



Spirituality and Competency in Providing Spiritual Care to the Patients by Nurses Working In Selected Covid Centers, Himachal Pradesh

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ABSTRACT: Health is a state in which a person can cope effectively with all of life's obligations. COVID is the newly infectious disease affected most of the population worldwide. And spirituality plays an important role in the recovery during COVID-19. It is believe that if the nurses are competent in providing spiritual care then recovery of the patient is more effectively. The aim of the study is to assess spirituality and competency level in providing spiritual care to the COVID patients in selected COVID centers in H.P A non-experimental descriptive study was conducted in IGMC and Dr. Y.S Parmar COVID center H.P. A total 108 sample was collected by using non probability convenient sampling technique. Role of spirituality scale and nurse's competency scale was used for data collection. The present study showed that, during the Covid-19 pandemic in H.P, nurses were highly competent 34 (31.5%) in providing spiritual care to their patients. Although they generally had neutral believe in spirituality. Majority of them have neutral believe 35 (32.4%) that spirituality is important to treatment and help patients to cope with the disease, and some of them disagree to believe in spirituality and many of them had undergone spirituality course but they were not trained to handle the care. Several barriers mentioned were work-overload, lack of time and lack of training. The present study showed the majority of nurses believe that spirituality is important aspect in providing spiritual care to the COVID patients. It concludes that if the nurses are competent in providing care then the quality of life of COVID patients will improve

Key Words:- Competency, COVID, Patients, Spirituality, Staff Nurses

I.INTRODUCTION

A COVID-19 is a newly discovered infectious disease that was first reported on December 31, 2019 in Wuhan, China. March 11, 2020, the World Health Organization (WHO) designated the disease a pandemic following a rapid spread that affected several countries throughout the world.

Covid-19 makes many of us to think about how we are spending our time. Previously, much of our lives engaged by multiple activities like we were busy by nature, socially active, but this time alone is like a new novel for us. If social distancing might become the new normal, then spiritual life building can become important part of the change of filling the void of loneliness.

COVID-19's Impact on India and the Global Economy; India, which has a population of over 1.34 billion people and is the world's second largest, may have challenges in treating severe COVID-19 cases because it only has 49,000 ventilators, which is a small number. It would be a disaster for India if the number of COVID-19 cases in the country increased. Too quickly create new vaccinations and pharmacological treatments are very difficult to arrange. A study was conducted in India which shows that approximately 1 million people die in each year due to poor medical care systems.

“Spirituality refers to how they feel connected to the present moment, to themselves, to others, and to nature and how they express themselves to everyone. A meaningful life, transcendence, and actualization of many dimensions and capacities of human beings are all examples of spiritual health. Spiritual health helps in maintaining a balance between physical, psychological and social aspects of human life. World Health Organization (WHO) points out to the physical, psychological, social, and spiritual aspects as the main aspects of human existence. Spirituality is the essence of human existence. Spiritual wellbeing provides a coordinated and integrated connection to every dimension of life. It adds happiness and a meaningful life to life and life after death and when it is endangered people suffer loneliness, despair, and depression.

Holistic care necessitates the integration of spiritual care into practice in order to maintain human and moral dignity. Nurses' spirituality and spiritual well- being should be positive as well as high to fulfill this reason. Nurses are the mostly affected health care professionals during such



situations. Spirituality and the factors that influence spiritual care in the nursing profession improve the quality of health care in the health centers.

Spiritual care is the actions that healthcare staff engages in to improve the customers' quality of life and well-being. Compassionate presence, listening to patients' worries, hopes, and dreams, obtaining a spiritual history, and being attentive to all spheres of patients' life and their families are among the activities that healthcare personnel and people with COVID-19 engage in. However, due to infection control precautions in COVID patients, some activities, such as the engagement of chaplains and spiritual rituals, may be limited.

II. RESEARCH METHODOLOGY:

A non-experimental descriptive study was conducted in IGMC and Dr. Y.S Parmar COVID center H.P. A total 108 sample was collected by using non-probability convenient sampling technique. Registered staff nurses were included in

the study.

Tools for data collection: Data were collected using the 5 point likert scale for level of spirituality and 5 point Likert scale for competency level of nurses while providing care to the COVID patients. Tool consist 3 sections. **Section A:** Socio-demographic sheet it consist total 6 questions. **Section B:** 5 point likert scale for level of spirituality while providing care to the COVID patients, it consist total 10 statements. **Section C:** 5 point likert scale for competency level of nurses while providing care to the COVID patients, it consist total 10 statements.

Scoring interpretation:

Inter-quartile level was used for interpretation of both

Level of spirituality and competency level of nurses while providing care to the COVID patients.

Table 1: Scoring Key to assess the level of spirituality while providing care to the COVID patients.

Level on Spirituality	Score (%)
Strongly Agree to believe in spirituality	>42 (76-100)
Agree to believe in spirituality	40-42 (51-75)
Neutral to believe in spirituality	38-39 (26-50)
Disagree to believe in spirituality	<38 (<25)

Table 2: Scoring Key to assess the competency level while providing care to the COVID patients.

Competency by Inter- Quartile Level	Score (%)
Highly competent	>38 (76-100)
Moderately competent	37-38 (51-75)
Average competent	35-36 (26-50)
Below competent	<35 (<25)

Content validity was checked by the 7 expert's opinion from the field of nursing for the relevance, adequacy and appropriateness of the tool. Reliability of level of spirituality and competency scale was **0.74**.

Data collection: The study protocol was reviewed by the authority of Akal College of Nursing, Baru Sahib. Then they permit researcher to conduct the study. After getting permission from the Principal of Akal College of Nursing, Baru Sahib, investigator approach to the medical Superintendent of Dr. Y.S Parmar and IGMC Covid centre. Data was collected between 17 June 2020 to 23 June 2020.

After securing permission from the hospitals, the researcher approached to the participants during their shift breaks or during periods when they are not actively involved in patient's care (mainly during morning and evening

shift). The purpose of the study was explained to the participants and assurance was given regarding their confidentiality and anonymity of the data gathered by taken informed consent from them. The data was collected among 108 nurses through the offline mode. Respondents were accommodated in the nursing lounge of their practice area. Nurses who were ready to participate were asked to sign the informed consent form. No identical information was included in the questionnaire. The participants were given adequate time to complete the survey. No incentives were given to participating nurses and hospitals.

Data Analysis: Analysis and interpretation of data was done according to the objective of the study by using the descriptive and inferential statistics.



III. RESULTS:

Section A: Description of Socio-Demographic sheet

Section B: Role of spirituality and nurse's competency in providing spiritual care to covid patient in selected COVID centres H.P

Section C: Correlation between spirituality and competency in providing spiritual care to covid patient in selected COVID centres H.P

Section D: Association between spirituality and competency in providing spiritual care to covid patient in selected COVID centres H.P

SECTION- A: Description of Socio-Demographic sheet

N=108

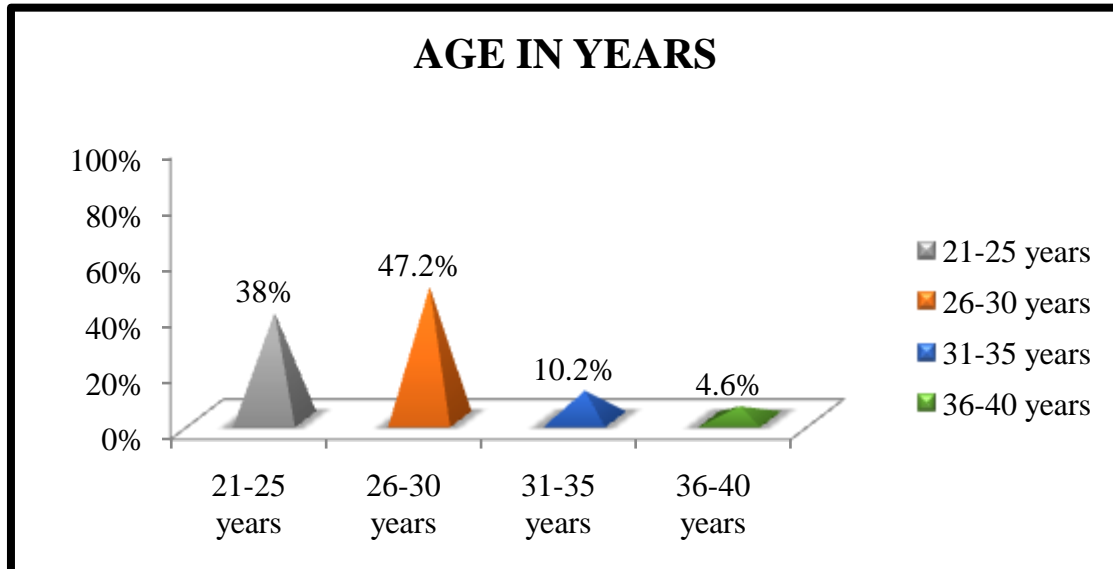


Figure-4.1 Percentage of age wise distribution of subjects

Figure 4.1 reveals that the largest number of the samples belongs to the age group of 26-30 years (47.2 %) and the age group of 21-25 years (38%). About 10.2% of samples were in age group of 31-35 years whereas another 4.6% belonged to the age category of 36-40 years.

N=108

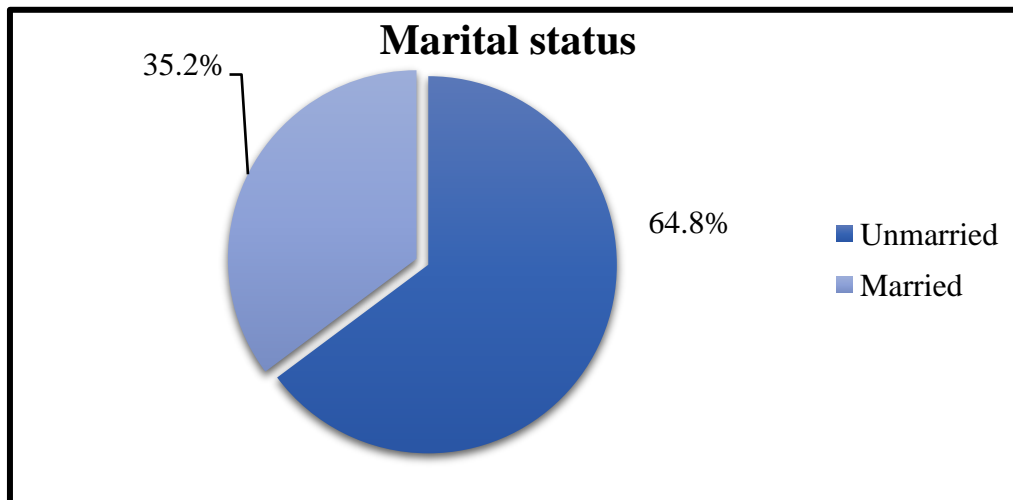


Figure-4.2 Percentage of marital status wise distribution of subjects

Figure 4.2 depict that most of the sample was unmarried (64.81%) and 35.2% sample was married.

N=108

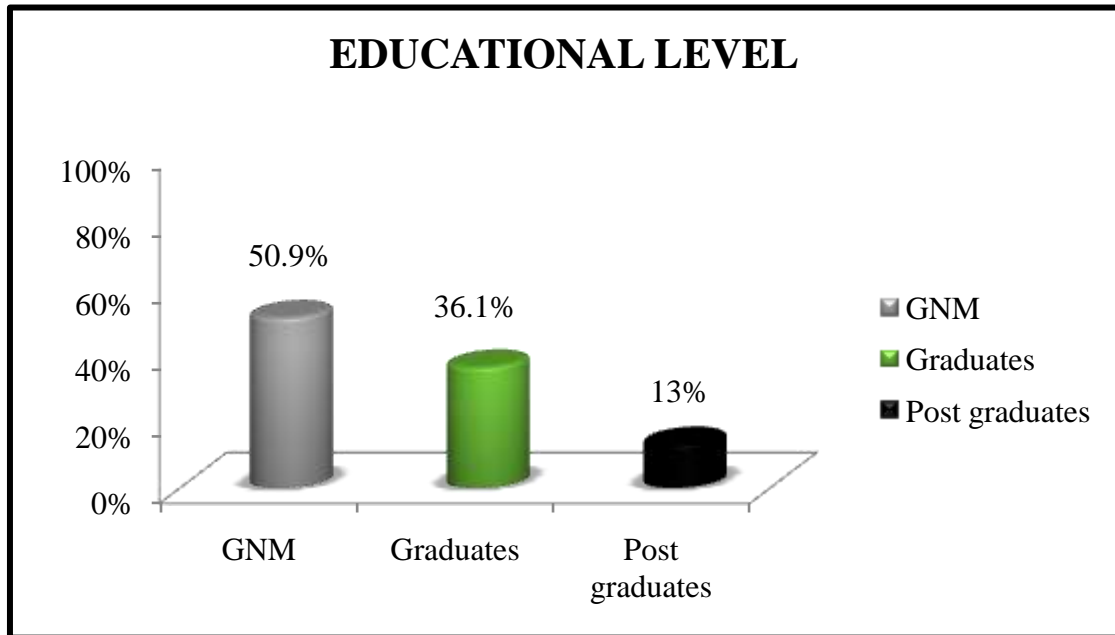


Figure-4.3 Percentage of education level wise distribution of subjects

Figure 4.3 depicts that the education status of the most of the subject were GNM (50.9%) and others were graduates (36.1%) and post- Graduates (13.0%).

N=108

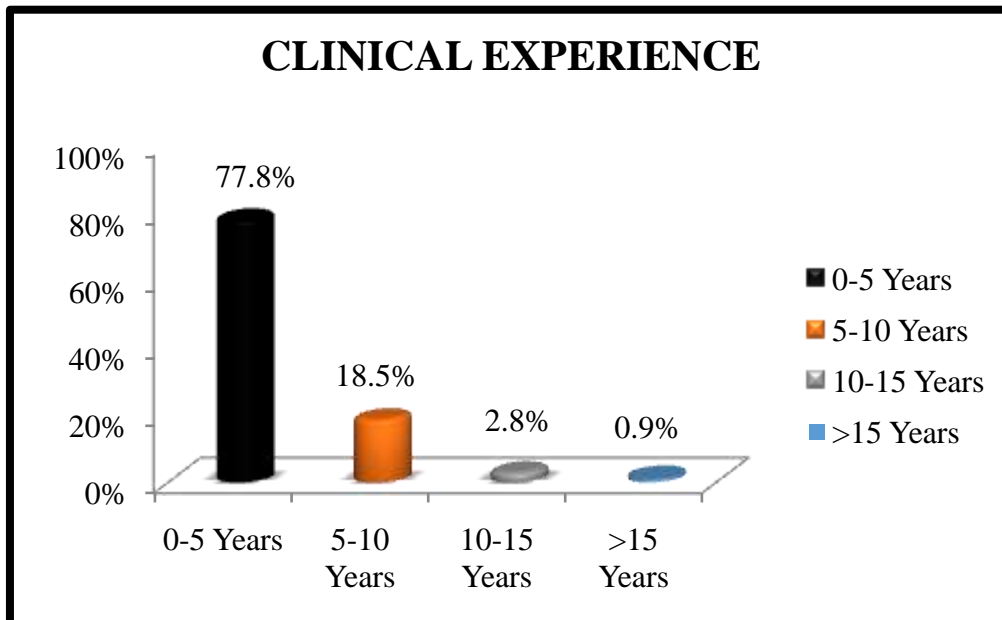


Figure-4.4 Percentage of Clinical experience wise distribution of subjects

Figure 4.4 depict that majority of subjects were <3 years experience (77.8%) and 4-9 years (18.5%). Others were 10-15 years (2.8%) and subjects who had >15 years were only (0.9%).

N=108

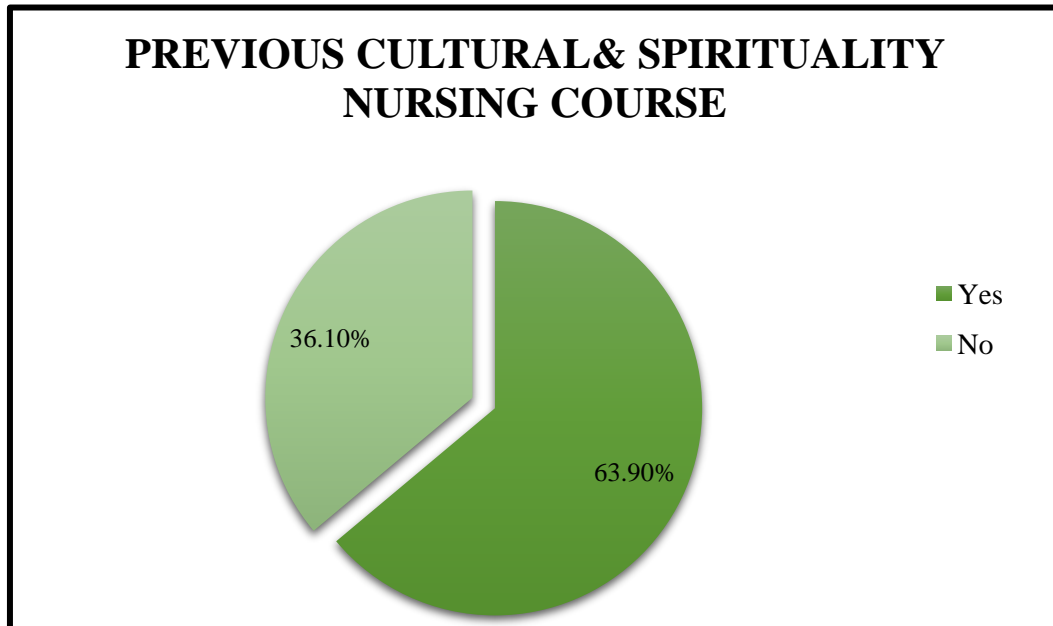


Figure-4.5 Percentage of Previous cultural and spirituality nursing course wise distribution of subjects

Figure 4.5 depicts that majority of subjects previously attended the cultural and spiritual course (63.9%) and others didn't attend any spiritual and cultural course (36.1%)
N=108

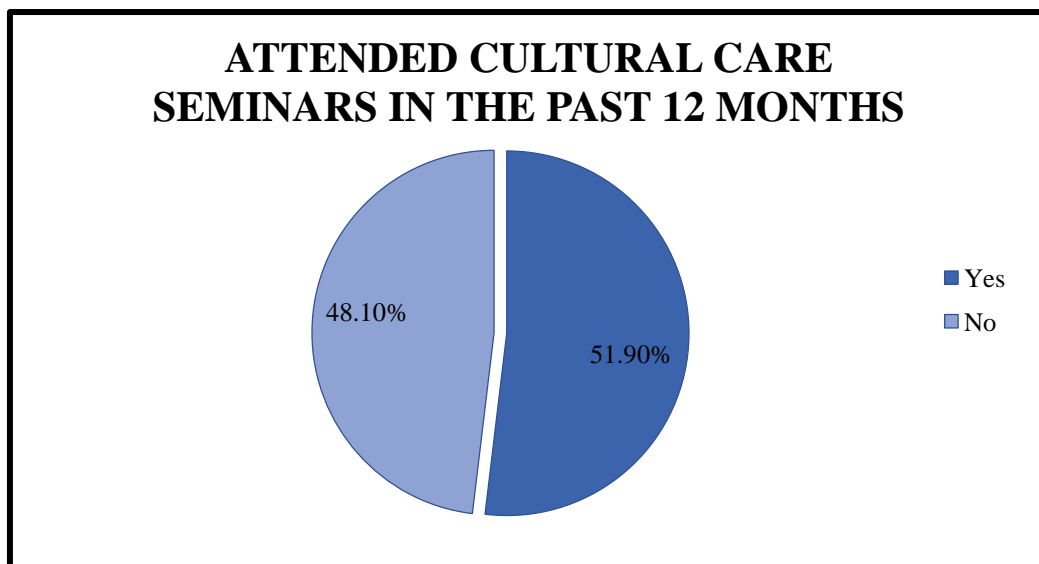


Figure-4.6 Percentage of Attended cultural care seminars in the past 12 months wise distribution of subjects
Figure 4.6 depict that (51.9%) subjects attended cultural care seminars in the past 12 months and others didn't (48.1%).

SECTION: B

TABLE: 4.1: Findings related to level of Spirituality.

N=108

Inter-quartile level on Spirituality	F	%
Strongly Agree to believe in spirituality	32	29.6 %



Agree to believe in spirituality	23	21.3%
Neutral to believe in spirituality	35	32.4%
Disagree to believe in spirituality	18	16.7%

Table: 4.1: This table depicts that majority of nurse 35 (32.4%) are neutral to believe in spirituality and 32 (29.6%) nurse strongly agree to believe in spirituality, 23 (21.3%) nurse agree to believe in spirituality and 18 (16.7%) nurses are disagree to believe in spirituality.

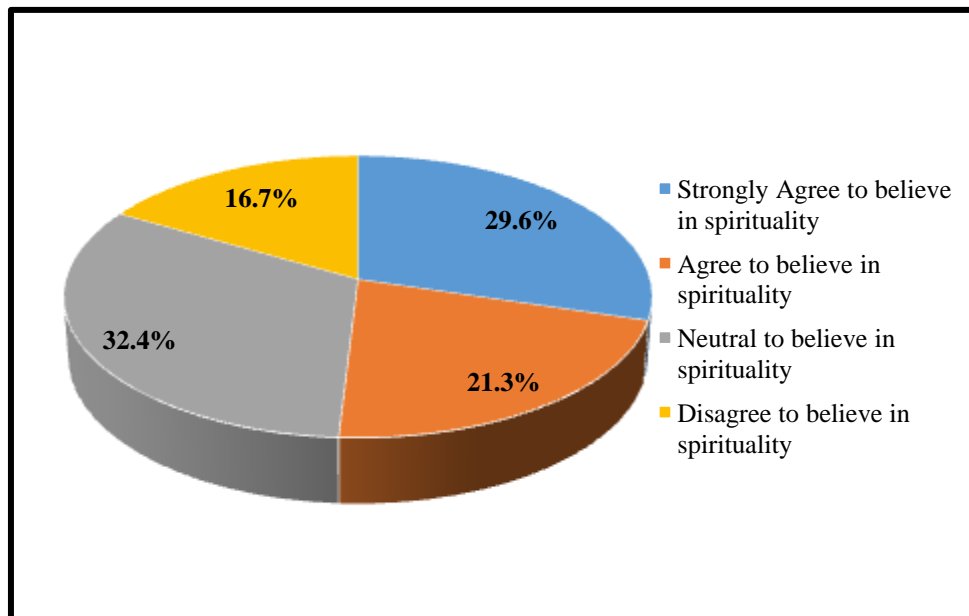


Figure-4.7: Level of Spirituality

Table 4.2: Findings related to level of Spiritual care competency

N=108

Inter-quartile level on competency	F	%
Highly competent	34	31.5%
Moderately competent	23	21.3%
Average competent	26	24.1%
Below competent	23	23.1%

Table: 4.2: This table depicts that majority of nurse 34 (31.5%) are highly competent in providing spiritual care and 23 (21.3%), moderately competent in providing spiritual care 26 (24.1%) average competent in providing spiritual care and 23 (23.1%) nurses were below competency level in providing spiritual care.

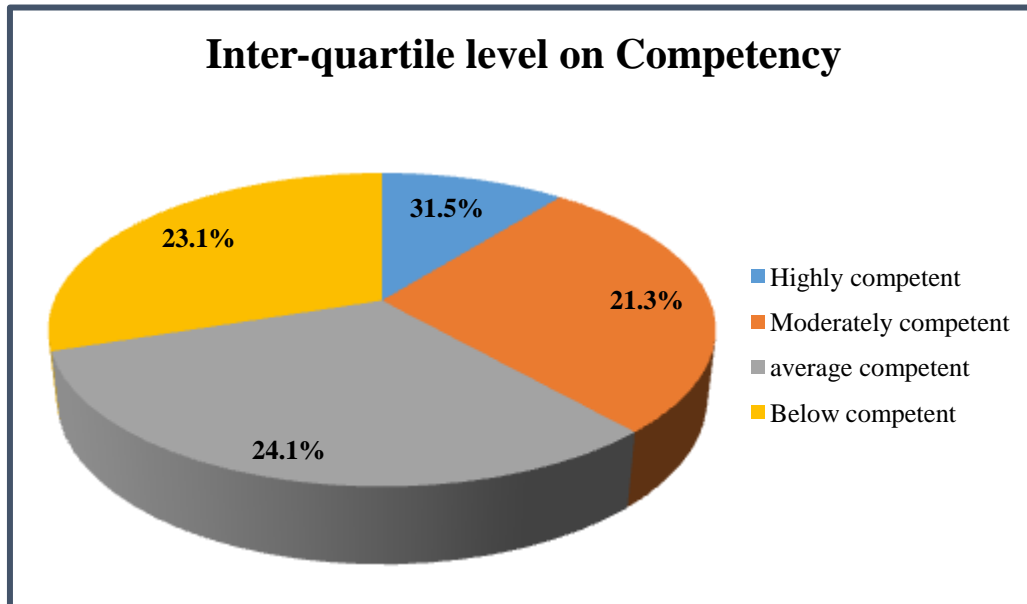


Figure 4.8: Figure on inter-quartile level on competency

SECTION- C

Table 4.3: Findings related to the Correlation between Spirituality and Competency level.

N=108

VARIABLES	MEAN	SD	R	p value
Role of Spirituality	1.87	0.67107	0.331	0.000*
Spiritual care competency	1.3981	0.51045		

Table 4.3: This table depicts the correlation between spirituality and competency level and show (p value = 0.000) that means there is correlation between spirituality and competency level

SECTION: D

Table 4.4: Association between Spirituality with the selected demographic variables.

N=108

Variable	Strongly Agree	Agree	Neutral	Disagree	Chi-square value &df	p-value
Age in year						
21-25 years	13	6	13	9	6.525 df=9	0.686 (NS)
26 – 30 years	14	13	18	6		
31 - 35 years	4	2	2	3		
36 – 40 years	1	2	2	0		
Marital status						
Unmarried	20	14	24	12	0.476 df=3	0.9.24(NS)
Married	12	9	11	6		



Variable	Strongly Agree	Agree	Neutral	Disagree	Chi-square value &df	p-value
Education level						
GNM	16	13	19	7	1.905 df=6	0.928(NS)
Graduate	11	8	12	8		
Post graduate	5	2	4	3		
Clinical Experience						
<3 years	26	16	29	13	11.299 df=9	0.256(NS)
4-9 years	6	7	4	3		
10-15 years	0	0	2	1		
>15 years	0	0	0	1		
Previous cultural & spirituality nursing course						
Yes	19	14	24	12	0.766 df=3	0.858(NS)
No	13	9	11	6		
Attended cultural care seminars in the past 12 months						
Yes	20	10	16	10	2.726 df=3	0.436(NS)
No	12	13	19	8		

NS = Not – Significant

Table 4.6: Association between Spiritual care competency level with the selected demographic variables.
N=108

Variable	Strongly Agree	Agree	Neutral	Disagree	Chi-square value &df	P value
Age in year						
21-25 years	17	8	5	11	15.319 df=3	0.083(NS)
26 – 30 years	13	11	16	11		
31 - 35 years	2	1	5	3		
36 – 40 years	2	3	0	0		
Marital status						
Unmarried	22	13	17	18	1.263 df=3	0.738(NS)
Married	12	10	9	7		
Education level						
GNM	18	11	16	10	7.827 df=6	0.251(NS)
Graduate	15	8	7	9		
Post graduate	1	4	3	6		



Variable	Strongly Agree	Agree	Neutral	Disagree	Chi-square value &df	P value
Clinical Experience						
<3 years	29	19	16	20	8.722 df=9	0.463(NS)
4-9 years	4	3	8	5		
10-15 years	1	1	1	0		
>15 years	0	0	1	0		
Previous cultural & spirituality nursing course						
Yes	22	12	17	18	2.116 df=3	0.549(NS)
No	12	11	9	7		
Attended cultural care seminars in the past 12 months						
Yes	16	13	15	12	1.018 df=3	0.797(NS)
No	18	10	11	13		

NS = Not – Significant

The both the tables above mentioned depicts the association between spirituality and competency level Chi- square test was used to assess the association and may found that there was

IV: DISCUSSION:

The findings of the study have been discussed in accordance with the objectives of study and previously reviewed literature.

Objective-1: To assess the Spirituality and Competency in providing spiritual care to the patients among nurses working in selected COVID centres at H.P.

The present study revealed that majority of nurse 35 (32.4%) are neutral to believe in spirituality and 32 (29.6%) nurse strongly agree to believe in spirituality, 23 (21.3%) nurse agree to believe in spirituality and 18 (16.7%) nurses are disagree to believe in spirituality. Nurses competency result showed that majority of nurse 34 (31.5%) are highly competent in providing spiritual care and 23 (21.3%), moderately competent in providing spiritual care 26 (24.1%) average competent in providing spiritual care and 23 (23.1%) nurses were below competency level in providing spiritual care.

no association with the socio-demographic variables and spirituality and competency in providing spiritual care to COVID patients by nurses.

The findings support a cross-sectional study (2021) as conducted by **Renzo Felipe Carranza Esteban** et. al aimed at determining if religiousness and spirituality impact life satisfaction among Peruvian individuals during the COVID-19 epidemic. A total of 734 persons aged 17 to 75 years old (39.5 percent males and 60.5 percent females) were surveyed (M = 32.05). The findings reveal that spirituality and life satisfaction have a positive and significant association ($r=.328$, $p.01$).

Objective 2: To determine the Correlation between Spirituality and Competency in providing spiritual care to the patients among nurses working in selected COVID centres at H.P.

Result showed the there is a correlation between spirituality and competency level and show (p value = 0.000).

Present study findings are consistent with the previous cross sectional study conducted among 170 nurses working in corona unit of public hospital in Faisalabad, Pakistan (2020) to assess spirituality, spiritual well being and spiritual care



competency among nurses during the third wave of corona virus by **Praveen azrasayda** et al. from February to May 2021. And they found that there is a correlation between spirituality, spiritual well being and spiritual care competency.

Also consistent with the other correlation descriptive study (2021) among 109 nurses working in ICU by **AzarsaTagie, Davoodiarefeh** and they found that there as a positive and significant correlation between the spiritual well being and attitude towards spirituality with the spiritual care competence in critical care nurses.

Objective 3: To find out the association between Spirituality and Competency with selected socio demographic variables of Nurses working in selected centres at H.P.

Results revealed that there was no association between spirituality and competency with the socio-demographic variables.

The study findings were consistent with a cross sectional study (2021) among 271 nurses in Malaysia by **Abusafia h. Ali, mamatZakira, Ismail Rhani** and found that 69.7% of staff nurses have an average level of competence when it comes to giving spiritual care to patients. And there is no significant relationship between Spiritual care competency and socio demographic variables (age, gender, marital status, educational level etc.)

Hence this study reveals that nurses had neutral to believe in spirituality and most of nurses were highly competent in providing spiritual care which express that nurses must be educated regarding the importance of spirituality and helps them to believe in spirituality. As we know, spirituality plays an importance point Covid patient to cope up early as soon as possible. And to improve the spirituality, it must be added in the curriculum of the nursing so that all the nurses will aware about the importance of spirituality in the nursing practices and their impact o the patient's health.

V: CONCLUSION:

The present study was conducted to assess spirituality and competency in providing spiritual care to patient among nurses working in selected COVID centres and result shows that majority of the nurses have neutral believe in spirituality and majority of the nurses highly competent in providing spiritual care. These findings back up the importance of spirituality in times of crisis, and health professionals working in critical care settings should think about it. However, health managers and healthcare institutions should consider the lack of training, insufficient time, and

job overload as key hurdles to this type of care delivery which can be improved by taking adequate steps in formulating role and policies to include spiritual care in nursing curriculum. Because it has positive effects on individual stress response, spiritual well being, sense of integrity and interpersonal relationship as well as better recovery.

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