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Knowledge and Perception of Spiritual Care among Nursing Students in International Islamic University Malaysia, Kuantan, Pahang.

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Abstract

The incorporation of spiritual care into holistic patient care has been widely acknowledged as essential. However, nurses continue to face challenges in effectively addressing the requirements for comprehensive spiritual intervention, with one notable barrier being the insufficient education and training in spiritual care. This component holds significance in equipping students with the capacity to deliver spiritual care to patients and thereby strengthening the influence of spirituality on individual's overall quality of life and their physical and mental well-being. Hence, this study aimed to assess the knowledge and perception of spiritual care among nursing students at the International Islamic University Malaysia, Pahang, Malaysia. This cross-sectional study was carried out among 95 nursing students in their second to fourth years of study, selected through convenience sampling. Frequency tables were employed to describe the categorical data. Independent t-test, one-way ANOVA and Pearson correlation were used to examine the association between sociodemographic factors with knowledge and perception on spiritual care. P value<0.05 was considered statistically significant. The results indicated that the participants had a mean knowledge score of 10.64, SD=1.44 (min=5, max=13) and a mean perception score of 66.03, SD=8.06 (min=47, max=85). However, there were no significant association between the sociodemographic factors and the knowledge (p>0.05). Also, there were no significant association between the sociodemographic factors and the perception (p>0.05), except for CGPA, which showed a significant association, at p=0.018. These results suggest that factors beyond sociodemographic factors play a role in shaping nursing students' knowledge and perception on spiritual care. Further research is needed to identify these factors and to understand their impact on spiritual care in nursing education and practice.

Keywords: *knowledge, nursing care, perception, spiritual care, spirituality.*

Introduction

The concept of holistic care encompasses the comprehensive provision of support to individuals, addressing their physical, mental, social, and spiritual dimensions. Nurses are required to deliver such care, which incorporates attending to the emotional needs of patients and their relatives. Spirituality constitutes an integral component of holistic care, involving the experience of vitality and contemplation of one's spiritual necessities [1]. It's not just about religion, but also about finding meaning and purpose in life. Nurses have an important role in taking care of a person's spiritual needs, but they may face difficulties and feel unprepared for this aspect of care. Prior study suggests that many nurses at work feel they are not ready to take care of a person's spiritual needs for different reasons [2]. Some reasons include not having enough time to connect with patients, uncertainty about their own spirituality, thinking that spiritual care is the job of chaplains, and a lack of training on how to provide spiritual care, including local information [3,4]. Research suggests that there is a need for better planning and training to support nurses in providing spiritual care. A study conducted in Turkey found that nurses had insufficient knowledge about spiritual care and were unable to meet the needs of patients in this area [5].

In terms of knowledge of spiritual care among nursing students, a prior study revealed that students had expressed doubt as to whether spiritual care should be an integral part of nursing education, despite the fact that 50.3% of respondents stated that during their clinical practice, they had encountered patients with spiritual needs [6]. In another study, 62.4% of nursing students had no information about spirituality and spiritual care[7]. Furthermore, a study conducted among nursing students in Turkey revealed that 94.3% identified that spiritual care was necessary within nursing care, and 32.8% mentioned that they had received guidance from teachers or clinical instructors to give spiritual care. Additionally, approximately 50.7% of respondents felt capable of addressing the spiritual needs of patients and the most common forms of spiritual care provided were active listening (87.3%), demonstrating empathy (75%), and offering psychological support (59.8%) [8]. In terms of perception of spiritual care, a prior study found that the students had moderate (54.76 ± 5.35) perceptions of spirituality and spiritual care [9].

For this reason, in nursing education, it is imperative to prepare students by helping them acknowledge their own spirituality. This step holds significance in equipping students with the capacity to deliver spiritual care to patients and thereby strengthening the influence of spirituality on individual's overall quality of life and their physical and mental well-being. A prior study on spiritual care conducted among nursing students revealed that spirituality is regarded as an internal aspect where the importance of determining one's own spirituality is needed to better understand the spiritual perspectives of patients [10]. Another study aimed at evaluating the effect of interventions in improving spiritual care related to chronic diseases were comprised of improvement in learning and perception of spiritual care [11]. Hence, the objectives of this study were to assess the knowledge and perception of spiritual care among nursing students in the International Islamic University Malaysia (IIUM) and to determine sociodemographic factors associated with it.

Materials and Method

This cross-sectional study was conducted among nursing students in their second to fourth years of study in the International Islamic University Malaysia, Kuantan, Malaysia. First-year students were not included in the study as they had not yet undertaken clinical postings. A total of 95 students were recruited to participate in the study using convenience sampling. The online questionnaire was used to capture information on the knowledge and perception of spiritual care among respondents.

The questionnaire comprised of three sections, with Part A focusing on sociodemographic data included questions about age, gender, year of study, and achievement level measured by CGPA (Cumulative Grade Point Average). Part B encompassed 13-item measuring knowledge on spiritual care. Each correct answer received one mark. The minimum and maximum score were 0 and 13 respectively. Part C contained 17-item scale on Spirituality and Spiritual Care Rating Scale (SSCRS) which measuring students' perceptions of spirituality and spiritual care as a component of holistic nursing care [12]. Items were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The SSCRS was designed to address a wide range of attributes of spirituality and spiritual care. The four subscales were: (a) spirituality (the existential elements of life and their meaning); (b) spiritual care (listening, spending time, privacy, respect); and (c) religiosity (faith and system of worship), and (d) personalised care (unique values, morals, relationships). Permission to use the SSCRS questionnaire was obtained from previous author [12].

Data were analysed using IBM SPSS version 26. Frequency tables were employed to describe the categorical data. Independent t-test, one way ANOVA and Pearson correlation were used to examine the association between sociodemographic characteristics with knowledge and perception on spiritual care. P value less than 0.05 considered statistically significant.

The research was approved by IIUM Research Ethic Committee (IREC). Prior to participation, all participants were made aware of the objectives and methods of the research. Data confidentiality was assured to participants, and written consent was obtained. Participants were made aware that their involvement in the study was completely voluntary, and they have the right to withdraw from the study at any point during the study.

Results

A total of 95 participants responded to the survey, representing a 52% response rate, from the overall calculated sample size of 181. The analysis of the participants' age revealed that the majority were 23 years old, at 50.5%, as shown in Table 1. In terms of gender, the sample consisted of 71.6% males and 28.4% females. When considering the participants' year of study, 17.9% were in the 2nd year, 30.5% were in the 3rd year, and the majority (51.6%) were in the 4th year. Regarding the participants' CGPA, 2.1% had a CGPA< 3.00, 66.3% had a CGPA between 3.00 and 3.49, and 31.6% had a CGPA≥3.50.

Data analysis revealed that participants' average knowledge score was 10.64, with a standard deviation of 1.44, as shown in Table 2. The minimum score obtained was 5, while the maximum score reached 13. On the other hand, participants' average perception score was 66.03, with a standard deviation of 8.06. The lowest perception score recorded was 47, while the highest perception score obtained was 85.

Table 3 presents participants' responses regarding knowledge of spiritual care. Each item represents a statement related to spiritual care, and participants were asked to indicate if the statement is correct or not. The majority of participants (98.9%) acknowledged receiving educational content on spiritual care during their nursing education (item 1). For item 2, 26.3% correctly identified the components of spiritual care, including awareness of spiritual tension, identifying patients' spiritual needs, and designing holistic care programs. Similarly, 96.8% of participants confirmed receiving educational content during their clinical postings (item 3), and 40.0% indicated receiving such content indirectly during clinical postings (item 4). Regarding the definition of spiritual nursing care (item 5), 40.0% correctly described it as holistic care that fosters meaning and purpose. For items 6 to 13, the majority of participants (ranging from 86.3% to

98.9%) believed in the importance of assessing patients' spiritual beliefs, providing explanations, listening to concerns, and involving various individuals, such as nurses, spiritual leaders, chaplains, and family/friends, in providing spiritual care.

Table 4 presents the responses regarding perception about spirituality and the role of nurses in providing spiritual care. For item 1, majority of participants (43.2%) strongly agreed that nurses can arrange visits by chaplains or religious leaders upon request. Similarly, for item 2, 36.8% strongly agreed that nurses can show kindness, concern, and cheerfulness while providing care. In terms of item 5, 41.1% strongly agreed that spirituality involves belief and faith in a higher being, while for item 6, the majority (51.6%) strongly agreed that spirituality is about finding meaning in life's events. Item 11 received a significant percentage of strong agreement responses (31.6%), indicating the belief that nurses can provide spiritual care by actively listening and allowing patients to discuss their fears, anxieties, and troubles.

Table 5 revealed that there was no significant correlation between age and knowledge score, with the Pearson correlation coefficient was -.011, and p-value of 0.920. This indicates that there was no linear relationship between these variables.

As shown in Table 6, independent t-test was conducted to compare the mean knowledge scores between males and females. The mean knowledge score for males was 10.78 (SD = 1.37), while for females was 10.50 (SD = 1.20). The p-value obtained was 0.364. These results indicate that there was no statistically significant difference in the knowledge scores between males and females.

As shown in Table 7, one-way ANOVA was conducted to compare the mean knowledge scores among students in different years of study. The mean score for 2nd-year, 3rd-year and 4th-year students were 10.76 (SD = 1.43), 10.59 (SD = 1.452, and 10.75 (SD = 1.22) respectively. The p-value was 0.854, suggesting that there were no significant differences in knowledge mean scores across the three years of study ($p > 0.05$). In terms of CGPA, the mean score for students with a CGPA <3.00 was 11.50 (SD = 2.12), for students with a CGPA between 3.00 and 3.49 was 10.77 (SD = 1.29), and for students with a CGPA ≥3.50 was 10.50 (SD = 1.35). The p-value was 0.453, indicating that there was no significant difference in knowledge mean scores among the CGPA categories ($p > 0.05$).

Table 8 shows the Pearson correlation test measuring the strength of a linear association between age and perception of spiritual care. There was a weak positive correlation ($r = .195$, $p = .060$) between the variables, however it was not statistically significant.

The perception mean score for males was 10.78 (SD = 1.37), while females was 10.50 (SD = 1.20), as shown in Table 9. The t-test comparing the means between the two groups yielded a non-significant association at p-value 0.364.

Table 10 represents the association between year of study and CGPA with the perception of spiritual care. The perception mean score for participants in 2nd-year, 3rd-year and 4th-year were 65.58 (SD = 7.70), 64.96 (SD = 6.86), and 67.22 (SD = 8.47) respectively. There was no significant association between the variables ($p>0.05$). Furthermore, the perception mean score for participants with CGPA < 3.00, 3.00 - 3.49 and CGPA ≥ 3.50 were 79.00 (SD = 8.48), 65.06 (SD = 6.81), and 67.80 (SD = 9.01) respectively. There was a statistically significant difference in the perception score between the three CGPA groups ($p=0.018$). It suggests that the level of academic performance, as indicated by CGPA, had an influence on the perception of spiritual care.

Discussion

Knowledge of spiritual care among IIUM nursing students

The information displayed demonstrates the amount of knowledge held by IIUM nursing students. The knowledge test had a mean score of 10.64 and a standard deviation of 1.44. The minimum and highest knowledge scores were 5 and 13, respectively. This suggests that the students generally have moderate knowledge on spiritual care. According to the findings, nursing students do receive some instruction on spiritual care, but it may be necessary to place more focus on it and provide more guidance on how to provide it to patients during clinical experiences. As mentioned by Adeyemo et al. [13] which in their survey clearly showed that respondents had various misconceptions about the extent and nature of spiritual nursing care, with only a small percentage having an adequate comprehension of such concepts [12]. The under-representation of spirituality in nursing school programs is one of the biggest factors in the knowledge gap and restricted provision of spiritual care among nurses. The results emphasised the significance of thorough instruction in spiritual care in nursing curriculum to give future nurses the knowledge and abilities required to attend to patients' spiritual needs. Content on providing spiritual care must be enhanced within nursing curriculums as well as with nurses in practice [14]. Overall, participants appear to have a moderate level of understanding of spiritual care, with the majority of them recognising the value of educational content, the distinct elements of spiritual care, and the varied roles played by different parties involved in the provision of spiritual care.

Perception of spiritual care among IIUM nursing students

According to the findings, nursing students generally have a favourable opinion of spiritual care. The high rate of strong agreement responses indicates that the students agree on several issues related to spiritual care, such as the value of compassion, respect for others' privacy and religious views, and the necessity of active listening. These results are consistent with previous research that highlights the value of integrating spiritual care into nursing practice [15]. According to Cooper & Chang[16], the spiritual care theme had a favourable impact on the perspectives of undergraduate nursing students. This could be caused by a variety of variables, including exposure to the topic. Since spirituality is seen as a fundamental component of holistic care, nurses play a critical role in meeting the needs of patients on a spiritual level [17]. Nursing students show that they grasp the humanistic and compassionate facets of nursing by emphasizing the value of kindness, respect, and active listening in spiritual care.

Association between sociodemographic factors and knowledge of spiritual care among IIUM nursing students

This study reported that there was no significant difference between gender, age, CGPA and year of study with the knowledge on spiritual care. In the context of the relationship between age and the knowledge on spiritual care among nursing students, it is important to note that empirical studies examining this specific relationship may vary in their findings. Some studies suggest that older individuals may have more life experiences and exposure to diverse patient populations, which could contribute to a deeper understanding of spiritual care [17]. For example, Taylor[17] conducted a study involving nursing students and found that older students demonstrated higher levels of knowledge and understanding of spirituality compared to their younger counterparts. They suggested that the life experiences and maturity that come with age might enhance students' ability to grasp the complexities of spiritual care [12]. On the other hand, other studies have not found a significant relationship between age and knowledge of spiritual care among nursing students. [19] These studies emphasised that knowledge of spiritual

care is not solely dependent on age but can also be influenced by other factors, such as educational background, personal beliefs, and exposure to spiritual care education during their nursing training. Thus, it is worth considering that the level of knowledge of spiritual care can be influenced by a range of factors beyond sociodemographic characteristics, such as individual interest, personal beliefs, exposure to spiritual care education, and cultural background. Thus, it is plausible that sociodemographic factors may not have a significant direct relationship with the knowledge of spiritual care.

Relationship between sociodemographic factors and perception of spiritual care among IIUM nursing students

Results revealed that there were no significant differences between gender, age, and year of study with perception of spiritual care. However, an analysis of the relationship between sociodemographic characteristics, specifically the level of academic achievement (measured by CGPA), and the perception of spiritual care among nursing students was conducted using a one-way ANOVA and the results revealed a statistically significant difference in perception scores across different levels of academic achievement, as indicated by a significant p-value of 0.018. Post hoc comparisons using the Bonferroni test further revealed that the mean perception score for students with a CGPA<3.00 was significantly higher (mean difference = 13.93, SE = 5.46, p = 0.037) compared to those with a CGPA between 3.00 and 3.49. These findings indicate that higher academic achievement, as reflected by a higher CGPA, may be associated with a higher level of perception on spiritual care among nursing students. As mentioned by Wu et al.[19] in their study found that education, experience, career interest in nursing, and career choice affects nursing student perceptions of spirituality and spiritual care. However, it is important to note that this relationship is complex and influenced by various factors.

Conclusion

In this study, we acknowledged several limitations. Firstly, the sample size was relatively small, comprising only 95 participants which made up of 52% response rate. Secondly, the sampling method used was convenience sampling, which may limit the generalisability of the results to a broader population. Thirdly, data were collected using self-report questionnaires, which could introduce response bias. Future research with larger and more diverse samples is needed to further discover these findings.

In summary, research results suggest that nursing students have moderate knowledge and high levels of perception regarding spiritual nursing. Socio-demographic characteristics such as age, gender, and year of study were found to have no significant effect on knowledge and perception, except academic achievement level (CGPA), which showed a significant association with perception. These results suggest that factors beyond sociodemographic characteristics play a role in shaping nursing students' knowledge and perceptions of spiritual care. Further research is needed to identify these factors and to understand their impact on spiritual care in nursing education and practice.

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Table 1. Sociodemographic characteristics of the respondent (N = 95)

Variable	Frequency (n)	Percentage (%)
Age		
≤22	31	32.5
23	48	50.5
24	10	10.5
≥25	6	6.5
Gender		
Male	68	71.6
Female	27	28.4
Year of study		
2nd year	17	17.9
3rd year	29	30.5
4th year	49	51.6
CGPA		
< 3.00	2	2.1
3.00 – 3.49	63	66.3
≥ 3.50	30	31.6

Table 2. Mean, standard deviation, minimum and maximum for level of knowledge and level of perception.

No	Variable	Mean	SD	Minimum	Maximum
1	Knowledge	10.64	1.44	5	13
2	Perception	66.03	8.06	47	85

Table 3. Knowledge items of spiritual care

No.	Item	Correct Answer	Frequency (%)
1	Did you receive any educational content concerning spiritual care while in school of nursing?	Yes	94 (98.9)
2	Spiritual care has to do with:	Being aware of spiritual tension during illness, identifying the spiritual needs of the patients as well as psychological theories about stress and compatibility, designing holistic caring programmes and providing spiritual needs for patients during caring period.	25 (26.3)
3	Have you received any educational content during your clinical posting?	Yes	92 (96.8)
4	Educational content of spiritual care received during clinical posting directly or indirectly.	Yes	38 (40.0)
5	Spiritual nursing is:	"Spiritual care is holistic care which enables the recipients of care to search for meaning and purpose"	38 (40.0)
6	Assessing a patient's spiritual beliefs pertaining to health is a component of spiritual care.	Yes	93 (97.9)
7	Giving full explanation to patient about his or her state of health is a component of spiritual care.	Yes	82 (86.3)
8	Listening to patients' spiritual concerns and providing patients with soul-lifting literatures is a component of spiritual care.	Yes	93 (97.9)
9	Nurses are expected to be responsible for providing spiritual care.	Yes	88 (92.6)
10	Patients should be responsible for providing spiritual care.	Yes	90 (94.7)
11	Patient's spiritual leader should be responsible for provision of spiritual care.	Yes	91 (95.8)
12	Chaplain should be responsible providing spiritual care.	Yes	93 (97.9)
13	Patient's family and friends should be responsible for providing spiritual care.	Yes	94 (98.9)

Table 4. Perception items of spiritual care

No	Item	Strongly disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly agree n (%)
1	"I believe nurses can provide spiritual care by arranging visits by the hospital chaplain or the patients' own religious leader if requested"	1 (1.1)	3 (3.2)	10 (10.5)	40 (42.1)	41 (43.2)
2	"I believe nurses can provide spiritual care by showing kindness, concern, and cheerfulness when giving care"	_	2 (2.1)	10 (10.5)	48 (50.5)	35 (36.8)
3	"I believe spirituality is concerned with a need to forgive and a need to be forgiven"	_	1 (1.1)	7 (7.4)	44 (46.3)	43 (45.3)
4	"I believe spirituality involves only going to mosque/ place of worship"	_	_	12(12.6)	41 (43.2)	42 (44.2)
5	"I believe spirituality is concerned with a belief and faith in a God or Supreme being"	3 (3.2)	2 (2.1)	19 (20.0)	39 (41.1)	32 (33.7)
6	"I believe spirituality is about finding meaning in the good and bad events of life"	1 (1.1)	_	4 (4.2)	49 (51.6)	41 (43.2)
7	I believe nurses can provide spiritual care by spending time with a patient giving support and reassurance especially in time of need"	_	_	8 (8.4)	46 (48.4)	41 (43.2)
8	"I believe nurses can provide spiritual care by enabling a patient to find meaning and purpose in their illness"	1 (1.1)	_	6 (6.3)	49 (51.6)	39 (41.1)
9	"I believe spirituality has to do with the way one conducts one's life now and hereafter"	_	2 (2.1)	6 (6.3)	41 (43.2)	46 (48.4)
10	"I believe spirituality has to do with the way one conducts one's life now and hereafter"	24 (25.3)	35 (36.8)	10 (10.5)	13 (13.7)	13 (13.7)
11	"I believe nurses can provide spiritual care by listening to and allowing patients to discuss and explore their fears, anxieties and troubles"	30 (31.6)	27 (28.4)	14 (14.7)	13 (13.7)	11 (11.6)
12	"I believe spirituality is a unifying force which enables one to be at peace with oneself and the world"	_	5 (5.3)	17 (17.9)	40 (42.1)	33 (34.7)
13	"I believe spirituality does not include areas such as art, creativity, and self-expression"	_	3 (3.2)	23 (24.2)	39 (41.1)	30 (31.6)
14	"I believe nurses can provide spiritual care by having respect for privacy, dignity, and religious and cultural beliefs of a patient"	15 (15.8)	28 (29.5)	22 (23.2)	15 (15.8)	15 (15.8)
15	"I believe spirituality involves personal friendships or relationships"	-	3 (3.2)	9 (9.5)	46 (48.4)	37 (38.9)
16	"I believe spirituality does not apply to atheists or agnostics"	13 (13.7)	14 (14.7)	37 (38.9)	21 (22.1)	10 (10.5)
17	"I believe spirituality includes people's morale"	-	-	10 (10.5)	43 (45.3)	42 (44.2)

Table 5. Correlation between age and knowledge of spiritual care (n=95)

Variable	P	R
Age	-0.11	0.920
P-value <0.05		

Pearson Correlation

Table 6. The association between gender and knowledge of spiritual care (n=95)

Measure	Mean (SD)	t-statistics (df)a	P-Value
Gender			
Male	10.78 (1.37)	0.91(92)	0.364
Female	10.50 (1.20)		

Independent T-Test

Table 7. The association between year of study and CGPA with knowledge of spiritual care (n=95)

Measure	Mean (SD)	F(df)a	P-Value
Year of Study			
2nd Year	10.76 (1.43)	0.15(2)	0.854
3rd Year	10.59 (1.45)		
4th Year	10.75 (1.22)		
CGPA			
<3.00	11.50 (2.121)	0.798(2)	0.453
3.00 – 3.49	10.77 (1.298)		
≥3.50	10.50 (1.358)		

One Way ANOVA

Table 8. Correlation between age and perception of spiritual care (n=95)

Variable	P	R
Age	0.195	0.06
P-value <0.05		

Pearson Correlation

Table 9. The association between gender and perception of spiritual care (n=95)

Measure	Mean (SD)	t-statistics (df)	P-Value
Gender			
Male	10.78 (1.37)	0.91(92)	0.364
Female	10.50 (1.20)		

Independent T-Test

Table 10. The association between year of study and CGPA with perception of spiritual care (n=95)

Measure	Mean (SD)	F(df)a	P-Value
Year of Study			
2nd Year	65.58 (7.70)	0.816 (2)	0.445
3rd Year	64.96 (6.86)		
4th Year	67.22 (8.47)		
CGPA			
<3.00	79.00 (8.48)	4.186(2)	0. 018
3.00 – 3.49	65.06 (6.81)		
≥3.50	67.80 (9.01)		

One Way ANOVA

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