



EVALUATION THE SPIRITUAL WELL-BEING OF NURSES WORKING ON HEALTH CARE CENTERS IN SOUTH OF IRAN

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ABSTRACT

Background and Objectives: Spiritual well-being is one of the aspects of health with an importance equal to that of physical, mental, and social health that promote general health as well as other aspects of health. It also increases adaptability and mental functioning; therefore, addressing spiritual well-being among nurses seems very important. The aim of this study was to examine the spiritual well-being among nurses working in a healthcare center in Jahrom, Iran.

Materials and Methods: In this cross-sectional study, 94 nurses working at Motahari hospital in Jahrom were selected using available sampling. The data collection tool was a demographic questionnaire, as well as Paloutzian and Ellison Spiritual Well-being Scale (used in two parts: religious well-being and existential well-being). Data analysis was conducted using SPSS 22 and descriptive statistical tests.

Findings: Of a total of 94 nurses enrolled in the study, 53% were female and 47% were male. The average age was 31.4±7.9 years. The total score of spiritual well-being was 81±9.4 with the range of 60-111. Spiritual well-being in the majority of the nurses, i.e., 90 (95%), was moderate, while it was high in 4 (4 percent) nurses. Moreover, the score of religious well-being subscale was 41.6±5.3 with the range of 31-55 and the score of existential well-being was 39.4±5.4 with the range of 29-57. A significant relationship was found between spiritual well-being and income level: spiritual well-being was higher in those with higher income levels (82.2±10.4 vs. 87.5±6.1) (P=0.04). No significant relationship was observed between spiritual well-being and gender, age, and employment department.

Conclusion: Spiritual well-being, especially religious health, among the nursing staff was found to be moderate to high.

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Introduction

Spiritual well-being is a state that consists of numerous levels of potentials, capabilities, insights, attitudes and the individual's ability for the ascendance of the soul to God almighty [1]. Spiritual well-being is composed of two dimensions: religious and existential. Religious well-being refers to the satisfaction that originates from connection with a superior power, while existential well-being is the endeavor to understand the meaning and purpose of life [2]. Spiritual well-being is characterized

by factors such as stability in life, peace, feeling close to one’s self, God, society and the environment, as well as having a sense of proportion and harmony [3]. According to Russell and Osman, inclusion of spiritual well-being in the concept of health is considered by health experts as an important aspect of life and is considered an important health factor by WHO [4-5]. Spiritual well-being plays a vital role in coping with stress and has a positive impact on improving mental health and reducing mental disorders, because religious and spiritual beliefs have a significant relationship with mental health factors such as reduced anxiety and depression and increased self-confidence and self-control [6]. Nightingale emphasizes that caring for patients’ spiritual well-being is essential for nurses as nursing is a spiritual job in nature [7]. Nurses are the largest group of health service providers around the world whose quality of services are directly related to the effectiveness of the health care systems. Due to the nature of their job, nurses are constantly faced with factors such as death, illness, demanding duties, high work pressure, lack of awareness, lack of support and conflicts, causing them to always be subject to psychological pressures and undergo numerous spiritual changes [6]. Studies show a close relationship between nurses’ spiritual well-being and how they care for patients, and nurses with higher spiritual well-being would provide a higher quality of care for patients through more frequent visits to patients, leading to rapid recovery of patients and their increased satisfaction with nurses [6, 8]. In this regard, Asaroudi et al. showed a positive relationship between spiritual well-being and quality of life and life satisfaction [9, 10]. Fatemi et al. concluded that nurses’ spiritual well-being affects patient satisfaction with nursing care (11). Research shows that patients want their spiritual needs be met by nurses; however, due to high work pressure, multiple job shifts, insufficient number of nurses, and occupational stresses, such needs are often overlooked by nurses [12]. Nurses’ spiritual well-being is an important issue, and nurses with higher levels of spiritual well-being can provide higher levels of interventions and care to the patients. Since one of the important and fundamental steps to achieve spiritual well-being (an important component of holistic care) and addressing patients’ spiritual needs is to examine nurses’ understanding of spiritual well-being, this study aimed to examine nurses’ spiritual well-being in Motahari Hospital affiliated with Jahrom University of Medical Sciences.

Method

This cross-sectional study population consisted of 94 nurses in Motahari University of Medical Sciences. Sample collection was conducted using the simple random sampling method through Paloutzian and Ellison Well-being Scale. The questionnaire used in this study had been previously used in a study by Farahani and Asaroudi [10, 13]. Ten items measure religious well-being, while 10 other items measure existential well-being. Items are scored based on a 6-point Likert scale. Scores of one to six respectively correspond to “strongly disagree, disagree, somewhat disagree, somewhat agree, agree, strongly agree”. Nine items were scored inversely. Twenty items evaluate philosophy of life, purposefulness and meaningfulness of life, love, and forgiveness. Existential well-being refers to the feeling of purpose and life satisfaction, while religious well-being is the satisfaction with the relationship with a higher power or God. Total score of spiritual well-being is divided into three levels of high (scores 100-120), moderate (41-99) and low (20-40). In a study by Seyed-Fatemi et al., validity of the spiritual well-being questionnaire was determined through content validity, and its reliability was determined by a Cronbach’s alpha of 0.82 [11]. The demographic questionnaire included items of age, gender, marital status, work experience, education and employment department. The data was analyzed using SPSS 22 and statistical tests including mann whitnny and Kruskal-Wallis test. The individuals were enrolled voluntary. Explanations were given about the research objectives. The nurses were assured that information would remain confidential and would be used only in this study.

Findings

Of a total of 94 participants in the study, 53.2%(50) were women, and 46.8%(44) were men. The mean age was 31.4±7.9 (20-49). Most of the participants had more than 5 years of work experience. Most nurses worked in internal medicine (41%) and emergency rooms (60%).The mean spiritual well-being score in the population was 81±9.4 (60-111). It was 39.4±5.4 (29-57) for existential well-being, and 46.1±5.3 (31-55) for religious well-being. The spiritual well-being levels of the nurses were as follows: 95.7% had a high level, 90% had a moderate and desirable level, and no one had a poor level. These finding are not unexpected considering Iran’s religious atmosphere. No significant relationship was found between the spiritual well-being score and gender (p=0.23); however, a significant relationship was observed between spiritual well-being and income level: nurses with higher incomes had higher levels of spiritual well-being (82.2±10.4 vs. 87.5±6.1) (P=0.04).

Table1-frequency level of Spiritual Well-being in Jahrom University of Medical Sciences in Iran in 2016

Level of spiritual health	number	percent
low	—	—
moderate	90	95.7
high	4	4.3

Table2-comparing spiritual health by demographic characteristics in nurses in Jahrom University of Medical Sciences in Iran in 2016

Variable	number	mean	sd	p-value	
Age	≤30	53	81.8	9.5	0.22
	>30	41	80	9.2	
Sex	female	50	81.2	9.5	0.99
	male	44	80.9	9.3	
Income	Not enough	30	78.5	6.1	0.04
	enough	64	82.2	10.4	
Educational level	Diploma and under	5	77.4	6.2	0.26
	Associate Degree	24	84.7	13	
	BSc(Bachelor's Degree) and above	65	80	7.6	

Discussion

Overall, our findings suggest that the spiritual well-being levels of the participants ranged from moderate to high. The inevitable relationship between spiritual well-being and its cultural and social backgrounds is an issue that cannot be simply overlooked. Spiritual well-being in every culture is defined and measured in the spiritual context of that culture [5]. Therefore, the religious atmosphere in Iran may be effective in responding to questions, which has also been noted in Rahimi et al. [4]. According to our study, spiritual well-being scores of most nurses were moderate, which is consistent with the findings of many studies, including the study by Asaroudi, Atashzadeh, and Shourideh [10, 14]. The study by Masoumi et al. reported high levels of spiritual well-being in the majority of nurses working in intense care units [15]. The high level of mental well-being in this group of nurses may be attributed to the specific conditions in the intense care units. However, no statistically-significant relationship was found between employment department and spiritual well-being score in this study or the study conducted by Tavan et al [14]. Religious well-being is referred to as belief in God and satisfaction of being connected to God, while existential well-being is defined as purposefulness and meaningfulness of life [16]. Here, the mean score of religious well-being was higher than that of existential well-being, which is consistent with the findings of Asaroudi, Atashzadeh, and Shourideh [2, 10]. However, in the study by Tavan et al., the mean score of existential well-being was higher than that of religious well-being among the nursing students [6]. The difference may be due to differences in samples in terms of age, gender, etc. In this study, no significant difference was found between men and women in terms of their scores of spiritual well-being, which is in agreement with the study by Asaroudi [10]. However, Rahimi and Tavan reported higher spiritual well-being scores in women than men [14], which was attributed to different roles and characteristics of women and their adaptation with spiritual principles [4]. The difference may be caused by the differences in samples. Findings showed a significant relationship between spiritual well-being and income. Consistent with the study by Asaroudi et al., a positive relationship was found between spiritual well-being and life satisfaction, as well as between spiritual well-being and quality of life [9, 10]. Considering the relationship between income and spiritual well-being, it seems that increased income levels and improvement in the spiritual well-being improve the life satisfaction and quality of life among nurses. Nevertheless further research is needed in this regard.

Conclusion

Since spiritual well-being is positively related with care behaviors, quality of life, life satisfaction, psychological well-being and reduced job stress among nurses (15, 16), and considering that nurses with higher income levels seem to have higher levels of spiritual well-being, it is recommended that authorities take measures necessary to promote nurses' spiritual well-being.

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Reference

1. Amiri P, Abbasi M, Gharibzadeh S, Zarghani NH, Azizi F. Designation and psychometric assessment of a comprehensive spiritual health questionnaire for Iranian populations. *Medical Ethics Journal*. 2015 Sep 22;9(30):25-56.
2. Atashzadeh-Shoorideh F, Abdoljabbar M, Karamkhani M, Khubestani MS, Pishgooie SA. The relationship between Nurses' spiritual health and their caring behaviors. *Journal of Research on Religion & Health*. 2017 Jan 4;3(1).
3. Moghadam SR, Chegeni ME, Hafez AA. Explore the relationship among spiritual health, marital satisfaction, and demographic characteristics (age, duration of marriage, duration of employment) in Mafi hospital nurses of Susa city (2015). *Journal of Research on Religion & Health*. 2016 Dec 19;1(4):38-44.
4. Rahimi N, Nouhi E, Nakhaee N. Spiritual health among nursing and midwifery students at kerman university of medical sciences. *Journal of hayat*. 2014 Mar 15;19(4):74-81.
5. Abbasi M, Azizi F, Gooshki ES, Rad MN, Lakeh MA. Conceptual definition and operationalization of spiritual health: A methodological study. *Medical Ethics Journal*. 2016 Jun 10;6(20):11-44.
6. Tavan H, Taghinejad H, Sayehmiri K, Yary Y, Fathizadeh H, Saraby A, Poorabdollah H. Spiritual health of nursing students. *Islam and Health Journal*. 2015 Sep 15;2(1):26-32.
7. Wong KF, Lee LY, Lee JK. Hong Kong enrolled nurses' perceptions of spirituality and spiritual care. *International Nursing Review*. 2008 Sep 1;55(3):333-40.
8. Tavan H, Taghinejad H, Moghadam SR, Sayehmiri K, Mohammadi I. A comparison of spiritual health of male and female students in the Ilam University of Medical Sciences. *Journal of Paramedical Sciences*. 2015 Apr 20;6(2).
9. Asarrodi A, Golafshan A, Akabari A. Relationship of between spiritual health and quality of life in nurses. *J North Khorasan Uni Med Sci*. 2011;3(4):81-.
10. Assarroudi A, Jalilvand MR, Oudi D, Akaberi A. The relationship between spiritual well-being and life satisfaction in the nursing staff of Mashhad Hasheminezhad Hospital (2011). *Modern Care Journal*. 2012 Oct 15;9(2):156-62.
11. Fatemi MM, Nazari R, Safavi M, Naini MK, Savadpour MT. The Relationships between nurses' spirituality and PATIENTS'SATISFACTION in the Hospitals of Ardabil University of Medical Science. *Medical Ethics Journal*. 2016 Jun 11;5(17):141-59.
12. Abbasiyan L, Abbasi M, Goshky SH, Memariani Z. Spiritual health status of science and its role in disease prevention: a pilot study. *J Medical Ethics*. 2010;4(14):83-104.
13. Farahaninia M, Abbasi M, Givari A, Haghani H. Nursing students' spiritual well-being and their perspectives towards spirituality and spiritual care perspectives. *Iran Journal of Nursing*. 2006 Jan;18(44):7-14.
14. Tavan H, Khalafzadeh A, Jamshidbeygi Y, Shojaee S, Kokhazadeh T. Spiritual health nurses working in hospitals and critical care departments of Ilam city in 2015. *Journal of Research on Religion & Health*. 2016 Dec 22;2(3).
15. masoumi m, tahmasebi r, jalali m, jafari f. The Study of the relationship between Job stress and spiritual health of nurses working in Intensive careward at Bushehr Hospitals. *nursing of the vulnerable journal*. 2016;3(8):37-47
16. Sotoodeh H, Shakerinia I, Jobaneh RG, Kheyraati M, Seddigh MH. Role of Family Health and Spiritual health on Nurses Psychological Wellbeing. *History of Medicine Journal (Quarterly)*. 2016 Oct 26;7(25):161-84.