Spiritual care competence of Polish nurses

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Abstract
Background. Spiritual care, as an important part of holistic nursing care, requires from nurses the development of competence in order to recognize, assess and meet patients’ spiritual needs.

Aim. The aim of this study was to determine the level of spiritual care competence of Polish nurses.

Method. The cross-sectional study was conducted on convenience sample of 343 Polish nurses in 2019. The Polish version of the Spiritual Care Competence Scale (SCCS) and the Polish version of the Duke University Religion Index (DUREL) were used together with the short form for collecting the basic sociodemographic data. The SCCS consists of 27 items divided into five subscales, with Cronbach’s α=0.95. The PolDUREL is a 5-item questionnaire measuring organised religious activities (ORA), non-organised religious activities (NORA), and intrinsic religiosity (IR), with Cronbach’s α=0.90. Statistical analysis was performed with the use of IBM SPSS Statistics version 25.0. The study was approved by the Ethics Commission (approval no. KE-0254/285/2018).

Findings. The average age of the surveyed nurses was 36.35 (SD=10.08) and the average of working experience as a nurse was 13.21 (SD=10.47). The vast majority of nurses were female (312, 91%) and declared to be Catholics (328, 95.6%). The overall score in the SCCS obtained by the nurses was 104.39 (in range from 27 to 135 points). The nurses felt the most competent in their ‘attitude towards patients’ spirituality’ (4.19, SD=0.59), and the least competent in ‘professionalization and improving the quality of care’ (3.54, SD=0.80). The older the nurses, with higher job seniority and the higher job satisfaction, the higher the level of spiritual care competence (p<0.001). The higher the results obtained by the nurses in NOR, NORA and IR, the higher the level of competence they have in all the subscales of SCCS (p<0.001) with the exception of the ‘attitude towards patients’ spirituality’.

Conclusions. The surveyed nurses exhibit a moderate level of competence in providing spiritual care, with better results in attitude towards patients’ spirituality and worse results on behavioral level. It is recommended to include training programs in nursing education that would help to develop knowledge and skills to provide such care.