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The Competence of Anesthesia Students in Providing Spiritual Care to Patients

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ABSTRACT

Spiritual care is the newest dimension of health that is located along with other dimensions of health such as physical, mental, and social health. As one of the important and effective dimensions on human health, it requires special attention. The present study aimed to determine the competence of anesthetized students in providing spiritual care to patients in the operating room. This descriptive cross-sectional study was performed on 120 Anesthesia students of Jahrom University of Medical Sciences in 2014. The data collection tool was "Spiritual Care Competency Scale", which has six dimensions of spiritual care review and implementation, professionalization and improvement of spiritual care, personal support and patient counseling, referral, attitude to patient spirituality and communication. The research questionnaire were presented in a five-part Likert scale reflecting their views on each statement in the questionnaire. In this study, according to the mean scores obtained, the dimension of personal protection and counseling of patients and the highest level of communication were the lowest in the spiritual care of Anesthesia students. The results can be due to attention to the moral and moral dimension in theoretical and practical education and emphasize the general view in nursing and the importance of the necessity of the teachers to prepare students to diagnose and meet the spiritual needs of patients.

Keywords: Spiritual care; Anesthesia; Students

Introduction:

Prior to the 18th century, medical and nursing care was focused on body and mind of clients, and human was considered as a whole, but in the 18th century, with the spread of medical knowledge and research, physical and psychological care was separated [1]. In the comprehensive care model, human is viewed as a biological, social, psychological, and spiritual creature, and all his existential dimensions are taken into consideration in his care process, because these dimensions are dynamic and mutually effective, and as a whole constitute the health [2]. Evidence indicates that among these dimensions, spiritual dimension of human is less considered in medical health care [3, 4]. The spiritual dimension covers other existential dimensions of human, and can be defined as coherent dimension in one's welfare and health [2]. Spirituality is the most important existential dimension in over one third of people and it is at the center of their life as the strong force, and it is connected to the health, well-being, and recovery [5].

Spirituality is a dimension of human being that induces feeling of being along with such qualities as nature, the capacity to know the

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inner and the source of strengthening, the sacred mental experience, the individual's excellence to the capacity of love and the greater knowledge, the unity with the overall shadow of all life, and the search for the individual's meaning of existence, which is the basis of each creature. Spiritual care for the patients is a multifaceted concept including issues such as practice and activity in areas like respect, preserving the patient's privacy, carefully listening to patient, and helping him to be aware of his disease's trend [8, 9]. Cavendish states that spiritual needs present in every patient are manifested with uncertainty of events in life [10].

Regarding spirituality, Narayanasamy states that "It seems that authors agree on two points: One, human beings are spiritual creatures, and second, there is a relationship between spirituality and recovery" [11]. Regarding spirituality and recovery, the references agree on the impact of spirituality on the power of recovery, the ability to cope with change and adaptation with it, and states related to health and disease [12].

In the research by Hubbell et al. (2006) aimed at investigating the way of spirituality care delivery, it was found that though the nurses felt spiritual care is crucial part of nursing care, 73% of them routinely did not perform spiritual care for the patients [13]. Baldacchino studied nursing competence for spiritual care to patients with heart attack in a descriptive-analytical study, and concluded that spiritual care is complicated and it is necessary that nurses increase their awareness of patient's character unity considering relationship between the mind and body [14].

In the study by Chan et al. on perceptions of nurses in Hong Kong about spiritual care, it was found that despite perception of nurses toward spiritual care, they rarely combined spiritual care performance with the daily nursing care, and awareness level of some nurses about spiritual care was low [15].

Meanwhile, given the fact that operating room is one of the wards that is structurally different from other wards, and there is inappropriate power distribution between personnel and patients, the patient is not able to express his distress easily because of need for personnel [16], and personnel and nursing students of operating room, like anesthesia nurses, have many difficulties and risks in relation to their job similar to nursing personnel in special wards. For instance, psychological stresses resulting from heavy responsibility toward the patients and contact with the patients that do not recover following the surgery are the difficult conditions for this group of nurses, and thus spiritual care is more difficult for them [17].

In clinical practice, sometimes the Anesthesia students and nurses meet their patients in such situations that it is not possible to give autonomy to the patients [18]. In fact, in the operating room, the patient of any age, sex, race, religion, and social and cultural class trusts the operating room staff intentionally or unintentionally, and wishes his health fully to the anesthetic and surgical staff [16]. However, in Iran, research is less focused on the topic of spiritual care and its provision of competence in students especially students of Anesthesia and operating room, and more attention is paid to the competence of nursing students and nurses' spiritual care and their attitudes and knowledge to provide spiritual care. Thus, considering the importance of providing spiritual care to patients and the importance of achieving this in the education of all health sciences fields such as Anesthesia and the existing research gap, this study aimed to assess the competence of Anesthesia students in providing spiritual care to patients.

Materials and Methods

The current descriptive cross-sectional study was conducted in the second half of 2015 at Jahrom University of Medical Sciences. All of the second to fourth year undergraduate students who were willing to participate in the study were selected (n= 120).

Following explanation of the purpose of study and confidentiality of students' information, the questionnaire was completed in the presence of one of the research group

member in Nursing Faculty of Jahrom University of Medical Sciences.

The questionnaires were anonymous and without track code. Research inclusion criteria included education in nursing and paramedicine faculties and satisfaction for participation in the research. In order to collect data, demographic information questionnaire and spiritual care competence scale (SCCS), designed by Leeuwen et al. (2009), were used.

The questionnaire was translated word for word. In order to investigate content validity of the Persian version of questionnaire, it was given to ten nursing faculty members of Kerman University of Medical Sciences such that the items are reviewed in terms of easiness, clarity, and relevance, and then their supplementary comments were applied to the questionnaire. Cronbach's alpha coefficient was used for determining reliability of the scale, and it was calculated as 0.78.

This scale included 6 dimensions: examining and implementing spiritual care (items 1-6), professionalizing and improving quality of spiritual care (items 7-12), individual support and patient counseling (items 13-18), referral (items 19-29), attitude toward spirituality of patient (items 22-25), and the relationship items (26-27). Responses were ranked according to five-point Likert scale; from totally agree to totally disagree. Students were asked to identify their level of competence for providing spiritual care on the five-point Likert scale. For example, "I can help the patient continue his daily religious activities (prayers, recitation of the Qur'an, and listening to religious songs)". The options starts from one (completely disagree) to five as completely agree.

Total score of scale is between 27-135. Scoring the scale in this research, considering ideas of statistics experts, was so that the score between 27-62 implied low competence, between 63-98 denoted average competence, and scores above 98 suggested high spiritual competence. Results were analyzed using SPSS software, version 21.

Results

Findings suggested that average total score of spiritual care competence in Anesthesia students participating in the study was 103 (17) ranging from 69 - 135. In the current study, 40 participants (33%) were males and 80 (66%) were females. Average age of students was 20 years. Forty-six (40%) had average spiritual care competence and 64 (60%) had high spiritual care competence.

Findings show that dimensions of relationship and referral had lowest average (8 and 10, respectively) among Anesthesia students, and dimension of individual support and patient consulting had highest average (23). Responses of students to different dimensions of spiritual care competence are given in Table 1 in details.

Table 1. Different dimensions of students' spiritual competence

Dimensions of spiritual care competence scale	Mean (SD)
Examining and implementing spiritual care	22(4)
Professionalizing and improving quality of spiritual care	22(4)
Individual support and patient consulting	23(4)
Referral	10(2)
Attitude toward spirituality of patient	16.07(2)
Relationship	8(1)

Discussion

Results of current research showed that average of spiritual care competence among Anesthesia students was at high level, which may result from high attention to spiritual and ethical dimension in theoretical and practical

education and emphasis on comprehensive view in medical and paramedical fields especially in recent years, along with various internal and external factors affecting competence in provision of spiritual care. Of course, this issue has a long history in Jahrom University of Medical Sciences and it is pursued seriously in educational, cultural, and management dimensions of university.

Similar to the findings of the current study, Imanzad et al. (2013) in their research in Ilam University of Medical Sciences aimed at investigating the spiritual health of nursing students based on Islamic principles found that nursing students had average to high level of spiritual health [18].

Nevertheless, Farahaninia et al. (2005), who studied spiritual health in nursing students, found that nursing students did not have adequate spiritual health for provision of spiritual care, and needed necessary education in this regard. This is contrary to the findings of the current research [19].

In the current study, as observed, dimension of individual support and patient consulting had highest average of competence for provision of spiritual care, and relationship and referral dimensions had lowest average scores, which is consistent with the findings by Nasehi et al. (2013) in a similar research. Of course, in relation to referral dimension, given special environment and specific conditions of operating room and available limitations, gaining such result in provision of spiritual care was not unpredictable [20].

Moreover, individual support and patient consulting dimension had highest average (23) in this research, and highest average for this dimension was also obtained in the research by Nasehi et al. [20].

The current study was the first research in Iran that investigated the competence of Anesthesia students in provision of spiritual care to patients in operating room, although other similar studies were conducted on nurses and students of other fields and in other hospital wards in our country.

In the current study, competence for provision of spiritual care was at high level in over half of Anesthesia students. Of course, it can be applied as a strength, paving the way for promotion of comprehensive care delivery to the patients, especially in psychological and spiritual dimensions in specific environment of operating room. Nevertheless, considering the research gap, similar studies in this regard in other universities of medical sciences in the country and using tools for eliminating evaluation limitations of current research are recommended. More steps that are effective can be taken for provision of spiritual care to the patients and promote comprehensive care, rather than just focusing on physical and biomedical dimensions of patients in surgical and anesthesia interventions. This can be achieved through a comprehensive and accurate understanding of the status of Anesthesia students in provision of spiritual care.

Conclusion

The results obtained may be due to the attention to spiritual and ethical dimension in theoretical and practical education and emphasis on holistic view in nursing, and indicate necessity of paying attention to preparation of students for diagnosis and elimination of patients' spiritual needs.

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