

Effect of spiritual health in the quality of nursing care for patients with covid-19

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ABSTRACT

Introduction

Nurses played an important role in nursing services to infected patients in the covid-19 pandemic and considering the unknown nature of the virus and the shock of the pandemic, its psychological aspects have been less investigated. Therefore, the present study was conducted to investigate effect of spiritual health on the quality of nursing care for patients with covid-19.

Methods

The present study was done in a cross-sectional-analytical method in the Covid departments of Peymaniye Hospital in Jahrom city in 2021. Sampling was done by census method among the nurses working in the care departments of patients with covid-19. If any nurse suffered from any psychological disorder(s) or didn't fill in the questionnaire completely, she was classified as exclusion criteria. Demographic form, spiritual health and quality of nursing care questionnaires (QUALPAC= Quality Patient Care Scale) were used to collect necessary data and the findings were analyzed by SPSS version 21.

Results

The spiritual health score average of the employed nurses was 92.68 ± 15.98 . Based on the leveling of the questionnaire, the level of spiritual health of the majority of nurses was at a mean level (60.8%). Also, the findings of the Spearman test indicated that there is a significant relation between spiritual health and the quality of nursing care ($r=0.44$, $P<0.0001$).

Conclusion

Considering the relation between spiritual health and the quality of nursing care, it is recommended that spiritual health services be integrated in the provision of general treatment and care in all hospitals of the country and personnel training should be taken into consideration, too.

Keywords

Spiritual Health; Quality of Nursing Care; COVID-19; Nurses

INTRODUCTION

The Covid-19 pandemic, also known as the coronavirus, is an ongoing global pandemic; the first known outbreak started in Wuhan in 2019^{1, 2, 3}. Today, two years after the outbreak of the disease, there are still some health problems; So far, more than 650 million people throughout the world have been infected with this virus and more than 6 million people have passed away and in Iran, the number of infected people is more than 7 million people and more than 140 thousand people have died^{4, 5}. Due to the unknown nature of the corona virus, its psychological aspects have been less

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investigated⁶. Covid-19 caused changes in people's life conditions, fear of disease transmission, closure of schools, universities, businesses, etc. Among the other harmful consequences of the disease, there are many psychological and emotional effects such as loneliness, depression, anxiety or anger as well as insomnia, irritability, anesthesia, fear and despair, negative effects on the spiritual health of the healthy and sick people⁷.⁸ The impact of the COVID-19 pandemic on mental health has been profound, with an exponential increase in cases of anxiety, depression, suicide attempts, and more.⁹ Spirituality may influence many aspects of medical care. Previous studies indicate that there is a strong relation between the staff's religious feelings and the patients' spiritual needs^{10,11}. Chiang et al. (2016) believe that among the most important value and belief systems of nurses their spiritual health influences greatly their attitude and performance to care patients¹². Nurses who are spiritually aware care better. In such conditions, the nurse brings his (her) knowledge and experiences of spirituality to the care center and fulfills some patient's spiritual needs. If the nurse doesn't pay attention to the intellectual dimensions and patients' beliefs, the patients mistrust the nursing care¹³.

Nurses must play multiple roles simultaneously so that the conflicts created can affect their spiritual health and quality of work. Health service workers, especially nurses, are constantly faced with critical and stressful situations. Therefore, it is necessary to pay more attention to the state of spiritual health and the factors influencing it in nurses^{14,15}. Factors such as illness, high work pressure, lack of awareness and support and conflicts are taken into consideration as the stressors. Also, different departments create different stressful conditions so they influence differently the employees' mental health. Occupational stress leads to work burnout and influences negatively their function¹⁶.

Considering the important role of spiritual health in nursing care and the few available studies related to the nurses' spiritual health status during the Covid-19 pandemic crisis, the present study was conducted to investigate effect of spiritual health in the quality of nursing care for patients suffering from Covid-19.

MATERIALS AND METHODS

The current cross-sectional-analytical study was conducted in the Covid wards of Peymaniye Hospital in

Jahrom city in 2021. All work steps were done by virtue of the nurses' consent and knowledge.

Study Sampling

Sampling was done by census method among the nurses working in the care departments for patients suffering from Covid-19 (intensive care unit -emergency-internal care department). By virtue of the criteria only the nurses who were healthy (not suffering from Covid-19) and were working in the wards to care the Covid-19 patients were included in the research and if they didn't fill in the questionnaire completely, they were eliminated, either. Demographic form, spiritual health and quality of nursing care questionnaires (QUALPAC= Quality Patient Care Scale) were used to collect necessary data. Before conducting the research we told the participants that what they say to us would be secret. Data were collected by a trained research assistant.

Study Instrument

The demographic information form included information about age, sex, marital status, education, work experience, department of service and shift status.

In order to check the quality of nursing care, the QUALPAC Quality patient care scale was used. This questionnaire was created in 1972 and it measures the quality of nursing care in three dimensions: psycho-social (questions 1-28), communication (29-41) and physical (42 to 65) conditions. This questionnaire has 65 statements; each one has a 5-choice Likert scale with the answers, never 1, rarely 2, sometimes 3, often 4, always 5¹⁶. The method of scoring and interpretation is the total number of questions. If the obtained score is between 65 and 130, the quality of nursing care in this community is poor, if the scores of the questionnaire are between 130 and 260, the variable rate is at an average level, and if the scores are above 260, the variable rate is good. The validity of this questionnaire was investigated in Tabriz by Khushkho in 2004 and adapted to Iranian culture^{18,19}. The reliability of this questionnaire was calculated and confirmed at 96% using Cronbach's alpha in Khaki et al.'s study²⁰.

In order to measure spiritual health, Poltzin and Ellison's spiritual health questionnaire was used, which includes 20 questions (10 religious health questions and 10 existential health questions). The items are divided on a 6-choice Likert scale from completely disagree to completely agree and the total score of spiritual health will be between 20-120 (spiritual health at the low rate

is 20-40, the average score is 41-99, the highest score is 100-120). Higher scores indicate greater spiritual health. In the sentences with positive verbs, the answers are completely agree (6) and completely disagree (1) and in the sentences with negative verbs, I completely agree (1) and completely disagree (6) and for other choices, I disagree (2), I have no opinion (3), agree (4), strongly agree (5) are categorized. The validity and reliability of this questionnaire has been proven in many studies conducted in Iran; the reliability of the questionnaire was determined by Cronbach's alpha coefficient, 0.88^{21, 22}.

Statistical Analysis

In order to interpret the research data using SPSS software version 21, descriptive statistics (prevalence, mean and standard deviation) and inferential statistics (Spearman correlation coefficient, Mann-Whitney test, Kruskal-Wallis test) were used and the significance rate was 0.05.

ETHICAL CLEARANCE

Ethics approval was obtained from University Of Jahrom Research Ethics Committee (IR.JUMS.REC.1400.023) prior to collection of data.

RESULT

120 nurses working in the care departments with the patients suffering from Covid-19 of total ones working in the selected hospital participated in the study. Almost half of them were less than thirty years old (49.2%) and the majority were female (81.7%) and married (74.2%). Most of them had a bachelor's degree (95%) and had more than one year of work experience (86.7%) (Table I).

Table I. Distribution of the frequency of nurses working in the care departments with the patients suffering from Covid-19 based on demographic characteristics

Variable	category	frequency	Percent
Age	Less than 30 thirty	59	49.2
	30-40	45	37.5
	More than 40	16	13.3
Gender	Male	22	18.3
	Female	98	81.7
Marital Status	Single	31	25.8
	Married	89	74.2

Variable	category	frequency	Percent
Education	Master	114	95
	M.A and higher	6	0.5
Work experience	One year	16	13.3
	More than one year	104	86.7
Ward	Emergent	26	21.7
	Intensive Care unit	15	12.5
	Internal ward	79	65.8
Shift	Yes	107	89.2
	No	13	10.8

The average quality of nursing care of the working nurses was (254.53±37.97), which varied from (130 to 325). Based on the leveling of the questionnaire, the quality level of nursing care (50%) of the nurses was at an average level and almost half of them were at a good level (49.2%). The average spiritual health score of working nurses was (92.68±15.98), which varied from 61 to 120. Based on the leveling of the questionnaire, the level of spiritual health of the majority of nurses was at an average level (60.8%). Also, the average dimensions of the quality of nursing care and spiritual health are shown in Table II.

Table II. Descriptive statistical indicators of spiritual health and the quality of nursing care and their dimensions in nurses working in the care departments of patients with covid-19

Maximum	Minimum	Standard Deviation	Mean	Variable	
120	61	15.98	92.68	Spiritual Health Total score	Spiritual Health
60	31	7.33	49.02	Religious Health	
60	21	9.94	43.66	Existential Health	
325.00	130.00	37.97	254.23	Quality Patient Care Total score	Quality Patient Care
140.00	64.00	16.89	104.75	Psycho-Social	
65.00	23.00	8.71	51.10	Communication	
180.00	60.00	23.05	146.36	Physical	

The results of the Kolmogorov Smirnov test indicated that the distribution of variables of spiritual health and quality of nursing care did not follow the normal distribution ($P < 0.05$); The findings of the Spearman test indicated that there is a significant relation between spiritual health and the quality of nursing care ($r = 0.44$,

$P < 0.0001$). This finding indicated that with the improvement of spiritual health, the quality of nursing care improves among nurses in the care departments of patients suffering from Covid-19. Also, there is a

significant and direct relation between religious health and the quality of nursing care ($r = 0.39$, $P < 0.0001$) and existential health with the quality of nursing care ($r = 0.45$, $P < 0.0001$).

Table III. Correlation between spiritual health and the quality of nursing care among nurses in the care departments of patients suffering from Covid-19

Quality Patient Care	Physical	Communication	Psycho-social	Variable
0.44	0.45	0.35	0.44	Spiritual Health
03.39	0.40	0.36	0.36	Religious Health
0.45	0.45	0.33	0.46	Existential Health

The findings indicated that there was a significant correlation between age and the quality of nursing care ($P = 0.035$) and between education and the quality of nursing care ($P = 0.02$), so that the highest score of the quality of nursing care was found in those over 40 years

old and Nurses with postgraduate education and above were observed (Table IV). Also, there was a significant correlation between marital status and spiritual health ($P = 0.02$). So that the married nurses had the highest score of spiritual health (Table IV).

Table IV. Comparison of the quality of nursing care according to the demographic and background variables of the nurses

		Quality Patient Care		p-value	Spiritual Health		p-value
		Mean	standard Deviation		Mean	standard Deviation	
Age	Less than 30 thirty	259.44	39.43	0.035	94.31	16.08	0.26
	30-40	243.24	36.42		92.44	15.75	
	More than 40	268.13	29.37		87.31	16.07	
Gender	Male	261.68	42.97	0.18	90.68	17.97	0.52
	Female	252.92	36.81		93.12	15.57	
Marital Status	Single	249.58	29.55	0.29	88.03	15.12	0.04
	Married	256.25	40.51		94.29	16.04	
Education	Master	252.86	38.19	0.02	92.19	16.24	0.12
	M.A and higher	286.17	9.39		101.83	3.60	
Work experience	One year	270.31	32.13	0.09	99.38	10.89	0.11
	More than one year	252.10	38.35		91.64	16.43	
Ward	Emergent	252.58	30.65	0.68	95.54	12.17	0.35
	Intensive Care unit	262.40	37.31		87.47	19.95	
	Internal	253.67	40.44		92.72	16.21	

		Quality Patient Care		p-value	Spiritual Health		p-value
		Mean	standard Deviation		Mean	standard Deviation	
Shift	Yes	254.60	39.13	0.91	92.82	16.37	0.86
	No	253.92	27.83		91.46	12.78	

Mann-Whitney test was used for two-level tests, and Kruskal-Wallis test was used for variables with more than two levels.

DISCUSSION

The present study was conducted to investigate effect of spiritual health related to the quality of nursing care for patients suffering from Covid-19. According to the findings, most of the studied nurses were at an average level in terms of spiritual health. In other studies, the level of spiritual health of nurses was reported as average²³⁻²⁵. In a study that was conducted to investigate the nurses' perceptions of the competence of spiritual care, preparation and barriers to provide spiritual care, and the frequency of providing spiritual care, the participants generally stated that they are competent in providing spiritual care²⁶. Also, among the dimensions of spiritual health, the average score of religious health was higher than existential health.

In this regard, the dimensions of spiritual health (religious health and existential health) in the study of Ateshzadeh et al. (2017) which was conducted on 256 nurses working in a training hospital in Tehran, and also in the study of Fatemi et al. (2011), the mean score of religious health was higher. It was about existential health, which was in line with the results of the present study, but the level of spirituality of the participating nurses in both studies was at a high level^{11, 12}, which was different from the findings of the present study. The reason for this difference may probably be explained by the fact that spiritual health is a completely personal component with cognitive, mental and behavioral dimensions that is influenced by many factors including social and cultural conditions. Therefore, due to the different working conditions of nurses and their place of employment and the cultural context of the nurses participating in the mentioned research and the current research, such a difference in spiritual health is expected.

According to the findings of the present study, the quality level of nursing care of half of the nurses was at the average level and almost the other half was at

the good level. In Mohammadnia et al.'s study (2010), which was conducted to examine the quality of nursing services in three social security hospitals in Tehran the findings indicated that the quality of nursing services in the studied hospitals is at an optimal level which is in line with the present study²⁷ but in Labrague et al.'s study (2022), which was conducted in order to investigate the factors that contributed to nursing care errors and the quality of care assessed by nurses during the corona virus epidemic the mean score of the quality of care measure was almost low which is contrary to the finding of the present study. Although a wide range of factors may have influenced this result (such as nurse-to-patient ratio, staffing level), according to the evidence, the outbreak of Covid-19 may have contributed to this finding. Due to the fear of this disease, almost half of frontline nurses reported that they are not ready to manage patients suffering from corona infection²⁸.

In Bergman et al.'s study (2021), nurses who cared for patients with Covid-19 in the special department explained that the quality of care was compromised and the inability to provide nursing care led to moral stress²⁹. In other studies, the level of nursing performance was also reported as favorable^{30,31}; which supports the findings of the present study.

Based on the findings of a systematic study on the challenges to improve the quality of nursing in Iran, factors such as weak educational performance, lack of proper communication, feelings of lack of attention and empathy and friendly communication on the part of nurses towards the patient, fading of spiritual orientation of nurses, lack of understanding of needs and the demands of the patients by the nursing staff, the increase in the workload of the nurse and the lack of a suitable index to evaluate the quality in nursing care were the challenges of improving the quality of nursing care³². Therefore, there are many factors that may play

a role in the quality of nursing care and lead to different findings in different studies.

In the present study, the quality level of nursing care in the communication dimension was lower than the other two dimensions. Unlike the present study, in the study that was conducted to investigate the quality of holistic nursing care from the point of view of special care nurses, the findings of the study indicated that the quality of nursing care of patients in the physical and communication dimensions is optimal and in the psychosocial dimension, it is somewhat favorable³³, probably the difference in the results obtained from the mentioned study is due to factors such as: the type of study tool, the difference in individual skills in communicating between people. In their study Ketabi et al. (2019) also indicated that the quality of nursing care from the patients' point of view in three psycho-social, communication and physical dimensions is average and from the nurses' point of view, it is good. Therefore, nurses are legally and ethically responsible and committed to the quality of care they provide, and they must know that both psycho-social and communication aspects, as well as their expertise and skill to provide care influence the patient's conception of the quality of care³⁴.

According to the findings of the present study, there is a significant relation between spiritual health and the quality of nursing care. The results show that there is a significant correlation between age and education level and quality of nursing care. In other words, when the spiritual health (especially existential health) improves, the quality of nursing care among nurses in the care departments of patients with Covid-19 improves, too. In line with the present findings, the study of Zahiri et al. (2022) investigated the role of spiritual health in treating patients suffering from Covid-19. Based on the findings, the spiritual health of the treatment staff and patients caused a change in the attitude towards the disease and indicated the influence of spiritual health in treating Covid-19 patients⁴.

The results show that there is a significant correlation between age and education level and quality of nursing care; so that the highest quality score of nursing care was in the age of over forty years and nurses with postgraduate education and above, which is in line with previous studies³⁵. As the age increases, the quality score of nursing care increases; in order to justify this result, it can be acknowledged that it is probably due

to the adaptation of nurses to the working conditions and the increase of their skill in providing services. Also, with increasing age, the quality of care improves, probably due to nurses becoming more professional and responsible and with work experience.

Based on the findings, there was a significant correlation between marital status and spiritual health, and the highest score of spiritual health was in married nurses which supports the findings of the present study in accord with the previous ones³⁶. Therefore, it can be stated that factors such as marriage and commitment have influenced spiritual health and consequently the provision of nursing services among nurses, too.

Study Limitation and Recommendation

The present study was faced with limitations, including the use of available sampling method, the statistical universe being limited to one hospital, and the gender of most of the participants in the study; therefore, it is suggested to pay attention to these limitations in future studies so that related findings can be generalized. The lack of training on how to provide spiritual health services to students during their studies in the country's universities and the lack of spiritual empowerment of the treatment staff during the period of in-service training at the workplace caused the interventions to be based on the community-oriented model.

Although it is necessary to measure service quality from the perspective of the service recipient, it is also suggested that the perspective of the patient should also be considered in future studies.

CONCLUSION

The results of this study indicate the influence of the spiritual health of medical staff on the quality of nursing care. Therefore, it is necessary to consider appropriate educational programs to improve the spiritual health of nurses so that nurses can provide better services and benefit from the desired level of spiritual health. It is also suggested that due to the importance of holistic treatment and care, training on how to provide spiritual health services to students and employees of the health system should be reexamined by the policy makers of the country's health system. It is also recommended to execute other research on the spiritual health of nurses and factors related to it with special emphasis on the cultural and religious conditions of our country.

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