

ORIGINAL ARTICLE

Relationship of Spiritual well-being and emotional intelligence among Iranian' nursing students

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ABSTRACT

Background: Among all aspects of nursing care, the spiritual one is the issue that has received little attention. Having spiritual wellbeing (SWB) is a necessity to provide appropriate spiritual care. In addition to, the Emotional intelligence (EI) is one of the most important factors in social and professional success and is essential for effective nursing practice. Therefore, aim of study was evaluating the Relationship between SWB and EI among nursing students.

Methods: The sample of this descriptive-analytic study consisted of 136 nursing students studying at Bam University of Medical Sciences selected by convenience sampling method. The Bradberry and Greaves 28-item EI scale, Palutian and Ellison SWB Scale were used to assess the total score of EI and SWB. Collected data were analyzed using descriptive statistics (mean and standard deviation), Pearson correlation coefficient, independent t-test and one-way ANOVA with SPSS v18.

Results: The mean score of SWB and EI were 97.1 ± 11.56 and 123.4 ± 123.6 , respectively. The mean score dimensions of SWB include (religious wellbeing 47.9 ± 6.6 , existential wellbeing 49.1 ± 5.7) and dimensions EI: self-awareness, self-management, social awareness, and relationship management were 27.2 ± 3.2 , 36.2 ± 5.4 , 25.1 ± 3.5 and 35.1 ± 4.5 , respectively. The majority of students have reported moderate level SWB and high level of emotional intelligence. The factors influencing their level of SWB were academic semester and age ($p < 0.05$).

Conclusion: Although the level of students' EI and SWB were at a desirable level in this study, due to the nature of nursing and the interaction between nurses and patients, providing a suitable learning environment for the development of EI is essential. Therefore, it is suggested that nursing policymakers should develop appropriate educational programs for nurses and provide curriculum for students to promote their knowledge and skills.

Keywords: spiritual, religious, wellbeing, existential, nursing, emotional intelligence

INTRODUCTION

Spirituality is the dimension of humanity, which induces the feeling of existence with features including the capacity to know the inner and source of reinforcement and finding the meaning of an individual's existence which is the center of any creature (1, 2). SWB is considered as one of the important dimensions of human wellbeing that provides a coherent and integrated relationship between the internal forces and includes two dimensions of religion and existence, which the religious dimension is related to the connection with a superior force and the existential dimension to the attempt to understand the meaning and purpose of life (3, 4, 5). Individuals, who have spiritual wellbeing, are powerful, and strong and have the power of controlling and social support (6).

Nursing is a holistic major that, based on it, human beings are multi-dimensional individuals whose spiritual dimension is in the center of these dimensions and has a significant impact on their health. Therefore, providing spiritual care and meeting the spiritual needs of patients is an important part of nurses' performance (7-16). Appropriate provision of spiritual care for patients requires that care providers themselves have the necessary health and competency in this regard (17). In order to have suitable SWB to provide spiritual care for patients, most of the essential skills in this regard should be received during the university period (17). The first step to prepare nursing students in terms of providing spiritual care at an

appropriate level is to know the current situation as well as its strengths and weaknesses. In a study, Imanzad et al. evaluated the level of SWB among nursing students. The results of their study showed that nursing students had a moderate level of spiritual wellbeing. They also suggested that age and gender were among the factors influencing the students' SWB (18). In another study regarding this Mostafazadeh and Asadzadeh results showed that midwifery students had a moderate level of spiritual wellbeing. Their concluded that the theoretical and practical lessons of midwifery courses should consider lessons related to spirituality (19). Researchers from other countries have been interested in research on spirituality as well. For instance, in a study in Canada, Psute studied SWB among nursing students. The results of his research showed that nursing students had a good level of SWB as well as a strong awareness towards providing spiritual nursing care for patients. (20).

Emotion is the basis of the nursing profession. Therefore EI in the employees of this profession should be considered (21). In nursing profession whenever people are faced with decisions in complex situations, awareness of the level of control of emotions should be more focused (22). Today, in addition to practical skills and knowledge, nurses need problem-solving skills, appropriate decision-making, the ability to communicate effectively and correct judgments in different situations (23). Although cognitive abilities and basic skills are necessary for nurses to start

working in effective performance, EI plays an essential and fundamental role (24, 25). Many nursing graduates lack the skills required to adapt to the professional world successfully(24).

The Punjab University EI Survey results showed a significant relationship between students' EI and their age, gender, degree, and educational status (26). One of the studies in this field is Benson et al. (2009) at McMaster University in Canada, which aimed to describe the EI scores of undergraduate nursing students and determine the differences during the four years of the program. In the first year, the students' EI score in nursing was 98.103 in the second year, 104.56 in the third year and 107.80 in the fourth year. According to the results of this study, 24% of students in the fourth year showed an increase in EI and the development of emotional and social capacity (27).

Mahdavi et al. Also pointed out that EI in nursing students leads to better identification of their emotions, behaviors, and reactions to patients' problems. Also, EI can increase client satisfaction and improve the level of care services and patients' health by creating a change in the therapeutic relationship between the patient and the therapist(28). although nursing students at the time of entering the course Clinical education , There is a contradiction between what they have learned in theoretical education and what is required of them in clinical practice (29). These people have ideal ideas in their minds about nursing care that are different from the realities in the clinical environment (24,29). These conditions lead to the formation of a sense of threat, loss of confidence and motivation of students, and also many students experience significant emotional distress after entering the clinic, which leads to gradual separation from work and voluntary resignation. Will be (30).

As mentioned above, having an appropriate level of SWB and EI is necessary to provide care for patients that part of it can be obtained during nursing education. However, In recent years, researchers have paid attention to this important issue in our country, but also information in this regard is limited. Therefore, the present study was designed and conducted with the aim of studying SWB and EI among nursing students.

METHODS

The present study is a descriptive-analytic one which was carried out at School of Nursing and Midwifery of Bam, after receiving the necessary permission from the Research and Technology department of Bam University of Medical Sciences. The proposal of this study was proposed and approved by the Ethics Committee of Bam University of Medical Sciences.

Sampling was done through a census sampling method and all the nursing students studying at this school were included. The only criteria for exclusion from the study was the student's absence for any reason during the study at school. After receiving a list of target students from the university's education department, the researcher referred to the faculty and invited them to participate in the study by explaining the research objectives. The researcher distributed the questionnaires among the students, and they were asked to return them to the researcher after completing them at a specified time. It should be noted that

the distribution of some questionnaires was carried out in the hospital setting. It should be also noted that before distributing the questionnaires, students were told that participation in this study is voluntary and was assured that the information would be kept confidential and the results would be only used for the purposes of the study. The distribution and collection of questionnaires took about 2 months.

In order to collect data, a checklist for demographic characteristics and 20-item Palutzian and Ellison SWB Scale and Bradberry and Greaves EI Scale were used. The demographic checklist included items related to the students' age, gender, semester, religion, and marital status. This questionnaire consists of 20 items which 10 of them measure religious wellbeing and the other 10 measure existential wellbeing. The range of religious wellbeing score and existential wellbeing score is 10 to 60 for each. The higher the score measured, the higher the degree of religious and existential wellbeing would be. These two scores together make the SWB score that is considered between 20 to 120. Answering to the items is classified based on a 6-item Likert from completely disagree to completely agree. Scoring the negative items is done in a reverse manner, and finally the SWB is divided into three levels which are low (20 to 40), moderate (41 to 99) and high (100 to 120). The validity and reliability of this scale was determined to be desirable in Iran by previous studies (7, 31). Nurses' EI was studied using the Bradberry and Greaves EI Scale. It includes 28 items that are answered based on a 6-item Likert scale (32). This scale measures the 4 dimensions of self-awareness, self-management, social awareness, and relationship management and gives an overall score of EI(in the present study, the overall score of EI was considered); so that a score between 28 and 59 indicates low emotional intelligence, a score between 60 and 79 indicates moderate emotional intelligence, and a score between 80 and 168 indicates high EI [33, 34, 35]. In standardizing this scale, Ganji et al. obtained a validity coefficient of 0.90 among 600 participants between the two runs for the total score of EI [34].

After considering the normal distribution of the collected data, descriptive statistics and independent t-test (to determine the mean difference between the two groups), one-way ANOVA (to determine the difference between the 3 groups or more), and the Pearson correlation coefficient (to determine the relationship between quantitative variables) was used to analyse the data using SPSS v18. All statistical tests were considered significant if $p < 0.05$.

RESULTS

Of all the 154 students, 136 completed questionnaires (89% response rate). Of all the 136 students participated in the study, 98 (70.5%) were female and the others were male. In terms of marital status, 114 (83.2%) students out of the total number of students who participated in the study, were single. The mean age of the students participated in the study was 21.1 ± 1.4 years with a range of 19 to 27 years. Table 1 shows the demographic characteristics of the study.

The mean total score of SWB was 97.1 ± 11.56 with a range of 63 to 119. The mean score of students' religious wellbeing was 47.9 ± 6.6 with a range of 23 to 59, and the mean score of students' existential wellbeing was 49.1 ± 5.7 with a range of 32 to 60. In terms of the level of spiritual wellbeing, 55.1% of students have reported moderate level, 44.9% have reported high level of spiritual wellbeing, and a student with a poor level of SWB was not observed. Table 2 shows how students responded to different items of the scale. The results of independent t-test showed that the mean score of SWB among female students was higher than male students (97.3 ± 11.6 vs. 96.2 ± 11.2); however, this difference was not statistically significant ($p = 0.681$). Concerning the two dimensions of religious and existential wellbeing, the results were similar to the overall score of spiritual wellbeing. The results of this test also showed that the level of SWB was similar between single and married students, although the mean score was higher among single students compared to married ones (97.2 ± 11.8 vs. 95.9 ± 9.5) ($p = 0.418$). One-way ANOVA was used to determine the difference between the overall score of SWB among students with different academic semesters. The results of this test showed that there was a significant difference between the score of SWB among students with different academic semesters ($p = 0.03$), so that students who were studying in the fourth semester had higher levels of SWB (Figure 1). The results of Pearson correlation coefficient showed a significant and negative correlation between students' age with their mean score of SWB ($p = 0.032$).

The mean score of students' EI was $123.6 + 12.4$ with a range of 90 to 164. The mean of self-awareness, self-management, social awareness and relationship management subgroups were $27.2 + 3.2$ (range 19 to 35), $36.2 + 5.4$ (range 20 to 52), $+ 3.5$, respectively. $1/25$ (range between 18 to 36) and $4.5 + 1/1$ (range between 23 to 48) were obtained (Figure 2). In terms of emotional intelligence, all students participating in the present study reported a high level of high emotional intelligence. The results of independent t-test showed that the mean score of EI in male students was slightly higher than female students ($126.2 + 12.9$ vs. $122.6 + 12.1$), but this difference was not statistically significant ($P = 0.757$). The results of this test also showed that the level of EI was the same among single and married students, although the average score of EI in single students was slightly higher than married students ($123 + 9.5 / 12$ vs. $122 + 11/6$).) ($P = 0.442$). One-way analysis of variance test was used to determine the difference between the total score of EI among students with different semesters (Figure 3). The results of this test showed that the score of EI did not differ statistically significantly between students with different semesters ($P = 0.236$). The results of Pearson correlation test showed a direct and significant relationship between the mean score of students' EI and their mean score of SWB ($RR = 0.338$, $P = 0.001$).

DISCUSSION

The present study was conducted to evaluate the Relationship of SWB and EI among nursing students, Bam, Iran. The study of results showed that nursing students

who participated in the research had a relatively desirable SWB and emotional intelligence level.

Appropriate provision of spiritual care for patients admitted to the hospital is influenced by personal, cultural and educational factors (36), and those individuals providing care should have suitable spiritual and ethical wellbeing. Some previous studies in this regard reported similar results, and others showed different results from the results obtained in this study. In a study in 2013, Rahimi et al. studied SWB among nursing students using a questionnaire similar to the questionnaire used in this study. The mean score of SWB among nursing students participated in Rahimi et al. was 93 which is approximately as same as the mean score obtained in this study. In both dimensions of religious and existential, the results between the two studies are somewhat similar to each other. Also, a student with poor level of SWB was not observed in Rahimi et al. study, which is similar to the results of the present study (31). Imanzad et al. have recently studied the level of SWB among nursing students based on the principles of Islamic religion in Ilam. They studied 100 nursing students, and reported that nursing students have a moderate SWB that is consistent with the results of the present study (18). In another study in 2005, Farahaninia et al. studied the level of SWB among 283 nursing students in Tehran. The results of Farahani et al. study showed that nursing students did not have the necessary SWB to provide spiritual care and they needed to receive the necessary education in this regard; which these findings are not consistent with the results of the present study. One of the reasons for this difference can be due to the difference in the time of the two studies in which Farahani Nia et al. study was conducted about 16 years ago. In recent years, nursing schools have paid more attention to spiritual care education, which has made students participated in the research have more spiritual in comparison with the students participated in the Farahaninia et al. study (7). Also, the difference in the setting of the two studies can be another reason that there is a difference between the findings of the two studies; because the level of health of individuals can vary with different rituals and cultures. In another study in 2013, Tabibi et al., investigated the level of SWB among medical students using a questionnaire similar to the questionnaire used in this study (37). Comparing the results of the present study with the results of Tabibi et al. study, it can be concluded that the students participated in this study had scored higher in both dimensions of SWB (existential and religious wellbeing) compared with those participated in Tabibi et al. study. The reason for this difference between the findings of the two studies can be due to the difference in the study samples.

The results of the present study also showed that students, who were in high academic semester, did not have higher level of spiritual wellbeing. Considering that this finding has been reported in different studies (7, 19, 31), it should be taken into consideration by educational authorities and planners at medical universities. In this regard, Imanzad et al. have reported that the curriculum of nursing education does not have the required quality to raise the level of SWB among nursing students. Also, the results of the Farahaninia et al. study showed that the level of nursing students' SWB and perspectives on spirituality

and spiritual care of patients in their last semester is not different from their first semester despite having completed a four-year course in nursing education (7).

In this research, the average EI of students is at a high level, which is similar to the results of the study of Ashqali Farahani et al. (2016) (38), juratli et al. 2011(39), Mahdavi Sirat et al.(29) But it contradicts the findings of the study of Rezaghali et al. (2019) (40). Lack of proper training during and after school and employment may lead to poor and reduced emotional intelligence. Although in this study the level of EI of nursing students was shown at a high level, it should be risen more due to the nature of nursing and the interaction that nurses will have with patients in the future. It helps a lot and also empathizes with patient and connects them properly with others. Therefore, providing a suitable learning environment for the development of EI is essential. Thus, educators should contribute to the development of students' EI by using methods such as reflecting experiences, mentoring, modeling, role-playing, writing daily events, and summaries in the form of reports, practice, and speaking skills (21). Spiritual intelligence is a set of activities that bring about softness and flexibility in behavior, in addition to self-consciousness and a deep insight into the life and purpose, so that objectives are outlined beyond the material world. This process lead to proper adaptation with the environment for people's satisfaction, because such adaptation intends to gain divine satisfaction(41).

Based on the results, no statistically significant relationship was found between gender and emotional intelligence, but the mean score of EI in male students was slightly higher than female students. This finding is similar with the results of Barkhordari et al. 2015 (21). The results of the study by Jimmens et al. (2019) showed that women had a higher level of emotional attention than men (43). Male participants scored higher on EI scores. Moreover, this alignment was due to the stronger male students in personality traits such as self-awareness and community and their success in controlling emotions (44). In contrast, in Ashqali Farahani's study, female students scored higher on EI (38). This inconsistency can be due to the existing cultural differences that lead to more expression of emotions and feelings by girls as well as better social relations. In addition, in boys, masculine behavior is known as the cause of lack of feelings and emotions. It is mentioned the importance of the evaluation by the students in high education system for evaluating the teaching quality of faculty members, and the positive and visible effects of this method in formulating an evaluation system and improving the quality of teaching in the universities, the online evaluation method deserves to be paid attention in order to reduce the financial and personnel costs(45).

The findings of the present study showed that the mean score of EI in single students was slightly higher than married students, but this difference was not statistically significant. The results of Goya (2012) and Hosseini (2013) researches also confirm the present study (44,35). But the findings of Park et al. (2014) showed that EI was higher in married nurses than single nurses (19). The discrepancy between this finding and the present study may be related to the research environment, sample size and type of

university. However, in order to understand these contradictions, it is necessary to conduct more research in the future and identify biological, social and cultural factors in a larger sample size.

Based on the results, there was no statistically significant difference between EI scores among students with different semesters, that is similar to Ashqali Farahani's results (38) which was different from the results of the study (Mahdavi Sirat et al. 2020)(28) (Kouchakzardeh et al. 2016)(26) that showed statistically significant difference between 2nd and 8th-semester students' emotional intelligence. In Fallahzadeh (2011) study, there was no relationship between age and EI (46). Cynicism and depersonalization emerge as the pessimistic and cynical attitude and indifference to school assignments. Low interest in the activities related to education and considering them to be pointless and unimportant. Ultimately, lack of efficacy related to school emerges as states like low sense of competency, low progress and lack of sense of success in school assignments and on the whole, in school.(47). Explaining this similarity, we can say that EI is a set of acquired abilities, capabilities and skills and inherited talent, so the promotion of EI requires special educational measures and age alone cannot increase or decrease it.(48).

Limitations: Researchers also faced problems and limitations in conducting this study, that on of the most important of them was using a questionnaire. Using a questionnaire to collect information Despite the explanations given about the objectives of the research before submitting the questionnaires, students' moods could affect how they answered. Also, individual differences of the research units can influence on their understanding, which was beyond the control of researchers. For this purpose, it is recommended to use more accurate methods such as interviews to study and evaluate this issue in future studies.

CONCLUSION

The results of the present study showed that nursing students participated in the present study had a relatively high level of SWB and EI ; however, studying at nursing school has not been enough to increase their SWB. it can be considered by the authorities and planners in this field to plan courses related to spiritual care in the students' curriculum. For future studies, it is recommended that the level of health among students from other medical disciplines, such as operating rooms, anesthesia, etc., be examined. It is also suggested that the impact of training courses on the health of nursing students and other medical disciplines be investigated in future studies. There is also a need for qualitative studies in this area.

Authors Contributions

J.J , M.J and S.M.D performed were involved in planning and supervised the research. N.S and M.A.Z. planned the questionnaires and distributed them, performed the analysis, drafted the manuscript and designed the tables and figures. J.J, and M.J performed the calculations. S.M.D aided in interpreting the results and worked on the manuscript. All authors discussed the results and commented on the manuscript and agreed to submit the final manuscript.

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Table 1. Relative and absolute frequency of demographic characteristics of the studied units

percentage	Frequency	Relative and absolute Frequency variable	
71.5	98	Female	Gender
28.5	39		
83.2	114	single	Marital status
16.8	23	Married	
32.4	44	Tow	semester
29.4	40	Four	
20.6	28	Six	
17.6	24	Eight	
100	136	Total	

Table 2. how students responded to different items of the scale in both dimensions of religious and existential wellbeing

Items	fully agree	partially agree	agree more than disagree	disagree more than agree	partially disagree	fully disagree
1. I do not find much satisfaction in private prayer with God.	1 (0.7)	10 (7.4)	5 (3.7)	16 (11.8)	27 (19.9)	77 (56.6)
2. I do not know who I am, where I came from, or where I am going.	3 (2.2)	5 (3.7)	10 (7.4)	16 (11.8)	53 (39)	49 (36)
3. I believe that God loves me and cares about me.	76 (55.9)	41 (30.1)	15 (11)	2 (1.5)	0	2 (1.5)
4. I feel that life is a positive experience	36 (26.5)	53 (39)	32 (23.5)	7 (5.1)	4 (2.9)	4 (2.9)
5. I believe God is impersonal and not interested in my daily situations.	5 (3.7)	2 (1.5)	6 (4.4)	16 (11.8)	35 (25.7)	72 (52.9)
6. I feel unsettled about my future.	3 (2.2)	13 (9.6)	13 (9.6)	28 (20.6)	45 (33.1)	34 (25)
7. I have a personally meaningful relationship with God.	23 (16.9)	62 (45.6)	33 (24.3)	12 (8.8)	5 (3.7)	1 (0.7)
8. I feel very fulfilled and satisfied with life.	15 (11)	35 (25.7)	54 (39.7)	15 (11)	11 (8.1)	6 (4.4)
9. I do not get much personal strength and support from my God.	1 (0.7)	5 (3.7)	16 (11.8)	21 (15.4)	42 (30.9)	51 (37.5)
10. I have a sense of wellbeing about the direction of my life.	32 (23.5)	62 (45.6)	24 (17.6)	10 (7.4)	7 (5.1)	1 (0.7)
11. I believe that God is concerned about my problems.	38 (27.9)	61 (44.9)	26 (19.1)	11 (8.1)	0	0
12. I do not enjoy much about life.	3 (2.2)	6 (4.4)	14 (10.3)	36 (26.5)	45 (33.1)	32 (23.5)
13. I do not have a personally satisfying relationship with God.	1 (0.7)	3 (2.2)	12 (8.8)	27 (19.9)	44 (32.4)	49 (36)
14. I feel good about my future.	43 (31.6)	47 (34.6)	33 (24.3)	4 (2.9)	7 (5.1)	2 (1.5)
15. My relationship with God helps me not to feel lonely.	58 (42.6)	49 (36)	19 (14)	4 (2.9)	3 (2.2)	3 (2.2)
16. I feel that life is full of conflict and unhappiness.	8 (5.9)	5 (3.7)	12 (8.8)	35 (25.7)	44 (32.4)	32 (23.5)
17. I fee most fulfilled when I am in close communion with God.	52 (38.2)	56 (41.2)	0	24 (17.6)	2 (1.5)	0
18. Life does not have much meaning.	1 (0.7)	5 (3.7)	8 (5.9)	22 (16.2)	49 (36)	51 (37.5)
19. My relation with God contributes to my sense of wellbeing.	57 (41.9)	53 (39)	20 (14.7)	1 (0.7)	4 (2.9)	1 (0.7)
20. I believe there is some real purpose for my life.	71 (52.2)	42 (30.9)	8 (5.9)	8 (5.9)	2 (1.5)	5 (3.7)

Fig 1: The mean score of spiritual wellbeing among students with different academic semesters

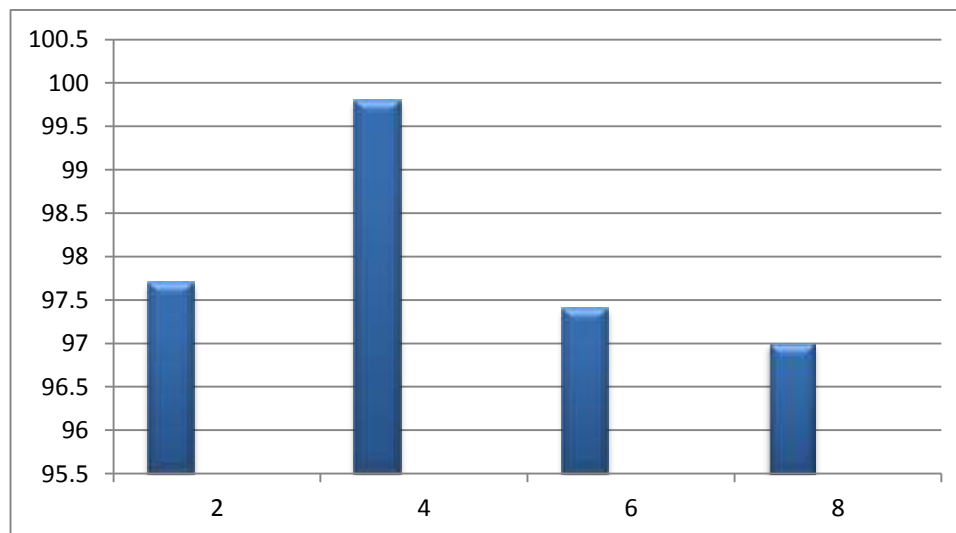


Figure 2. Difference score of the mean dimensions of emotional intelligence of nursing students

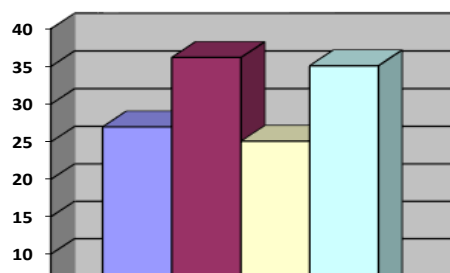


Figure 3. The difference between the mean emotional intelligence of nursing students in different semesters

