ORIGINAL ARTICLE

Healthcare worker's attitude toward spirituality and spiritual care in the intensive care unit with COVID-19

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ABSTRACT

Background and aim: Spirituality is an important dimension of nursing care and spiritual care is essential to ensure that educational goals are met in the nursing profession, to provide optimal care and to meet, maintain and upgrade the standards of professional competence. The attitude and awareness of the medical staff towards spiritual care and spirituality can play a central role in the implementation of this care. Therefore, this study aimed to determine the attitudes toward spirituality and spiritual care in the healthcare workers (HCWs) to patients with COVID-19 in the intensive care unit (ICU).

Materials and Methods: In this descriptive-analytical study, 298 HCWs were selected through sampling based on census. Data were collected using a demographic questionnaire and a Spirituality and Spiritual Care Rating Scale (SSCRS). questionnaire for measuring the spirituality and spiritual care in among HCWs. Data were analyzed using SPSS 18 software and descriptive and inferential statistics. $P < 0.05$ was considered statistically significant.

Results: The majority of subjects (80.87%) were female and (63.8%) married. The mean age was 35.32 ± 1.53 years who had 10.51 ± 4.41 years of experience. The SSCRS score was 1.3% in low and undesirable HCWs, 59.2% in highly desirable levels, and the SSCRS score was moderate in 39.62% of cases. The attitudes toward spirituality had a direct and significant relationship with attitudes toward spiritual care, so that as attitudes toward spirituality increased, so did attitudes toward spiritual care.

Conclusions: The attitude towards spirituality and spiritual care among the HCWs was favorable. The attention to spiritual care education is recommended for adverse events.

Keywords: Attitudes, spirituality, spiritual care, healthcare workers, COVID-19, intensive care unit

INTRODUCTION

Spirituality is an important dimension of holistic nursing care and spiritual care is essential to ensure that educational goals are met in the nursing profession, to provide optimal care and to meet, maintain and upgrade the standards of professional competence (1). Paying attention to the spiritual care causes a significant difference in the physical, psychological and social consequences of the disease. Nurses' attitudes and awareness of spiritual care and spirituality can play an important role in the implementation of this care (2).

Spirituality induces in human qualities such as fitrah, capacity for knowledge of self and source of strength, sacred mental experience, transcendence of the individual towards the capacity of greater love and knowledge, unification with the general shadow of all life and finding meaning for the entity of the individual that is the axis of each being. The spiritual dimension, like the biological, psychological, and social dimensions, is one of the four dimensions of human holistic care and is of particular importance (3). Recent studies have shown that spirituality and religious beliefs play a significant role in people's mental and physical health and are a common way to deal with problems (4, 5).

Spirituality is a multidimensional and complex concept that has cognitive, empirical, and behavioral aspects. Studies showed that a large number of patients believe that religion and spirituality play an important role in their lives and expect physicians and treatment teams to consider these factors in care (6). In recent years, organizational rules from the World Health Organization, the code of ethics for nurses, health services accreditation, the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting, the American Nurses Association Code of Ethics, and the Canadian Nurses Association Code of Ethics have been emphasized on the spiritual condition of individuals, especially patients (5). Spirituality is more important in healthcare systems than any other organization. Coping with the suffering of patients requires a lot of energy and strength, and they generally benefit from spirituality, and spirituality is the core of healthcare. Spirituality is a global phenomenon that works today for everyone, and is considered a factor in continuing life, finding meaning and purpose in life. Spirituality is an important dimension of holistic treatment, and spiritual care is essential to ensure that educational goals are achieved in nursing profession, to provide the desired care and to meet the minimum standards of professional competence, and to maintain and promote it (7).

With the onset of diseases such as AIDS as a terrible disease of the century and considered pandemic by the World Health Organization (WHO) and tuberculosis as one of the most common respiratory and ancient contagious diseases, at some times emerging diseases are growing

(8-9). One of these emerging patients is a coronavirus disease 2019 (COVID-19), which currently has no treatment or vaccine and pandemic eventually (10-11).

One of the wards requiring special attention for spirituality and spiritual care is the intensive care unit (ICU), which is of special importance today due to the COVID-19 pandemic. Infections, on the other hand, are of particular importance in mortality and morbidity (12), which is no exception. Obvious mental health problems have been reported in COVID-19 patients, the most common of which are generalized fear, fear, and anxiety, which can be exacerbated by contact with any potentially infected person, a person with a travel history (13). Increased mental health disorders, long-term isolation, associated problems in hospitalization, lost income, and employee safety are among the thousands of concerns faced by COVID-19 epidemics (14). The COVID-19 has been associated with mental and emotional distress since its inception. Because spirituality, spiritual attitude and spiritual care play a significant role in mental health, they can be considered as important resources for coping with stressful life events (15). On the other hand, addressing spiritual needs is considered an essential component of holistic care (16). Therefore, this study aimed to determine the attitudes toward spirituality and spiritual care in the HCWs to patients with COVID-19 in the ICU.

MATERIALS AND METHODS

This is a descriptive-analytical study in which the HCWs employed in the intensive care unit were selected using the census sampling method. The inclusion criteria were at least six months of experience in the ICU.

Data collection tools include a demographic profile questionnaire with questions about age, gender, work experience, marital status, employment status and shift status, as well as the two-part questionnaire of Spirituality and Spiritual Care Rating Scale (SSCRS) with 23 questions, the validity and reliability of the Persian version of which was reviewed and re-confirmed (6,16-18). The first part of this scale contains nine basic domains related to spirituality, including hope, meaning and purpose, forgiveness and beliefs and values, relationships, belief in God, and morality and self-expression. In the second part, the questions about spiritual care included listening, spending time, respecting the patient's privacy, maintaining religious practices, and providing care with kindness and attention. Scoring was performed using the 5-point Likert scale (0 = completely disagree, 1 = disagree, 2 = not sure, 3 = agree and 4 = completely agree). The highest and lowest scores were 92 and 0, respectively. In this study, the scores of 63 to 92 were considered high and desirable, the scores of 32 to 62 as moderate and somewhat favorable, and the scores of 0 to 31 as low and undesirable. Due to the prevalence of COVID-19, the data were collected via WhatsApp, email, and so on.

Ethically, the researcher assured all research units that the information obtained was confidential and that there was no need to mention the name in the questionnaire and that the study was based on their personal preferences. This study was registered with the code of ethics of IR.TUMS.VCR.REC.1399.193 at Tehran University of Medical Sciences. Data analyses were performed by descriptive statistics (tables, graphs, mean, and standard deviation) and inferential statistics. SPSS for Windows 18.0 (SPSS Inc., Chicago, IL, USA) was used in this study and P values less than 0.05 were considered significant.

RESULTS

The majority of subjects 241(80.87%) were female and 190(63.8%) married. The mean age was 35.32 ± 1.53 years who had 10.51 ± 4.41 years of experience. 58.1% have less than 10 years of work experience, 72.3% not experience of death of family mem and 62.3% HCWs with no undergoing end-of-life care.

Statistical results showed that there was no significant relationship between demographic variables and spirituality and spiritual care. The mean attitude toward spirituality was 32.03 ± 2.4 and spiritual care was 31.3 ± 2.41, and the overall attitude toward spirituality and spiritual care was 62 ±4.14 (Table 1).

Table 1- Mean scores of spirituality and spiritual care in HCWs

Variables	Minimum-Maximum	Mean ± standard deviation
Attitudes toward spirituality	19-48	32.03 ± 2.4
Attitudes toward spiritual care	17-41	31.3± 2.41
Attitudes toward spirituality and spiritual care	40-88	62±4.14

The SSCRS score was 1.3% in low and undesirable HCWs, 59.2% in highly desirable levels, and the SSCRS score was moderate in 39.62% of cases. The attitudes toward spirituality had a direct and significant relationship with attitudes toward spiritual care, so that as attitudes toward spirituality increased, so did attitudes toward spiritual care. (Table 2).

Table 2- Relationship between spirituality and spiritual care in HCWs

Variables	spirituality p- value		spiritual care	
	r	p- value	r	p- value
spirituality	0.132	0.000	0.415	0.000

DISCUSSION

The results of this study showed a high level of attitude of HCWs towards spiritual care. The findings of other studies confirm the results of this study, but this is the first study in Iran on COVID-19. The results of this study showed a high level of attitude of HCWs towards spiritual care. The findings of other studies confirm the results of this study, but this is the first study in Iran on COVID-19. The results of a study in Iran showed that the score of attitudes towards spirituality and spiritual care in 54.7% of people was less than average, and the attitude towards spirituality had a direct and significant relationship with attitude towards spiritual care, so that increasing the score of attitudes to spirituality increases the score of attitudes to spiritual care. The attitudes toward spirituality and spiritual care among physicians were unfavorable. Attention to spiritual care education is recommended for young, inexperienced physicians as well as specialists (6). In another study in Qazvin, the mean overall score on spirituality and spiritual care was average, with HCWs having the highest scores in CCU and chemotherapy wards, and operating room and

cardiac wards having the lowest scores. Given the importance of spiritual care, it is recommended to provide training to change nurses' attitudes and the role of religious teachings in care. In addition, reducing their workload and better management planning may lead to high quality patient care (2). In a study, the attitudes toward spirituality and spiritual care were unfavorable among physicians. The score on spirituality and spiritual care was lower than average. In a study, the attitudes toward spirituality and spiritual care were unfavorable among physicians. The score on spirituality and spiritual care was lower than average.

This study showed that there is a significant and direct relationship between spirituality and spiritual care. The results of another study at the ICU showed that the spiritual care of the majority of HCWs was very favorable and there was a significant relationship between spirituality in HCWs and spiritual care. Although most participants were able to meet patients' spiritual needs, some were unable to meet their needs. Given the link between mental health and spiritual care, empowering nurses in this area and providing health care programs for people with chronic diseases such as heart disease should be a priority for nurses (19). The results of a study in Tehran, Iran, showed that the attitude towards spirituality and spiritual care in nurses was at a positive and high level, and nurses had a positive attitude toward spirituality and a desire to provide spiritual care, and providing the right context for that care could lead to their fulfillment (20).

The results of this study showed that there was no significant relationship between demographic variables and spirituality and spiritual care. In another study, there was a significant relationship between attitudes toward spiritual care and the wards and the work experience (20). Chan et al. found no significant relationship between attitudes toward spirituality and spirituality care and demographic characteristics (21).

The results of this study can be used in education, healthcare services and management, and provide a platform for future efforts in unemployment resulting from COVID-19. Studies show that many patients believe that religion and spirituality play an important role in their lives and expect HCWs to pay attention to these factors in care. On the other hand, having a favorable attitude towards spiritual care among HCWs can provide a potent platform for providing spiritual care to patients. One of the limitations of this study was that the answers to the questions were time consuming due to the COVID-19 outbreak in medical centers.

Acknowledgements: This paper was approved by the research deputy of Tehran University of Medical Sciences (IRAN) under license No. 99-1-100-47661 from research project grant**.** We hereby appreciate all HCWs participating in the present research who sincerely cooperated in obtaining the results. and thank the School of Nursing and Midwifery and the Deputy of Research at Tehran University of Medical Sciences for their financial support.

Conflict of Interests: There is no conflict of interest in this manuscript.

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