği belirlenmiştir.

Anahtar Kelimeler: Hemşireler, Ölüme karşı Tutum, Spiritüel.

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INTRODUCTION

The holistic approach is accepted as the most comprehensive approach in terms of maintaining nursing services and meeting an individual's health needs. In the holistic approach, it is suggested that the existence of an individual is possible by protecting his or her physical, mental, emotional, sociocultural, and spiritual integrity and ensuring its continuity. All these dimensions are interrelated and interdependent. While providing nursing care for an individual and his or her family with a holistic approach, nurses, as a dimension of holistic caregiving, have the responsibilities of being aware of the individual's spiritual needs and being sensitive to these needs (Baldacchino, 2006; Dastan & Buzlu, 2010; Kostak et al., 2010; Sawatzky & Pesut, 2005; Uğurlu, 2014). Nurses that pay attention to a patient's spirituality are suggested to be a vital aspect of quality care (Biro, 2012). Nurses' spiritual caregiving competencies can contribute to an effective evaluation and application of spiritual care and the improvement of general health care quality (Azarsa et al., 2015; McSherry & Jamieson, 2011).

Spiritual care refers to a series of skills used in the nursing process to evaluate and handle an individual's physical and mental needs in terms of spirituality and to provide religious and faith support through the collaboration of a multidisciplinary team (Ebrahimi et al., 2017; McSherry et al., 2002). Spiritual care can enhance the quality of care by helping individuals in their painful, sad, and stressful situations and assisting them to solve the problems they unexpectedly experience in negative events by providing them with religious and faith support (Azarsa et al., 2015; Karagül, 2012). It also gives individuals the opportunity to understand themselves, to compare themselves with others and to protect their self-respect. Spiritual care provides them with hope, power, relaxation, and peace to cope with their problems. In addition, it provides various benefits as well as ensuring that individuals have better health, enabling them to cope with stress and depression, facilitating acceptance of their disease, preventing diseases, alleviating pain, increasing quality of life, and ensuring that they assume social responsibilities and change their personal values and worldview (Gümüş et al., 2014).

It has been reported that spiritual care is rare in nursing care, although nurses know and believe that spiritual care is an important aspect of nursing care (Chew et al., 2016; Epstein-Peterson et al., 2015; Turan & Karamanoğlu, 2013). In a study conducted by Taylor et al. (2017), it was found that the frequency of providing spiritual care among nurses was at a low level over a period of 72–80 hours (Taylor et al., 2017).

Spiritual care becomes more important for individuals when they are experiencing a crisis and stress; their values and beliefs related to physical disease and death are threatened, and in these difficult times, they question the meaning of life and experience despair (Çınar & Aslan, 2017; Yılmaz, 2011). It has been reported that nurses who provide care for patients and their families during the death process experience many emotions, such as denial, anger, guilt, sorrow, grief, desperation, hopelessness, fear and anxiety, and that they fear they will be insufficient and unsuccessful in the care they provide to such patients (Cimete, 2002). It has been stated that nurses should have the necessary knowledge, skills, and understanding to meet the emotional and physical care needs of the patients undergoing this process and that they should be able to know their own feelings so they can provide effective psychosocial support for the patient and his or her family (Akbayrak, 1998; Çakırcalı, 2000). Recognition of nurses' own emotions will also help to positively affect their attitudes towards death.

It is believed that as the frequency of providing spiritual care among nurses increases, they will have better knowledge regarding this issue, which will help them cope with negative situations such as death, and their attitude toward death will develop in a positive direction. Nurses' knowledge of spiritual care will help them feel death as an inevitable event, giving them hope, strength, relief and peace. In addition, while providing patients with spiritual care, nurses will better understand them; they will establish empathy with the patients and try to understand their feelings about death. Accordingly, the study was planned to determine the effect of the frequency of providing spiritual care among nurses on their attitudes toward death.

Answers to the following questions were sought in the study:

1. What is the level of the frequency of providing spiritual care among nurses?
2. What is the level of nurses' attitudes toward death?
3. What is the effect of the frequency of providing spiritual care among nurses on their attitudes toward death?

MATERIALS AND METHODS

Type of The Study
The study was conducted as a cross-sectional study.

The Study Population and Sample Selection
Nurses (N=900) working at internal diseases clinic, surgical clinic, special ünit (intensive care, operating room, emergency, dialysis, etc.) of X Hospital constituted the population of the study. In forming the research sample, through power analysis, the sample size was determined to be at least 306 nurses with a 5% error, 95% confidence interval and 0.5 effect size according to the two-sided significance level (n=306). The sample was selected using the convenience sampling method. Until the sample size was reached, the nurses in the universe were contacted via e-mail and those who wanted to participate in the research were determined. Thus, 306 nurses were included in the study.

Data Collection Tools
The study data were collected through a personal information form prepared by the researcher, the Nurse Spiritual Care Therapeutics Scale, and the Attitude Toward Death Scale.

Personal Information Form
The personal information form included 10 questions that inquired about the identifying and professional characteristics of the nurses, such as their age, sex, marital status, education level, work position, work unit, years of service, weekly working hours, status of having received training for spiritual care, and frequency of thinking about death.

Nurse Spiritual Care Therapeutics Scale (NSCTS)
The Nurse Spiritual Care Therapeutics Scale was developed by Mamier and Taylor in 2015 (Mamier & Taylor, 2015). The scale aims to measure the frequency of nursing care or applications that aim to support patients' spirituality. The Turkish validity and reliability study of the scale was conducted by Aslan et al. in 2020 (Aslan et al., 2020). The scale measures the frequency of spiritual care provided by the nurses working full-time in the workplace in the last two weeks. The frequency of providing spiritual care is evaluated through questions such as "How frequently did you provide spiritual care in the patient care process in the last 72 (80) hours?" The scale is a 5-point Likert-type scale comprising 17 items in one subdimension [1 (never=0 times), 2 (rarely=1–2 times), 3 (sometimes=3–6 times), 4 (usually=7–11 times), 5 (very frequently=12 times and above)]. The obtained scale scores can vary between 17 and 85. High scores indicate a high frequency of nursing spiritual care. The Cronbach's alpha reliability coefficient of the original scale was found to be 0.93 (Mamier & Taylor, 2015) and that of the Turkish version of the scale was determined to be 0.86 (Aslan et al., 2020). The Cronbach's alpha reliability coefficient of the scale was found to be 0.92 in the current study.

Attitude Toward Death Scale (ATDS)
The Attitude Toward Death Scale was developed by Wong et al. in 1994 to measure individuals' attitudes toward death (Wong et al., 1994). The original scale is a 7-point Likert-type scale consisting of 32 items and five subdimensions (Wong et al., 1994). The Turkish validity and reliability of the scale was carried out by Işık et al. in 2009 (Işık et al., 2009). The Turkish version of the scale is a 7-point Likert-type scale with 26 items and three subdimensions (Neutral Acceptance and Approach Acceptance, Escape Acceptance, and Fear of Death and Avoidance of Death) (Işık et al., 2009). High scores obtained on the total scale and its subdimensions indicate a positive attitude toward death (Işık et al., 2009). The Cronbach's alpha reliability coefficient of the total scale was found to be 0.81, while it was determined to be 0.82 for the Neutral Acceptance and Approach Acceptance subdimension, 0.72 for the Escape Acceptance subdimension, and 0.70 for the Fear of Death and Avoidance of Death subdimension (Işık et al., 2009). In the current study, the Cronbach's alpha reliability coefficient was found to be 0.94 for the total scale, 0.95 for the Neutral Acceptance and Approach Acceptance subdimension, 0.84 for the Escape Acceptance subdimension, and 0.85 for the Fear of Death and Avoidance of Death subdimension.

Data Collection
Questionnaires were sent to the nurses who were determined to participate in the research before, via Google Forms, and the necessary explanations were made about the research and the nurses were asked to fill in the data collection tools. Thus, data were collected from 306 nurses. All of the nurses who received a data collection tool participated in the study.

The Location and Time of the Study
The study was carried out at X Hospital between 3 November 2021 and 25 November 2021.

Analysis of The Study Data
The data collected as a result of the research were analyzed by using SPSS 25.0 (Statistical Package for Social Sciences) statistical analysis software. The distribution of data is homogeneous. In the evaluation of the data, number, percentage, mean, and standard deviation, simple linear regression analysis, the Enter model and multiple linear regression analysis were employed. The level of significance was taken at $p<0.05$.

Study Variables
Independent Variable: The frequency of providing spiritual care among nurses and their identifying and professional characteristics
Dependent Variable: Nurses' attitudes toward death

Ethical Aspect of the Study
Written approval for the study was obtained from the Inonu University Health Sciences Non-Interventional Clinical Research Ethical Board Directorate (Decision No: 2021/26/36). Written permission was received from the hospital where the study was carried out. In addition, informed consent forms were obtained from the nurses who wanted to participate in the study.

RESULTS
The findings of the study conducted to determine the effect of the frequency of providing spiritual care among nurses on their attitudes toward death are presented below.

The distribution of the nurses' identifying information and their professional characteristics are presented. Accordingly, it was determined that of the nurses, 84% were female, 62.7% were married, 71.9% had undergraduate degree, 91.2% worked as caregiver nurse, 45.8% worked in internal disease units, their mean age was 31.62±7.28, their working year mean was 9.55±7.82, and weekly working hours average was 44.09±6.70. It was also determined that 81.7% of the nurses had previously received training on spiritual care, and that 63.1% sometimes thought about their own deaths.

In Table 1, the distribution of the mean scores obtained from the NSCTS and ATDS and its subdimensions are presented. The nurses' NSCTS total scale mean score was found to be at a moderate level of 41.03±11.52. Their ATDS total scale mean score was 101.91±30.76, and their positive attitude toward death was high and above average. The mean scores obtained from the subdimensions were determined to be 57.72±19.19 for *Neutral Acceptance and Approach Acceptance*, 17.45±7.18 for *Escape Acceptance*, and 26.74±10.61 for *Fear of Death and Avoidance of Death* (Table 1).

In Table 2 and Figure 1, Simple Linear Regression analysis and Enter Model were conducted to determine the effect of the frequency of providing spiritual care of nurses on their attitudes towards death. As independent variable; the frequency of giving spiritual care was taken. Attitude towards death was taken as the dependent variable. An enter model of Simple Linear Regression analysis was performed to fully reveal the influencing variable. It was determined that the independent variable, the frequency of providing spiritual care, did not affect the attitude towards death individually, the result was not statistically significant (β-coefficient= -0.029; p=0.608).

Table 1. The Distribution of the Mean Scores Obtained from the Nurse Spiritual Care Therapeutics Scale and the Attitude Toward Death Scale and Its Subdimensions

Scale	Min-Max values of the Original Scale	Min-Max values Obtained from the Scale in the Current Study	Mean ±SD values of the Scale in the Current Study
NSCTS (Total Score)	17-85	17-85	41.03±11.52
ATDS (Total Score and Subdimension scores)	26-182	30-160	101.91±30.76
Neutral Acceptance and Approach Acceptance	12-84	12-84	57.72±19.19
Escape Acceptance	5-35	5-34	17.45±7.18
Fear of Death and Avoidance of Death	9-63	9-59	26.74±10.61

Table 2. Explanation of the Effect of the Frequency of Spiritual Care of Nurses on Their Attitudes Toward Death by Regression Analysis

Model	**Unstandardized Coefficients**		**Standardized Coefficients**				
						95.0% Confidence Interval for B	
Independent Variable	B	SE	Beta	t	Sig.	Lower Bound	Upper Bound
Constant	105.141	6.522		16.122	0.000	92.307	117.974
Frequency of providing spiritual care (Total)	-.079	.153	-.029	-.513	0.608	-.380	.223
	R	R Square	F	p			
	.029[a]	**.001**	0.263	**0.608***			

p<0.05*
Predictors (Constant): Frequency of providing spiritual care.
Dependent variable: Attitudes toward death.

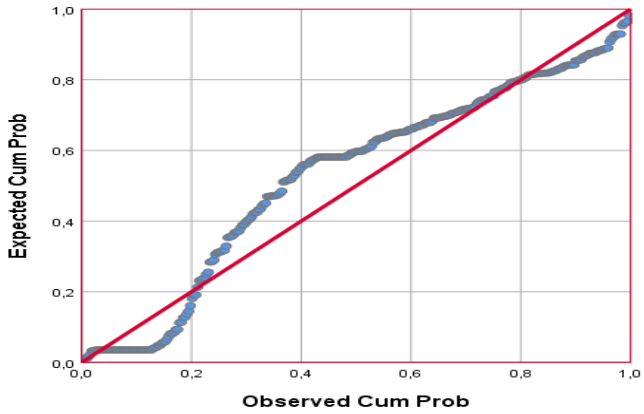


Figure 1. Regression Analysis of the Effect of Spiritual Care-Giving Frequency on Attitudes to Death

Bivariate correlation analysis was performed between all variables before regression analysis. As a result of the analysis, a significant difference (p<0.05) was found with the independent variables such as age, gender, marital status, position, clinic, working year, and frequency of providing spiritual

care with dependent variable and these variables were included in the regression analysis. Weekly working hours, education and Frequency of thinking about one's own death, which are independent variables, were not evaluated in the regression analysis as there was no relationship between with the dependent variable(p>0.05).

In Table 3 and Figure 2, the results of the multiple regression analysis that was performed to determine the effect of the nurses' identifying characteristics and their frequency of providing spiritual care on their attitudes toward death are presented. In the analysis, the frequency of providing spiritual care, age, sex, marital status, work position, work unit, years of service, status of having received training for spiritual care were used as the independent variables. Attitude toward death was taken as the dependent variable. Among the independent variables, marital status (β-coefficient= .292; p=0.000) and the clinic (β-coefficient= .142; p=0.014) were found to be effective on attitude towards death and the result was statistically significant. It was determined that these variables explained 13% of the total variance.

Table 3. Explanation of the Factors Affecting Nurses' Attitudes Toward Death Through Regression Analysis

Model	**Unstandardized Coefficients**		**Standardized Coefficients**				
						95.0% Confidence Interval for B	
Independent Variable	B	SE	Beta	t	Sig.	Lower Bound	Upper Bound
Constant	34.725	23.200		1.497	.136	-10.932	80.382
Frequency of providing spiritual care (Total)	-.016	.147	-.006	-.110	.913	-.306	.273
Age	0.628	.666	.149	.943	.347	-.682	1.937
Sex	3.431	4.679	.041	.733	.464	-5.777	12.638
Marital Status	18.578	3.954	.292	4.699	**.000**	10.798	26.358
Work Position	6.306	6.211	.058	1.015	.311	-5.917	18.529
Work Unit/Clinic	4.708	1.911	.142	2.464	**.014**	.947	8.469
Years of Service	0.324	.624	.082	.520	.604	-.903	1.552
Having previously received training on spiritual care	-.341	4.491	-.004	-.076	.940	-9.178	8.496
	R	R Square	F	p			
	.364[a]	**.133**	5.686	**0.000***			

p<0.05*
Predictors (Constant): frequency of providing spiritual care, age, sex, marital status, work position, work unit/clinic, years of service, having previously received training for spiritual care.
Dependent variable: Attitudes toward death.

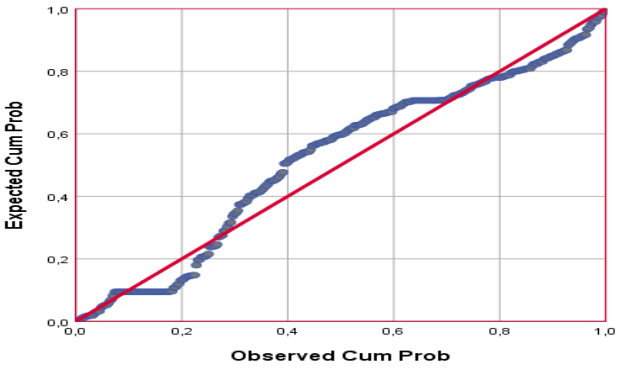
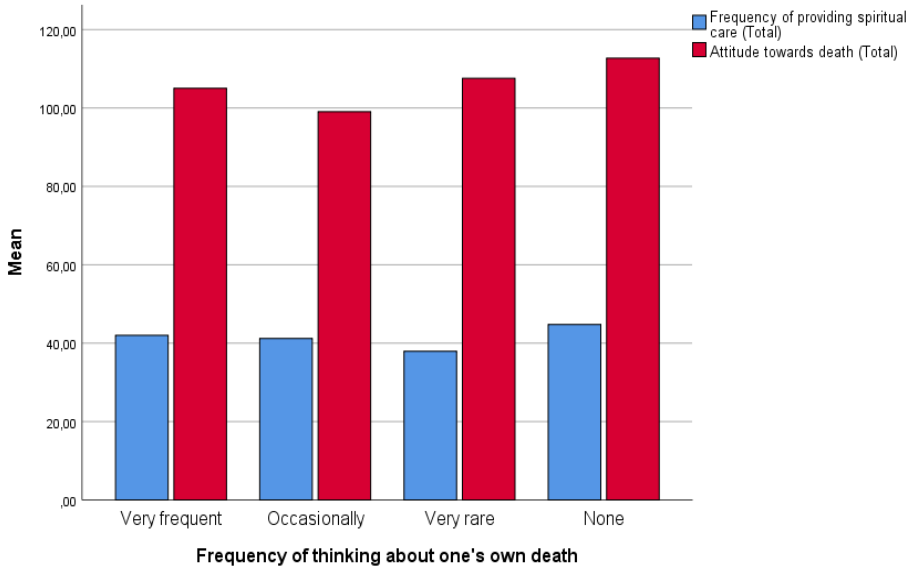


Figure 2. Regression Analysis of Factors Affecting Attitude to Death

In Graph 1, it is seen that the frequency of providing spiritual care increases and their attitudes towards death are more positive when the nurses participating in the research do not think about their own death at all.



Graph 1. The Relationship Between Nurses' Thinking About Their Own Death and Their Attitudes Towards Death

DISCUSSION

The findings of this study conducted to determine the effect of the frequency of providing spiritual care among nurses on their attitudes toward death have been discussed in line with the relevant literature.

In the study, it was determined that the frequency of providing spiritual care among nurses was at a moderate level. This result explains the first of the study questions. The participating nurses' frequency of applying spiritual care therapeutics in the last 72–80 hours was determined to be mostly 1-2 times. The frequency of providing spiritual care among nurses being at a moderate level suggests that there is a lack of knowledge in this regard. The high workload of nurses can create lack of time and in this case, it can reduce the frequency of their spiritual care. In addition, they may think that this field of care is outside their job description and may not feel the responsibility of providing care in this field. In a study conducted by Taylor et al. in the United States in 2017, the frequency of providing spiritual care among nurses was found to be at a low level. In another study conducted by Mamier et al. in the United States in 2019, it was determined that the mean score obtained from the NSCTS was 36.98±12.01 and that the nurses provided each of the 17 therapeutic items mostly 1-2 times in the last 72–80 hours in the workplace. In another study conducted by Neathery et al. in 2020, the frequency of providing spiritual care among nurses was reported to be at a moderate level. In a study conducted by Ricci-Allegra in 2018 with nurses working at palliative care and hospice centers in the United States, the frequency of providing spiritual care among nurses was determined to be at a high level. In the study conducted by Polat and Özdemir in Turkey in 2021, it was determined that the frequency of providing spiritual care among nurses was at a moderate level.

In the current study, the participating nurses' positive attitudes toward death were found to be above average and high. This result explains the second of the study questions. The high mean score obtained from the scale and its subdimensions indicated positive attitudes toward death (Işık et al., 2009). In a study carried out by Benli and Yıldırım in 2017, nurses' positive attitudes toward death were found to be at a moderate level. In a study conducted by Özhan in 2019, nurses' positive attitudes toward death were determined to be above average and high. In a study carried out by Guo and Zheng in 2019 in China, it was determined that oncology nurses exhibited positive attitudes toward death, that they accepted death as a natural part of life and that they did not display a strong fear of death. In another study that was conducted, the nurses' mean ATDS score was 126.97±21.928 (Cardoso et al., 2021). In the study they conducted in 2021, Faronbi et al. found that nurses had negative attitudes toward death in regard to the care of patients on the verge of death. The fact that attitude toward death is associated with an individual's religious beliefs implies that this attitude can vary from one individual to another,

from one society to another, and from one culture to another. In the current study, the finding that the nurses' positive attitudes toward death were above average and high suggests that death was perceived as an inevitable reality both as a consequence of the Islamic faith and the education received.

In the study, it was determined that the frequency of providing spiritual care, did not affect the attitude towards death individually. This result explains the third of the study questions. This finding suggests that the nurses did not provide adequate spiritual care and that they had a lack of knowledge regarding spiritual care.

It was determined that the marital status of the nurses and the clinic they worked in had an effect on the attitude towards death. Also it was found that these variables affected the attitude towards death at the level of 13%. In a study conducted by Benli and Yıldırım (2017), it was found that the fear of death and death avoidance score averages of married nurses were significantly higher than those of single/widowed/divorced Zhang et al. in his research was found clear differences between marital status and avoidance of death-related problems. Divorced or widowed nurses scored highest on avoidance of death-related issues, followed by married nurses, and single nurses scored the lowest (Zhang et al., 2021)

It is seen that nurses' attitudes towards death are positive when they never think about their own death. Because, this suggests that when they think about their own death, they may have a greater fear of death and this may negatively affect their attitude towards death.

Lımıtatıons of the Study

The study was carried out at a university hospital located in eastern Turkey. Therefore, the findings obtained in the study only cover the nurses working in the hospital where the study was conducted.

CONCLUSION AND RECOMMENDATIONS

As a result of the study, the frequency of providing spiritual care among nurses was found to be at a moderate level. The nurses' attitudes toward death were determined to be above average and high. It was also determined that the frequency of providing spiritual care among nurses did not affect their individual attitudes toward death. Nurses' frequency of providing spiritual care did not affect their attitudes towards death. In line with the results of the study, it can be recommended that training opportunities be provided for nurses to fill the gaps in terms of lack of knowledge regarding spiritual care and that issues of spiritual care should be emphasized in courses offered in the syllabi of nursing departments to raise the awareness of nursing students in this regard. It can also be recommended that manager nurses take the lead in terms of providing in-service training for spiritual care for nurses. In addition, research should be conducted on this issue with the inclusion of different and more comprehensive sample groups, and other studies that will help determine the barriers to spiritual care should be carried out.

Conflict of interest

There is no conflict of interest to declare in this study.

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