

Spiritual Intelligence and Spiritual Care Among Nursing Students in a Selected University

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Abstract

Background: To ensure that nursing education adequately prepares nurses for comprehensive patient care, educators must develop a heightened awareness of the religious and spiritual elements involved in patient care. Moreover, educators must possess the ability to equip student nurses with the necessary knowledge and skills to provide spiritually-based care ethically. *Methods:* A descriptive-correlation study was conducted among 359 Nursing students in a non-sectarian, private university in the Philippines. Convenience sampling was employed using two adopted tools, the Spiritual Intelligence Self-Report Inventory (SISRI) and the Student Survey of Spiritual Care (SSSC) to collect the data. A Spearman rank order was utilized for the test of the relationship. The data analysis was done using SPSS version 28.0. *Results:* The study revealed a higher level of spiritual intelligence in terms of critical existential thinking ($M = 19.39, SD = 4.65$) and lowest with conscious state expansion subscale ($M = 13.65, SD = 3.55$). Overall, the students exhibited a moderate level of spiritual intelligence ($M = 66.16, SD = 3.82$). Moreover, Nursing students perceived a very positive experience ($M = 4.60, SD = 1.26$) in providing spiritual care. There is a moderate relationship between spiritual intelligence and the ability to give spiritual care ($r_s = 0.515, p = 0.000$), which was statistically significant. *Conclusions:* Spirituality holds great significance within the field of nursing, as it carries profound implications for the provision of care to patients. Moreover, it represents an indispensable component of holistic nursing care.

Keywords: Perceived Spirituality; Spiritual Care; Nursing Students.

INTRODUCTION

Spirituality and spiritual care are critical components of comprehensive nursing care. Spirituality is the pursuit of meaning and purpose in life Hochheimer (2021), while spiritual care is the provision of care that addresses the patient's spiritual needs (Ramezani, et al. 2014), yet, the cornerstone of effective spiritual care lies not in religious knowledge, but in the nurse's own self-reflection (Carpenter et al. 2008). This focus on spiritual care elevates nursing education from a mere vocational pursuit to a noble calling, a *raison d'être* of the profession.

Nursing students play an important role in providing spiritual care to patients they are often the first and last healthcare professionals that patients interact with, and they could develop meaningful relationships with

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patients and their families (Cooper, et al. 2013; Elk, et al. 2017). Incorporating spiritual care does not require religious expertise. It involves active listening, recognizing spiritual distress, and providing support and resources. This can encompass practices like prayer, meditation, or simply offering a listening ear (Timmins, F. 2013).

But, beyond clinical knowledge of spiritual care, there is a growing recognition of another vital aspect: Spiritual Intelligence (SI). It is a crucial factor for nurses, even more so than in other healthcare professions. SI allows nurses to view life as a connected system, fostering adaptability and self-mastery (Mehralian, et al. 2023). It covers various aspects like problem-solving, self-awareness, compassion, and navigating ethical dilemmas (Rani, et al. 2013). The growing interest in SI research stems from its potential to improve both individual nurse performance.

Initially, nursing students view spirituality as a significant aspect of both their personal lives and their future professions (Pipkins, et al. 2020). And one premise to hold is that spiritual intelligence can influence a nursing student's perceived ability to provide spiritual care to patients (Ahmadi, et al. 2021). According to Banaag and De Leon (2022), approximately 97% of nursing students in the Philippines expressed the importance of spirituality to them. The research also revealed that these students perceive spirituality as having a favorable influence on their mental and physical well-being, their interpersonal connections, and their ability to deliver compassionate care to patients. Additionally, Cabanero and De Leon (2023) unveiled that 93% of nursing students in the Philippines acknowledged the significance of spiritual care in holistic nursing practice. The research also discovered that students were eager to offer spiritual assistance to their patients, but they expressed a need for more instruction and assistance in this field. Despite the significance of spirituality and spiritual care, nursing students encounter various obstacles when it comes to delivering spiritual care to patients. These difficulties encompass a lack of guidance and support. Several nursing students do not receive sufficient instruction on spirituality and spiritual care throughout their education (Choi et al. 2019). While the Commission on Higher Education (CHED) in the Philippines has demonstrated its support for spiritual nursing care by mandating its inclusion in the curriculum through memorandums (CMO No. 14 s. 2009; CMO No. 15 s. 2017). However, the materializations of these memorandums in translating this policy into actual practice among nursing students remains unclear. Purisima and Dao-Ayen (2023) tackled bridge this gap by investigating how the mandated inclusion of spiritual care, currently offered as an elective under various titles ("Religion, Religious Experiences, and Spirituality"), translates into tangible educational experiences for nursing students.

Overall, nursing curricula lack clarity and consensus regarding the materials and methods utilized to teach spiritual care (Cone & Giske, 2018; Mullen & Fry-Penn, 2021). Only a small percentage of nursing curriculum, fewer than 6%, include spirituality (Timmins & Neil, 2013). Furthermore, it is unclear what exact information best prepares nurses to handle patients' spiritual needs (Fry & Johnson, 2020). Furthermore, the restricted amount of time given creates a challenge. Nursing students are frequently preoccupied with their studies and clinical rotations, which makes it difficult for them to devote time to giving spiritual care to patients. Exploring spiritual self-awareness is a vital first step for nursing students in preparing for education. According to Taylor et al. (2017) and McSherry and Jamieson (2013), self-awareness is the strongest predictor of whether patients' spiritual needs are acknowledged and addressed. Furthermore, there is a beneficial relationship between nursing students' spiritual awareness and their ability to respond to a patient's spiritual need. This association implies that educational interventions should incorporate opportunities for spiritual awareness, as stressed by Fry and Johnson (2020).

Current nursing research recognizes the significance of including content concerning spiritual care giving in undergraduate nursing curricula (McSherry et al., 2020; Mullen & Fry-Penn, 2021). Even if a course on spiritual nursing is already included in the curriculum, there is a lack of clarity and consensus regarding the instructional technique for teaching spiritual care in nursing school in the Philippines. Furthermore, there has been little research into the association between spirituality and perceived competence to provide spiritual care among Filipino nursing students. Addressing this research gap will yield data that can be used to build undergraduate nursing curriculum that improve student nurses' abilities to successfully address their patients'

spiritual needs. Thus, the main objective of the present study was to assess the spiritual intelligence and capacity to provide spiritual care among Nursing students. Additionally, the study also explored the relationship between these variables.

RESEARCH METHODOLOGY

Study Design: A Descriptive-correlation study was conducted among 359 Nursing students in a non-sectarian, private university in the Philippines.

Study Sample: Convenience sampling was used in the study. G*Power software for correlation was used, with an alpha of 0.05, power of 0.80, and a medium effect size, giving an estimated sample size of 375.

Study Tools: The Spiritual Intelligence Self-Report Inventory (SISRI) was developed by David King (2008). It is a 24-item self-report inventory that measures a person's level of spiritual intelligence in four subscales: critical existential thinking (7 items- 1, 3, 5, 9, 13, 17, and 21); personal meaning production (5 items- 7, 11, 15, 19, and 23); transcendental awareness (7 items- 2, 6*, 10, 14, 18, 20, 22) and conscious state expansion (5 items- 4, 8, 12, 16, and 24). A reverse coding was observed for item 6. The total spiritual intelligence score is calculated by summing the mean scores of the four subscales. The higher scores represent higher spiritual intelligence. The scores are interpreted as follows: 40-64: low, 65-84: moderate, 85-104: high, and 105-125: very high. The SISRI has been shown to have good reliability, with Cronbach's alpha coefficients ranging from 0.78 to 0.91 for the subscales and 0.92 for the total score. This study has a Cronbach alpha of 0.93 and is considered reliable.

The Student Survey of Spiritual Care (SSSC) was developed by Jean Meyer (2003). It is a 10-item questionnaire that measures student nurses' perceived ability to provide spiritual care. It is a Likert-type instrument, with items scored on a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores indicate a higher perceived ability to provide spiritual care. The SSSC does not have subscales. A mean score of 4.0 or higher (very positive experiences of spiritual care), 3.5 to 4.0 (positive experiences), 3.0 to 3.5 (mixed experiences), 2.5 to 3.0 (negative), and 2.0 or lower (very negative experiences). The SSSC has been shown to have good reliability and content validity. In a study of 137 student nurses, the SSSC had a Cronbach's alpha coefficient of 0.84. In this study, the Cronbach alpha of 0.91 was achieved and is considered reliable.

Data Analysis: The researchers used Statistical Package for the Social Sciences (SPSS) version 28.0. The descriptive section presents the data in percentages, mean, and standard deviation. To analyse the correlations between spirituality and the ability to provide spiritual care, we used Spearman correlation. Statistical significance was determined to be $p < 0.05$.

RESULTS

The Nursing students perceived a higher level of spiritual intelligence in terms of critical existential thinking ($M = 19.39$, $SD = 4.65$) compared to other spiritual intelligence subscales. The lowest level was observed with the conscious state expansion subscale ($M = 13.65$, $SD = 3.55$). Overall, the students exhibited a moderate level of spiritual intelligence ($M = 66.16$, $SD = 3.82$).

Table 1. Level of Spiritual Intelligence of Nursing Students

Component	Mean	SD	Interpretation
Critical Existential Thinking (CET)	19.39	4.65	Moderate
Personal Meaning Production (PMP)	14.41	3.73	High
Transcendental Awareness (TA)	18.71	3.33	Moderate
Conscious State Expansion (CSE)	13.65	3.55	Moderate

Overall	66.16	3.82	Moderate
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The respondents in this study perceived a very positive experience (M = 4.60, SD = 1.26) in providing spiritual care. However, they reported having mixed experiences with showing interest in spirituality (M = 3.28, SD = 1.64) and allotting time to providing spiritual care (M = 3.32, SD = 1.56). A positive experience indicated that spirituality is a personal matter and should not be discussed (M=3.55, SD- 1.50). Other items provide a "very positive" experience as perceived by the respondents.

Table 2: Perceived Ability to Provide Spiritual Care Among Nursing Students

Items	Mean	SD	Interpretation
1. Spiritual Care is an essential component of holistic nursing care.	4.81	1.13	Very positive
2. Spiritual well-being is an important part of health promotion.	4.8	1.14	Very positive
3. I have sufficient knowledge to conduct spiritual assessment.	4.35	1.10	Very positive
4. I am able to identify spiritual distress.	4.39	1.12	Very positive
5. I am not interested in the topic of spirituality.	3.28	1.64	Mixed experience
6. I feel adequately prepared to provide spiritual care.	4.22	1.17	Very positive
7. I respond to spiritual distress by listening and being concerned.	4.53	1.09	Very positive
8. I feel spirituality is a personal matter that should not be discussed.	3.55	1.50	Positive
9. I respond to spiritual distress by asking the patient and/ or a family if they have any personal practices that help them express their spirituality.	4.49	1.14	Very positive
10. There is not enough time to provide spiritual care.	3.32	1.56	Mixed experience
Overall	4.60	1.26	Very positive

Table 2 presents the perceived ability of nursing students to provide spiritual care. Items number 1, 2, 3, 4, 6, 7, and 9 attained a very positive perception of providing spiritual care. While item number 8 attained a positive perception, then items 5 and 10 shows a mixed experience among nursing students in the perception of providing spiritual care. The item ranked with the highest mean of 4.81 indicated that spiritual care is an essential component of holistic nursing care. While the items that ranked the lowest mean expressed disinterest in the topic of spirituality (3.28) and there’s not enough time to provide spiritual care (3.32). The standard deviation across all indicators of perceptions are greater than 1.00, showing a heterogeneous group. This means that the perceived ability of nursing students to provide spiritual care has wide dispersion of scores from the mean. Their overall mean of 4.60 indicates a very positive perception on the ability of nursing students in providing spiritual care.

Table 3: Test of Correlation

		Spiritual Intelligence	Ability to provide spiritual care
Spearman's rho	Spiritual Intelligence	Correlation Coefficient	1.000
		Sig. (2-tailed)	0.515
		N	359
Ability to provide spiritual care	Spiritual Intelligence	Correlation Coefficient	0.515
		Sig. (2-tailed)	1.000
		N	359

As shown in Table 3, the Spearman’s rho of correlation regarding the spiritual intelligence of the nursing students to their ability in providing spiritual care provides a correlation coefficient of 0.515 indicating a moderate positive correlation. This shows that the correlation coefficient at 0.05 level and the computed significance value of 0.000 indicate a p value which is less than $\alpha = 0.05$ ($p < 0.05$). Thus, there is a significant relationship between the spiritual intelligence of the nursing students to their ability in providing spiritual. This means that the null hypothesis was rejected.

DISCUSSIONS

This study was conducted to explore the relationship of spiritual intelligence and capacity to provide spiritual care among Nursing students. The findings indicated that the participants possess a moderate level of spiritual intelligence. Specifically, they exhibit higher spiritual intelligence in critical existential thinking (CET) but a lower level in conscious state expansion (CSE). In other words, they demonstrated a greater ability to deeply contemplate the meaning of life and existence and develop their philosophy, compared to their ability to expand their awareness beyond the ordinary ego-mind and experience different states of consciousness.

Numerous studies have supported the findings that individuals can possess a higher level of spiritual intelligence in terms of CET without necessarily having a high level of CSE meaning nurses can become more adept at problem-solving, find meaning in their work, and identify the most impactful actions they can take. (Amrai, et al. 2011; Hernández-Huaripaucar, et al. 2023; Mahasneh, et al. 2015; Slemmon, et al. 2021).

The perceived ability to offer spiritual care among nursing students was greatly enhanced through a highly favorable encounter. This discovery is corroborated by O'Connell-Persaud and Isaacson (2022), who determined that undergraduate nursing students who were educated and trained in spiritual care had a notably positive experience in terms of their perceived ability to provide spiritual care to patients. Additionally, Jaynes and Hardy (2020) emphasized that nurses who reported feeling prepared and competent to administer spiritual care were more inclined to deliver spiritual care to patients.

A moderate and statistically significant correlation was observed between spiritual intelligence and the capacity to offer spiritual care. This finding is supported by the research conducted by Timmins and Caldeira (2017), who found that nurses' spirituality was linked to their perceived ability to provide spiritual care. However, it is important to consider that practicing nurses may possess more experience compared to students who are still in the early stages of their training, which could influence their perceived ability to provide spiritual care. In contrast to the current finding, an inverse relationship exists between the two concepts. As a student's spirituality increases, their perceived ability to provide spiritual care decreases (Aslan & Unsal 2021; O'Connell-Persaud, S., & Isaacson, 2022). Alternatively, other studies have suggested a relationship, with predictive studies supporting spirituality as a variable that influences the perceived ability to provide spiritual care. For example, Pipkins, et al. (2020) and Wu, et al. (2012) found that the spirituality of final-year Nursing students predicted their ability to provide spiritual care. This could be explained by the fact that longer exposure to clinical settings may have enhanced their proficiency in delivering spiritual care. Furthermore, students' personal values, shaped by family and life experiences, likely play a significant role (Purisima & Dao-Ayen, 2023).

The study's strengths lie in its ability to establish a positive correlation between spiritual intelligence and the capacity to offer spiritual care. This means that nurses with higher levels of spiritual intelligence are more likely to be capable of assessing and addressing the spiritual needs of their patients. However, a causal relationship cannot be definitively concluded. The study's findings are significant as they suggest that spiritual intelligence plays a crucial role in the ability to provide spiritual care. This finding can have implications for both nursing education and practice. For instance, nursing schools can consider incorporating training in spiritual intelligence into their curricula. Additionally, nurses can strive to enhance their spiritual self-awareness to improve their capacity to provide spiritual care to their patients.

This study is subject to certain limitations. The sample for the study was obtained using a convenience sampling method, limited to a non-sectarian private university. As a result, the findings may not apply to other nursing populations from different parts of the country. Furthermore, since the responses are based on self-reports, there is a possibility of social desirability bias. The students who took part in the survey may have had a personal interest in the topic, leading to potentially different responses compared to those who chose not to participate.

CONCLUSION

Spirituality holds great importance in the field of nursing and has a profound impact on the care provided to patients. It is an integral aspect of holistic nursing care. While there is a moderate correlation between spiritual intelligence and the perceived ability to provide care, nursing colleges must ensure that students are not only introduced to spiritual concepts but also given opportunities to apply and reflect on their ability to offer spiritual care. The study suggests that nursing schools should develop standardized and evidence-based curricula for teaching spiritual care. This could involve creating standardized learning objectives, providing faculty with training in teaching spiritual care, and conducting further research on the effectiveness of different teaching methods. These opportunities for nursing students can help them learn the art of holistic nursing and enable them to address and provide spiritual care when they become practicing nurses.

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Conflict of Interest

The authors declare that they have no competing interests.

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