Original Article

Nursing Students' Perceptions of Spirituality and Spiritual Care

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Abstract

Objectives: This study has been performed as definitive in order to investigate the nursing students' perceptions of spirituality and spiritual care.

Methods: This study has been carried out at Atatürk University Faculty of Health Sciences between August 2015 and September 2015. Population of this study has been constituted by the Ataturk University Faculty of Health Sciences nursing first, second, third and fourth class students completely. (n=780). Study has been completed without choosing a sample group with the participation of 305 students who accepted to attend the investigation. Introductory information forms and Spiritual Care-Giving Scale have been used during the data collection. Percentage, arithmetic mean and standard deviation, analysis of variance, Kruskal Wallis, Mann Whitney U, And T test has been used while evaluating the data.

Results: In this study, following results has been founded: Average of nursing students is 21.02±175, 62 % of them are female, perceiving of their spirituality and spiritual caring is good level (X±SS =143.60 ±16.10). It has been determined that perceiving of nursing students' spirituality and spiritual caring has been affected from lessons about the spiritual caring, finding the spiritual care involved with nursing care, choosing the nursing job by willingly and perceiving the students' their own spiritual conditions (p<0.05). But It has been also determined, students' spirituality and spiritual caring perceive is not affected of sexuality, marital status, economical condition and settlement. (p>0.05).

Conclusion: It has been determined with this study that; there is a close relation between acknowledge level of students about spiritual care and students' perceptions of spirituality and spiritual care. Accordingly integration spirituality and spiritual subject to the nursing lessons of students could be advised in order to increase their awareness for spirituality and spiritual caring.

Key Words: Nursing Student, Spirituality, Spiritual Care

Introduction

Health is a holistic concept with physical, social, psychological and spiritual dimensions, however the most neglected and the least understood one is spirituality dimension (Sapountzi-Krepia et al, 2005, Chan, 2009; Tiew, Creedy, & Chan, 2013, Papazisis et al, 2014, Sakellari et al, 2017). Spirituality is defined as exerting an effort for the inner peace and meaning and purpose of life, beyond any religion or superior power (Oldnall, 1996; Ugurlu, 2014).

The Republic of Turkey is a secular country with diverse ethnic groups from various religions. However, Islam is the widespread religion in Turkish society. As in many societies, spirituality is associated with religion in Turkey. For many people in Turkey, spiritual life and religious values are of importance as much as their physical health. This is because both spirituality and religiosity are considered as an attribute of

cultural identity and praying is being used as a treatment method by Turkish citizens in case of an illness. Indeed, there are many studies in the literature which reveal the benefits of spirituality on mental and physical health (Koenig, 2012). In these studies, there is some evidence that spirituality reduces the symptoms of stress, fear and depression experienced by the individual during a disease, raises the level of hope, improves coping skills, enhances quality of life and facilitates illness adherence (Bediako et al., 2011; Bradley, Schwartz, & Kaslow, 2005; Ginsburg, Quirt, Ginsburg, & McKillop, 1995; Puchalski, 2004).

The importance of spiritual care in health care practices is increasing day by day thanks to the increasing awareness of the positive effects of spiritual healing on the healing process. The nurses in the health care team are the health care professionals who spend the most time with the patients. For this reason, nursing is the most appropriate profession to provide spiritual care (Coban, Sirin, & Yurttas, 2015). The ethical codes of Malta argue that nurses should provide care to meet patients' biological, psychological, social and spiritual needs(" Maltese Code of Ethics for Nurses and Midwives., ," 1997). It is clearly stated in the British Nursing and Midwifery Council (NMC) mandatory graduation standards in nursing education that nurses must have the ability to meet the spiritual needs of the patients("Standards for Pre-registration Midwifery Education" 2010). The inclusion of spiritual care among international nursing codes has made it a professional necessity that nurses should have the ability to provide spiritual care (McSherry, Gretton, Draper, & Watson, 2008).

In Turkey, 4 years of nursing language education is based on holistic nursing model. The human being is considered as a bio-psychosocial entity and the physical, social and psychological dimensions of the people are constantly emphasized from this point of view during the nursing education. However, the spiritual dimension of people is often neglected. In a study conducted in Turkey, 73% of the nurses couldn't define spirituality and 93.7% has not been able to define spiritual care (G & Okyay, 2009). It is stated in the literature that nurses meet various obstacles in the provision of spiritual care (Eglence & Simsek, 2014; Ergul, 2010; Farahaninia, Abbasi, & JafarJalal, 2015; Kavak,

Mankan, Polat, Sarıtas, & Sarıtas, 2014; Kostak, Celikkalp, & Demir, 2010; Lin, Liou, & Chen, 2008; Ugurlu, 2014). The most important of the obstacles encountered in spiritual care is the limited training preparation and the negative perceptions and attitudes regarding the spirituality and spiritual care (Lundmark, 2006; Taylor, 2008). The negative perception about spirituality causes the nurses to stay away from spiritual issues, to feel inadequate in this regard, and to be confused about their role in providing spiritual care (Chism, 2009; Tiew & Creedy, 2012). Determining how nursing students, who will be future health care practitioners, perceive spirituality, spiritual care and their roles in spiritual care will provide important contributions for regulating the curriculum and increasing the quality of nursing care (Coban et al., 2015; McSherry & Jamieson, 2011; Tiew & Drury, 2012; Wu, Liao, & Yeh, 2012). There is no study investigating the nursing students' perception on spiritual care in Turkey.

The aim of this study is to investigate the spirituality and spiritual care perceptions of the students, studying at the Ataturk University, Faculty of Health Sciences, Department of Nursing, as well as investigating the factors affecting their perceptions in this regard.

Methods

Study Design and Sample

The present study is a descriptive type research. The study population consisted of all sophomore, junior and senior students (n=780) studying at Department of Nursing, Faculty of Health Sciences, Ataturk University. Freshmen were excluded since they had no training on spiritual care in nursing yet. No sampling selection was performed in the study. A total number of 780 online self-report questionnaires were emailed as a Google form link, together with a cover letter explaining the purpose of the study; and as a result, 320 (41%) students submitted their responses. Among the submitted questionnaires, fifteen were incomplete and excluded. As a result, 305 (39.1%) students were included in the research.

Research Hypotheses

H0: There is no relationship between sociodemographic characteristics of students and their perception of spirituality and spiritual care.

H1: There is a relationship between sociodemographic characteristics of students and their perception of spirituality and spiritual care.

Data Collection Instruments

Introductory Information Form: This form was developed by the researcher using the literature(Boswell, Cannon, & Miller, 2013; Celik, Özdemir, Durmaz, & Pasinlioglu, 2014; McSherry & Jamieson, 2011; Ross et al., 2014; Tiew et al., 2013; Tiew & Drury, 2012; Wu et al., 2012). The form consists of 11 items, which include the sociodemographic characteristics of the students and the situations that may affect students' perception regarding the spirituality and spiritual care.

Spiritual Care-Giving Scale (SCGS): It was developed in Australia by Tiew and Creedy in 2012 to assess nursing students' perceptions on spirituality and spiritual care. This 6-point Likert type scale consists of 35 items, and its Cronbach's alpha coefficient has been found as α= 0.95 (Tiew & Creedy, 2012).

The Turkish reliability and validity study of the scale was carried out by Coban et al. in 2015. The number of items in the scale has not been changed after the reliability and validity analysis. However, the 6-point structure of the original Likert type scale was modified to the 5-point Likert scale, according to the expert opinions and feedback of the pilot implementation carried out before the actual implementation. In the Turkish reliability and validity analysis of the scale, the Cronbach's alpha coefficient was calculated as α=0.96 (Coban et al., 2015).

Procedure

The approval of the Ataturk University Faculty of Health Sciences Ethical Committee, and the permission from the Dean of Faculty were obtained before conducting the study. The purpose of the research and rationale of the objectives were explained to the students, they were informed that they were free to participate in the research, and their informed consent was obtained. In addition, the individuals participating in the researched were informed about the confidentiality of their personal information, in order to comply with the "privacy principle".

Statistical Analysis

SPSS (Statistical Package for Social Sciences) for Windows 20 software was used for statistical analysis when evaluating the data. One-way ANOVA, Kruskal Wallis, Mann Whitney U-test and Independent Groups t-test were used in inter-group comparisons as well as descriptive statistical methods used for evaluation of the study data. The results were evaluated in a confidence interval of 95% and a level of significance of p<0.05.

Results

According to the socio-demographic characteristics of the students, the mean age was 21.02±1.75 (min:18-max:30), 62.3% was female, 98% was single, 31.5% was living in Southeast Anatolia region, 70.5% had balanced income, 67.5% preferred nursing by his/her own will, and 45.2% was junior student **(Table 1).**

Considering the characteristics of the students regarding their perception on spirituality and spiritual care, it was found out that 55.4% of the students provided spiritual care to patients at least partially in practice, 60.7% did not take any lessons on spirituality and spiritual care, 63.6% considered spiritual care is a topic of nursing profession, and 47.9% perceived their spirituality as good **(Table 2).**

When the average SCGS scores of the students were compared with their socio-demographic characteristics, the difference between the average SCGS scores was not found to be statistically significant in terms of gender, marital status, residential place, economic status and years in college (p> 0.05), whereas the difference between the score averages was found to be statistically significant in terms of willingness about nursing profession preference (p<0.001) **(Table 3).**

A statistically significant difference between the mean SCGS scores when the mean scores of students' perceptions on spirituality and spiritual care were compared in terms of course taken on spiritual care, providing spiritual care to their patients in practices, relating the spiritual care with nursing interventions were compared (p<0.05). **(Table 4).**

The average SCGS scores of students show the least participation and the lowest mean scores were in the 10th, 12th, 13th, and 22nd items, and the highest participation and mean score was in the 2nd, 3rd, and 5th items **(Table 5).**

Table 1. Participant Socio-Demographic Characteristics

Socio-Demographic Characteristics	Min-max	X±SD
Age (years),	18-30	21.02±1.75
SCGS	81-175	143.60 ±16.10
	S	**%**
Gender		
Female	190	62.3
Male	115	37.7
Marital status		
Not married	299	98.0
Married	6	2.0
Geographical region		
Southeast Anatolia region	96	31.5
Eastern Anatolia region	80	26.2
The Black Sea region	43	14.1
Inner Anatolia region	38	12.5
Mediterranean region	30	9.8
Aegean region	10	3.3
Marmara region	8	2.6
Economical situation		
Less than income expense	54	17.7
equivalent to the expense Income	215	70.5
More than income expense	36	11.8
Academic year		
Second-year	102	33.4
Third-year	138	45.2
Fourth year	65	21.4
Profession willingly selection		
Yes	206	67.5
No	99	32.5

Table 2. Distinction of Spiritual and Spiritual Care Attributes of Nursing Students

	N	%
Spiritual care in practice		
Yes	106	34.8
Moderate	169	55.4
No	30	9.8
Took a spiritual care course in nursing school		
Yes	120	39.3
No	185	60.7
Career interest in nursing		
No interest	11	3.6
Moderate interest	101	33.1
Strong interest	193	63.3
How do you define your own spirituality		
Bad	10	3.3
Middle	127	41.6
Good	146	47.9
Very good	22	7.2

Table 3. Comparing Score Average of SCGS According to Socio-Demographic Characteristics of Students

	X±SD	p
Gender		
Female	144.94±14.94	t=1.789
Male	141.40±17.70	p=.0.075
Marital status		
Not married	143.51±15.95	U=0.690
Married	147.50±25.17	p=0.490
Geographical region		
Southeast Anatolia region	142.59±14.02	
Eastern Anatolia region	144.28±17.27	
The Black Sea region	144.65±13.45	KW=6.898
Inner Anatolia region	141.10±19.06	p=0.330
Mediterranean region	142.66±16.53	
Aegean region	148.40±2337	
Marmara region	152.87±13.80	
Economical situation		
Less than income expense	141.75±17.87	F=0.468
equivalent to the expense Income	144.12±15.49	p=0.626
More than income expense	143.33±17.12	
Profession willingly selection		
Yes	146.49±13.99	t=4.233
No	137.61±18.46	**p=0.000**
Academic year		
Second-year	142.44±19.78	F=0.411
Third-year	144.09±13.35	p=0.664
Fourth year	144.41±15.14	

Table 4. Comparison of Scores According to The Characteristics of Nursing Students Perceptions of Spiritual and Spiritual Care

Characteristics	X±SD	p
Spiritual care in practice		
Yes	144.63±14.17	F=4.462
Moderate	144.43±16.76	**p=0.012**
No	135.36±16.87	
Took a spiritual care course in nursing school		
Yes	147.05±15.10	t=3.052
No	141.37±16.37	**p=0.002**
Career interest in nursing		
No interest	132.50±15.02	KW=37.389
Moderate interest	136.75±16.18	**p=0.000**
Strong interest	147.75±14.63	
How do you define your own spirituality		
Bad	133.00±17.73	
Middle	138.77±15.72	KW=25.687
Good	147.08±15.03	**p=0.000**
Very good	153.27±14.14	

Discussion

Spirituality is a dimension seen in every human being, despite different degrees of awareness varying from person to person(Yilmaz & Okyay, 2009). There are findings in the literature that nursing students' spirituality and spiritual care perceptions are influenced by their religious beliefs, their perspectives on the world, their surroundings and their experiences (McSherry & Jamieson, 2011; Tiew & Drury, 2012; Wu et al., 2012).

According to the findings of this study, the total average score of the students on the spiritual caregiving scale was 143.60±16.10 (Table 1). The research findings are consistent with the results of the studies of Coban et al., (2015) and Tiew et al., (2013). A total mean score of 175 points indicate that the spirituality and spiritual care perception of the students was high. According to this result, it was determined that the participants included in the research had a good level of spirituality and spiritual care perceptions.

In this study, it was determined that gender and marital status of the students did not affect their perception of spirituality and spiritual care (p> 0.05, Table 3). Although some of the previous studies have supported our findings, (Kavak et al., 2014; McSherry et al., 2008; Wu et al., 2012) some have found that marital status and gender affects individuals' perceptions of spirituality and spiritual care (Celik et al., 2014; G & Okyay,

2009). Spirituality is a human dimension that can be understood with emotions and intuitions (Hendricks, 2006).The absence of any significant difference in the spirituality and spiritual care perceptions of females and males in this study suggests that men's intuition and emotions are as strong as women. Moreover, it can be suggested that the low number of married students (n=6) in the study might have affected the study findings in a negative manner.

In the literature, there are studies reporting that the individual's spirituality is affected by the belief and culture of his/her environment (Tiew & Drury, 2012; Wu et al., 2012). In this study, students' level of spirituality and spiritual care perception was found to be not affected by their income status and place of residence (p>0.05, Table 3). No statistically significant difference in perceptions of spirituality and spiritual care in terms of the place of residence can be attributed to the fact that a large majority of the participants lived in regions with close cultures and beliefs. Similar results have also been found in another study conducted in Turkey (Celik et al., 2014).

There was no statistically significant difference between the scale score averages in terms of the students' years in school (p> 0.05, Table 3). Although there is no study that overlaps or conflicts with this finding in the literature, it was found in studies by G and Oktay, Ozbasaran et al. conducted in Turkey, and Wong et al. conducted with nurses graduated from different educational programs in China that the

perceptions of the graduated and associate nurses regarding spirituality and spiritual care were found to be statistically higher than those of high school graduate nurses (Ozbasaran, Ergul, Temel, Aslan, & Coban, 2011; Wong, Lee, & Lee, 2008; G & Okyay, 2009). In addition, two different studies, in which the effect of education on spiritual caregiving skills was investigated, have found that the perception of spirituality and spiritual care increases as education level increases (Vlasblom, Steen, Knol, & Jochemsen, 2011; G & Gurler, 2014). In this study, the absence of significant difference between the mean scale scores according to the years in school can be attributed to the same curriculum applied to sample group (undergraduate).

In this study, the spirituality and spiritual care perceptions of those who prefer nursing profession willingly were found to be statistically higher than those who did not (p <0.05, Table 3). This finding has also been confirmed by Wu et al., who studied spirituality and spiritual care perceptions of nursing students (Wu et al., 2012). A review study on spiritual care attributed this situation to the love and embracement of students who preferred their profession willingly as well as their psychological inclination to perform the activities required by the profession (Baldacchino, 2008).

For many people, spiritual life and values are as much important as their physical health (Wu et al., 2012). In this respect, defining the patient's spiritual needs and providing the care accordingly is an important nursing role (Eglence & Simsek, 2014). It is stated in the literature that the perception of spirituality and spiritual care affects the care provided by the nurse and hence the quality of nursing care (Tiew et al., 2013; Wu et al., 2012). However, according to the studies, it has been determined that the abstract and complex spiritual care is ignored by the nurses in practice, compared to the physical care (Attard, Baldacchino, & Camilleri, 2014; Baldacchino, 2006; Cetinkay, Altundag, & Azak, 2007). Students who do not have a good role model in practice are not likely to see spiritual care as their duty and therefore do not provide spiritual care to their patients in practice (Baldacchino, 2008). In this study, only 34.8% of the students stated that they gave spiritual care to their patients in practice. In the study, it was determined that the spirituality and spiritual care perceptions of the students who gave spiritual care to the patients were statistically higher than those who did not

(p<0.05, Table 4). And, it has been determined in previous studies conducted in Turkey that the perceptions of spirituality and spiritual care of nurses who gave spiritual care had been statistically higher than those who hadn't provided spiritual care (Kavak et al., 2014; Kostak et al., 2010; G & Okyay, 2009).

Today, although officially all nursing schools address the spirituality as a dimension of holistic nursing care, nursing schools are less interested in this aspect of care. Because of this alienation in nursing schools, students are not well-prepared to provide spiritual care (Vlasblom et al., 2011). In this study, more than half (n=180) of the students stated that they did not take any course on spirituality and spiritual care. On the other hand, education is of the utmost importance in the provision of spiritual care (Timmins & Neill, 2013). It has been determined in studies that there is a close relationship between nurses' training on spiritual care and their spiritual caregiving skills, level of perception of their role on spiritual care, and perceptions on spiritual care (Tiew et al., 2013; Wu et al., 2012). Also in this study, it was determined that the students who received any course on spirituality and spiritual care had a better perception of spirituality and spiritual care than other students (p <0.05, Table 4).

One of the important factors affecting nurses' spiritual care as reported in the literature is that whether nurses consider spiritual care covered in their job descriptions (Coban et al., 2015; Tiew & Drury, 2012). It is believed that the tendency of nurses to provide spiritual care and their perceptions of spirituality and spiritual care would be better for nurses who accept spiritual care in their job descriptions. It was determined that 63.3% of the students who participated in this study think that spiritual care is very related to nursing care (Table 2). In addition, it was found that mean scale scores of those who found spiritual care related to nursing care were statistically higher than the others (p <0.05, Table 4). It has been found in a study by Wu et al. that evaluates nursing students' perception of spirituality and spiritual care that those who perceive spiritual care related to nursing care had higher perception of spirituality and spiritual care (Wu et al., 2012).

In order for an individual to be aware of the spiritual needs of others, he/she must first discover and develop his/her own spiritual

direction. That is, individuals must listen to their souls before addressing the souls of others (Alpar, Bahcecik, & Karabacak, 2013). From this point of view, the ability and perception of the individual to provide spiritual care increases with his/her of increasing awareness on spirituality (Tiew et al., 2013).In this study, those who defined their spirituality as very good or good were found to have statistically higher perceptions of spiritual care and spirituality than those who had poor and moderate perceptions (p <0.05, Table 4).

When we look at the percentages of participation in each item and the average SCGS scores of students, the least participation and the lowest mean scores were in the 10th, 12th, 13th, and 22nd items (Table 5). Among them, the low participation in the 10th item (Spiritual needs are met by connecting with others, with superior power or nature) is believed to be caused by its insufficient structure that fails to reflect ideological perception of the students adequately; the low participation in the 12th item (Spiritual care is more comprehensive than religious care) is probably caused by confusion between spirituality and religion, that is many people think that spirituality is equivalent to religion (Alpar et al., 2013; Mueller, Plevak, & Rummans, 2001; G & Okyay, 2009); and the low participation in the 13th item (When applied well, nursing care and spiritual care are the same) is attributed to the confusion between religion and spirituality, leading to its exclusion from their job description as reported in previous studies (Tiew & Creedy, 2012; Ugurlu, 2014; G & Okyay, 2009). Finally, the low-level of involvement in the 22nd item (I can easily apply spiritual care to the patients) is believed to be due to the fact that the students in this study did not feel themselves adequate in providing spiritual care to their patients, as they haven't been supported adequately in providing spiritual care during their education.

It was determined that the highest participation in the spiritual caregiving scale and the highest score belonged to the 2nd, 3rd and 5th items (Table 5). In a study by Tiew et al., the 2nd item (Spirituality is an important aspect of being human) had the highest level of participation (Tiew et al., 2013). The participation in the 2nd item was high due to the fact that students perceived spirituality as humanity, compassion, care, communication with people and similar virtues, as stated by Sanders (2002); and the

higher participation in the 3rd item (Spirituality is a unifying force that makes individuals peaceful) was attributed to the fact that students perceive spirituality as the meaning of life, inner peace rather than a religion or obeying to a superior power; and, the higher participation in the 5th item (Spirituality is part of our inner world) was due to their perception of spirituality as everything beyond the material, and internal resources related to their fundamental meanings, as stated by some western scholars(Mueller et al., 2001; Oldnall, 1996; Sanders, 2002; Seyyar, 2010).

Study Limitations

In this study, there are various limitations that may affect the results. First, the study was conducted in a single center. Second, the opinions of those who are willing to participate in the study may be different from those who do not want to participate. Third, as in all student-centered research studies, students tended to give a socially desirable response in this study.

Conclusion

In this study, it was found that the students had a good level of perception of spirituality and spiritual care, and that their level of knowledge about spiritual care, spiritual caregiving experience, relating spiritual care to nursing, willingness in choosing the profession and the students' perception of their own spirituality were found to affect nursing students' perception of spirituality and spiritual care positively.

Patients receiving spiritual care are known to recover more quickly. In this respect, strategies for integration between theory and practice need to be developed in order to provide spiritual care to patients in clinical practice. In this regard, in order to provide adequate knowledge about the concept of spirituality in nursing education, it can be recommended to address spirituality and spiritual care in the course contents and provide seminars and in-service training about spiritual care can be given to clinical nurses in order to establish a role model for nursing students.

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Tablo 5. Scores of samples on the Spiritual Care-Giving Scale

	Statements	Strongly disagree %	N	disagree %	N	Partially agree %	n	agree %	n	Strongly agree %	X±SS
1	Everyone has spirituality	1.6	10	3.3	63	20.7	132	43.3	95	31.1	3.99±0.89
2	Spirituality is an important aspect of human being.	-	1	0.3	18	5.9	126	41.3	160	**52.5****	**4.45±0.62****
3	Spirituality is a part of a unifying force which enables individuals to be at peace	1.0	5	1.6	15	4.9	116	38.0	166	**54.4****	**4.43±0.74****
4	Spirituality is an expression of one's inner feelings that affect behavior	-	3	1.0	23	7.5	136	44.6	143	46.9	4.37±0.66
5	Spirituality is a part of our inner being	0.7	1	0.3	15	4.9	120	39.3	167	**54.8****	**4.47±0.66****
6	Spirituality is about finding meaning in the good and bad events of life	1.3	9	3	68	22.3	133	43.6	91	29.8	3.97±0.87
7	Spiritual well-being is important for one's emotional well-being	-	6	2.0	21	6.9	147	48.2	131	43.0	4.32±0.68
8	Spirituality drives individuals to search for answers about meaning and purpose in life	-	4	1.3	27	8.9	171	56.1	103	33.8	4.22±0.65
9	Without spirituality, a person is not considered whole	1.3	15	4.9	60	19.7	116	38.0	110	36.1	4.02±0.93
10	Spiritual needs are met by connecting oneself with other people, higher power or nature	4.6	47	15.4	80	26.2	108	35.4	56	**18.4***	**3.47±1.09***
11	Spiritual care is an integral component of holistic nursing car	0.3	11	3.6	68	22.3	136	44.6	89	29.2	3.98±0.83
12	Spiritual care is more than religious care	1.0	41	13.4	91	29.8	110	36.1	60	**19.7***	**3.60±0.98***
13	Nursing care, when performed well, is itself, spiritual care	2.0	26	8.5	96	31.5	114	37.4	63	**20.7***	**3.66±096***
14	Spiritual care is a process and not a one-time event or activity	-	4	1.3	27	8.9	159	52.1	115	37.7	4.26±0.67
15.	Spiritual care is respecting a patient's religious or personal belief	0.3	8	2.6	32	10.5	150	49.2	114	37.4	4.20±075
16	Sensitivity and intuition help the nurse to provide spiritual care	0.3	6	2.0	28	9.2	174	57.	96	31.5	4.17±0.69
17.	Being with a patient is a form of spiritual care, their fears, anxieties, and trouble	-	6	2.0	54	17.7	155	50.8	90	29.5	4.07±0.73
18.	Nurses provide spiritual care by respecting the religious and cultural beliefs of patients	0.3	10	3.3	53	17.4	148	48.5	93	30.5	4.05±079
19.	Nurses provide spiritual care by giving patients time to discuss and explore	0.3	8	2.6	47	15.4	145	47.5	104	34.1	4.12±078
20.	Spiritual care enables the patient to find meaning and purpose in their illnes.	0.7	7	2.3	60	19.7	159	52.1	77	25.2	3.99±0.77
21.	Spiritual care includes support to help patients observe their religious belief	0.3	15	4.9	56	18.4	153	50.2	80	26.2	3.97±0.82
22.	I am comfortable providing spiritual care to patient	1.0	15	4.9	135	44.3	113	37.0	39	**12.8***	**3.55±0.81***

23.	Nurses provide spiritual care by respecting the dignity of patient	0.3	6	2.0	50	16.4	166	54.4	82	26.9	4.05±0.73
24.	Spiritual care should take into account of what patients think about spiritualit	0.3	16	5.2	52	17.0	171	56.1	65	21.3	3.92±0.78
25.	Nurses who are spiritual aware are more likely to provide spiritual car	-	12	3.9	33	10.8	153	50.2	107	35.1	4.16±0.76
26.	Spiritual care requires awareness of one's spiritualit	0.3	6	2.0	39	12.8	160	52.5	99	32.5	4.14±0.73
27.	Spiritual care should be instilled throughout a nursing education progra	-	11	3.6	34	11.1	138	45.2	122	40.0	4.21±0.78
28.	Spiritual care should be positively reinforced in nursing practic	0.3	4	1.3	28	9.2	154	50.5	118	38.7	4.25±0.20
29.	The ability to provide spiritual care develops through experience	0.3	11	3.6	62	20.3	148	48.5	83	27.2	3.98±0.80
30.	Spiritual care is important because it gives patient hope.	0.3	6	2.0	48	15.7	139	45.6	111	36.4	4.15±0.77
31.	Spirituality is influenced by individual's life experiences	0.3	3	1.0	29	9.5	171	56.1	101	33.1	4.20±0.67
32.	Spirituality helps when facing life's difficulties and problem	0.7	8	2.6	33	10.8	161	52.8	101	33.1	4.15±0.76
33.	Spiritual care requires the nurse to be empathetic toward the patien	-	3	1.0	26	8.5	163	53.4	113	37.0	4.26±0.65
34	A trusting nurse–patient relationship is needed to provide spiritual care	-	4	1.3	27	8.9	139	45.6	135	44.3	4.32±0.69
35	A team approach is important for spiritual care	0.3	2	0.7	31	10.2	138	45.2	133	43.6	4.13±0.70