



RELIGIOUS AND EXISTENTIAL WELL-BEING AMONG NURSING STUDENTS IN ANAMBRA STATE, NIGERIA

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(Received 10 January 2022; Revision Accepted 7 March 2022)

ABSTRACT

Spirituality is a significant concept for the discipline of nursing with substantial influence on holistic care of patients. The purpose of the study was to investigate the status of Spiritual Well-Being (SWB) among nursing students in public Schools of Nursing in Anambra State, Nigeria.

A cross-sectional survey was carried out among 228 nursing students based in three government Schools of Nursing in Anambra State, Nigeria. A 20 item Spiritual Well-Being Scale (SWS) comprising of 10 questions each on religious and existential wellbeing sub-scales was adapted for the study. Internal consistency reliability of the instrument using the Cronbach Alpha coefficient was 0.93. Ethical approval was obtained from Nnamdi Azikwe University Teaching Hospital (NAUTH) ethical committee. Data were analyzed using descriptive and inferential statistics. Chi-Square and Pearson correlation analysis were done to verify association between variables using SPSS version 21 for Windows. Probability value less than 0.05 was considered statistically significant. The mean age of respondents was 22 years. Overall, 55.1% reported moderate level of spirituality compared with 44.9% who had high level of spirituality. Nursing students' average spiritual well-being (SWB) score was 97.7. SWB was significantly related to the level of study of respondents ($p=0.001$). A significant strong positive correlation was found between Religious Well-Being (RWB) and Existential Well-Being ($p=0.001$; $r=-.697$). The study has shown that nursing students in public Schools of Nursing in Anambra State, self-reported moderate level of spiritual wellbeing (SWB). Educational interventions are required to improve nursing students' religious and existential well-being for the ultimate purpose of promoting holistic nursing care.

KEYWORDS: Existential Well-being, Holistic Care, Nursing, Religious Well-being, Spirituality

INTRODUCTION

Spirituality is a significant concept for the discipline of nursing with weighty influence on holistic care of patients (Chandramohan & Bhagwan, 2016; Cetinakaya et al, 2017). Spirituality is a broad and multidimensional concept which has many different meanings and interpretations. Spirituality is therefore well-defined and measured by a number of spiritually related concepts including forgiveness, gratitude, hope, religious wellbeing (RWB), existential wellbeing (EWB), spiritual well-being (SWB), spiritual perspective, meaning and purpose in life (Fave, Brdar, Vella-Brodrick, & Wissing, 2013; Koenig, 2008). RWB is viewed as the aspect which entails the communion and intimate personal relationship with God or a Superior Force (Pedrão & Beresin, 2010).

Existential well-being denotes a person's present state of subjective well-being across existential domains, including the meaning, purpose and satisfaction in life, and feelings of comfort regarding death and suffering (Paloutzian & Ellison In: Pedrão & Beresin, 2010).

Man is a physiologic, psychosocial and spiritual being and thus need care in all these dimensions. Spirituality and spiritual care are very important for patient care. Murray and Zentner in Kaddourah et al (2018), defined Spirituality as "a quality that goes beyond religious affiliation, that strives for inspirations, reverence, awe, meaning and purpose, even in those who do not believe in any god while spiritual care is considered as actions such as embraces, respect, offering comfort, listening to the patient, instilling hope, prayer, and holding the patient's hand. Spirituality may also be defined as "whatever or whoever gives ultimate meaning and

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purpose in one's life, that invites particular ways of being in the world in relation to others, oneself and the universe. Chandramohan and Bhagwa (2016) reported that within the development of spirituality in health care, spirituality in nursing remains highly contested due to its huge range, diversity and its association with religion (Cetinakaya, Dundar, Azak, 2017). Spirituality concerns our beliefs about our place in this world and seeks meaning and purpose in our lives.

Spiritual needs are less tangible than physical needs as they are multifaceted and hard to measure. Frequently, these indescribable needs have been given less importance than more obvious needs. Outside of a religious context, spiritual needs are very likely to go unobserved. Thus, to recognize spiritual needs and provide spiritual care, it is necessary to understand the nature of spirituality and how different individuals may express it. The International Council of Nurses' Code (1973) identifies the spiritual aspect of nursing care and recognizes the provision of spiritual care as an essential responsibility for nurses. Every nurse has the responsibility to be vigilant about patients' spiritual needs as an aspect of holistic patient care. Despite this, most nurses including nursing students are ignorant of this important aspect of client care resulting in deprivation of such care to clients who require it, implying that holistic care has been jeopardized. Denial of holistic care has contributed to so many morbidity and mortality unknowingly. Hence, the need for spirituality and spiritual care which cannot be overemphasized especially in this dispensation where so many clients are depressed and are in despair. Spiritual care can go a long way to meet the need of this group of clients. Giving them hope amid hopelessness and saving them from untimely death through suicide and the like. Myriad of studies have documented the salience of spirituality and spiritual care to a range of issues such as HIV/AIDS, cancer, and heart disease. It is postulated that the failure to incorporate spirituality and spiritual care into nursing is unethical, as spirituality is part of being human. Furthermore, the lack of sufficient preparedness on spirituality and spiritual care renders nursing students unprepared to deliver holistic care (Afolayan, 2018).

The World Health Organization revised definition of health not only focuses on disease but also includes spiritual health to maximize mental and social wellness (WHO, 1998; Dhar, Chaturvedi, & Nandan, 2013). The North American Nursing Diagnosis Association and the Joint Commission on Accreditation for Healthcare Organizations also identifies the significance of spiritual care and dictates that spiritual beliefs and support must be evaluated and support offered to all patients as deemed necessary (Kaddourah et al, 2018).

Perception of spirituality among nursing students can influence how they act and communicate with patients regarding the delivery of spiritual care. Moreover, spirituality and spiritual care are culturally interrelated and affected by nurse's ethnicity, religion, educational level and clinical experience. Gap in and between knowledge of spirituality and delivery of spiritual care has been well documented (Afolayan, 2018; Abbasi, Farahani-Nia, & Mehrdad, 2014; Tiew, Creedy, & Chan, 2013). Inadequate attention has been paid to spirituality in Nursing in Nigeria. Given the paucity of research, there is a need to investigate the views of nursing

students about their own spiritual well-being (SWB). Little is known about Nigerian nursing students' status of spiritual well-being (SWB). The purpose of the study was to determine nursing students' status of religious and existential well-being as components of SWB.

Objectives of the study were to:

1. ascertain the importance of religion and spirituality to nursing students in public Schools of Nursing in Anambra State, Nigeria.
2. determine the status of religious wellbeing among nursing students in public Schools of Nursing in Anambra State, Nigeria.
3. determine the status of existential well-being among nursing students in public Schools of Nursing in Anambra State, Nigeria.

Research hypothesis

There is no statistically significant relationship between religious and existential well-being among nursing students in public Schools of Nursing in Anambra State, Nigeria.

MATERIALS AND METHOD:

A cross-sectional survey was carried out among 228 nursing students based in three government Schools of Nursing in Anambra State. An adapted 20 item Spiritual Well-Being Scale (SWS) comprising of 10 questions each on religious and existential wellbeing sub-scales was used for the study. The instrument includes two components: a religious well-being subscale, which measures an individual's relationship with God and measures the vertical dimension of spirituality and an existential well-being subscale, which measures the horizontal dimension of well-being as it relates to the world around us, purpose of life and life itself (Ellison, 2006). A 6 point Likert scale comprising: Fully Agree scored (6), Partially Agree scored (5), Agree more than Disagree scored (4), Disagree more than Agree scored (3), Partially Disagree scored (2), and Fully Disagree scored (1) for positively worded statements and reversed for negatively worded ones was used as measurement (Paloutzian & Ellison In: Pedrão, Raphael de Brito & Beresin, 2010). Internal consistency of the instrument was measured using the Cronbach Alpha reliability coefficient which was 0.93. Paloutzian and Ellison suggested as cutoff points for the general Spiritual Well-Being Scale score, the intervals from 20 to 40, 41 to 99, and 100 to 120, equivalent to low, moderate, and high scores, respectively (Paloutzian & Ellison. In: Peplau & Perlman, 1982). Ethical approval was obtained from NAUTH Ethical Committee. Data were analyzed using descriptive and inferential statistics. Chi-Square and Pearson correlation analysis were carried out to verify association between variables using SPSS version 21 for Windows. Probability value less than 0.05 was considered statistically significant.

RESULTS:

The mean /SD age of respondents was 22 years \pm 2.9. Majority 199(87.3%) were females while only 29(12.7%) were males. Christianity predominates comprising of 227(99.6%).

Table 1: Socio-demographic distribution of respondents

N= 228

Demographic Variable	Frequency	Percentage	Mean (SD)
Age			22± 2.9
Type of Institution			
Federal Government	74	32.5	
State school	154	67.5	
Gender			
Female	199	87.3	
Male	29	12.7	
Religion			
Christianity	227	99.6	
Islam	1	0.4	

(Table 1). Most 89(39%) were in year 3, 80(35.1%) were in year 2 while 59(25.9%) were in year 1.

Table 2: Distribution of respondents by level of study, previous exposure to clinical experience and or spirituality concept/course N = 228

Level of study		
Year 1	59	25.9
Year 2	80	35.1
Year 3	89	39.0
Previous clinical experience		
Yes	207	90.8
Level introduced to the concept of spirituality		
Year 1	107	69.5
Year 2	28	18.2
Year 3	19	12.3
Not yet	74	32.5
In the process / have completed spirituality course		
No	74	32.5
Yes	154	67.5

As shown in Table 2 Most 107 (69.5%) of the respondents were introduced to the concept of spirituality in year 1 while most 154 (67.5%) have completed the course on spirituality. Majority of the respondents 206(90.0%) and 207(90.4%) attributed very high importance to religion and spirituality.

The findings show the results of perception of religious wellbeing by respondents as follows: "I have a sense of

well- being about the direction of my life had the highest score (790). This was followed by "I feel very fulfilled and satisfied with life" (673) Next was "I feel unsettled about my future" (558). The least score emanated from "I do not find much satisfaction in private prayer with God" (306)

Table 3: Perception of Religious Well Being

Religious Well Being Items	Agreed	Disagreed	Total Score
I do not find much satisfaction in private prayer with God.	48	258	306
I do not know who I am, where I came from, or where I am going.	401	96	497
I believe that God loves me and cares about me.	325	77	402
I feel that life is a positive experience.	199	295	494
I believe God is impersonal and not interested in my daily situations.	200	116	316
I feel unsettled about my future.	267	291	558
I have a personally meaningful relationship with God.	208	298	506
I feel very fulfilled and satisfied with life.	402	271	673
I do not get much personal strength and support from my God.	244	127	371
I have a sense of well-being about the direction of my life	504	286	790
TOTAL	2,798 (57.0%)	2115 (53.0%)	4,913 (100.0%)

(Table 3). A higher percentage of 57. % accrued to agreement with the statement while a lower percentage of 53.0% accrued to disagreement with the statements. Low level of Religious Wellbeing (RWB) was found among 132(57.9%) of the respondents while 95(41.7%) fell into the high level RWB bracket (Table 5).

Respondents' perception of existential well-being shows that "I believe there is some real purpose for my life, had the highest score (1172). This was closely followed by

My relationship with God contributes to my sense of well-being (1160). Next was I feel that life is full of conflict and unhappiness (886). The least score was for "I feel most fulfilled when I am in close communion with God. A higher percentage of 65.4 % accrued to agreement with the statement while a lower percentage of 34.6% accrued to disagreement with the statements. The average score of 97.7 was observed for spirituality, overall (Table 4).

Table 4: Perception of Existential Well Being

Existential Well Being Items	Agreed	Disagreed	Total Score
I believe that God is concerned about my problems.	312	146	458
I do not enjoy much about life.	264	353	617
I do not have a personally satisfying relationship with God.	325	233	558
I feel good about my future.	303	168	471
My relationship with God helps me not to feel lonely.	195	308	503
I feel that life is full of conflict and unhappiness.	165	721	886
I feel most fulfilled when I am in close communion with God.	337	100	437
Life does not have much meaning.	287	263	550
My relationship with God contributes to my sense of well-being.	1131	29	1160
I believe there is some real purpose for my life.	1139	33	1172
Total Score	4,458 (65.4%)	2354 (34.6%)	6812 (100.0)
Grand Mean Score (SWB)	60.5	37.2	97.7

Most of the respondents 121(53.1%) had low level of EWB while fewer 105(46.1%) respondents had a high level of EWB. Overall, 55.1% reported low level of spirituality compared with 44.9% who had higher level of spirituality. Nursing students' spiritual well-being (RWB

& EWB) was significantly related to the level of study ($p=0.001$). A significant strong positive correlation was found between RWB and EWB ($p=0.001$; $r=.697$) (Table 5)

Table 5: Summary of Perception of Spiritual Well-Being (RWB and EWB)

CATEGORIES OF SPIRITUAL WELL BEING	HIGH LEVEL N %	MODERATE LEVEL N %	r	P Value
Religious Well-being (RWB)	96 (41.7)	132 (57.9)	0.697	0.001
Existential Well-being (EWB)	105 (46.1)	121(53.1)		
TOTAL	102 (44.9)	126 (55.1)		

DISCUSSION:

In realization of the need for spiritual health as the 4th dimension of health which was missing from its original definition of health of 1946 (WHO, 1946), a special group of the WHO Executive Board (1998) proposed that the preamble of the Constitution should be revised to read "Health is a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity." In addition, ICN asserts that spirituality and spiritual care are fundamental to people's health (ICN 2012). The North American Nursing Diagnosis Association and the Joint Commission on Accreditation for Healthcare Organizations recognized the importance of spiritual care and directed that spiritual beliefs and support should be assessed followed by support rendered to all patients as appropriate (Ackley & Ladwig in Kaddourah et al, 2018). It is therefore commendable that most of the respondents were introduced to this concept early in their training, during the first year. It is however worrisome that about a third of the students are yet to complete the training on spirituality. It is important that all students complete the training, more so because the respondents consider religion and spirituality of high importance. It has been argued that favourable attitude to religion should not be confused with spirituality though (Best, Butow & Olver, 2016; Chirico, 2016).

The current study found that the respondents were female dominated 199(87.3%) with a mean age of 22 years. Female domination is similar to findings from other past nursing studies (Stone, Clarke, Cimiotti and Correa-de-Araujo, 2004; Parahoo, 1999; Kolade, 1998; Ofi, Sowumi, Edet & Anarado, 2008; Edet, Asuquo, Akpabio, Samson-Akpan, & Ojong, 2015; Edet, Samson-Akpan, Ojong, Akpabio, 2015). The respondents were younger in age when compared with respondents from a previous study among nursing students on health and safety (Edet, Edet, Akpan-Idiok, & Basse, 2017). A recent publication of WHO (2020) stated that globally 90.0% of the nursing workforce comprised of females and called for gender sensitive workforce policy for the future. A revision of the gender admission quota in favour of male applicants was therefore advocated for.

Meanwhile, nursing students in public Schools of Nursing in Anambra State, Nigeria, self-reported moderate level of spiritual wellbeing with average score of 97.7. This finding is higher than the findings from a study of 464 Undergraduate Medicine and Law students (Vulcan, Sousa, Mari, Horta, 2003) which reported an average SWB score of 90.4 but lower than that obtained in a study of 30 nurses at the oncology Unit of a hospital who had a score of 107.7 (Pedrão & Beresin, 2010). The finding suggest that spirituality perception of the respondents may be derived from traditional religious cultures as well as individual life experiences (Wu & Hsiao In: Wu, Liao and Yen 2012). Spirituality is as old as Adam and has been practiced in several traditions. Scholastic mediations are indispensable to developing nursing students' religious and existential well-being which should be based on the Nursing School curriculum for the ultimate purpose of promoting holistic nursing care. It is consistent with the assertion of Baldacchino (2006) in Cetinkaya, Dundar and Azak (2013) which affirms that spirituality incorporates all

aspects of human life, definitely more comprehensive than religion because it encompasses interpersonal relationships. RWB is considered as the aspect covering communion and intimate personal relationship with God or a Superior Force (Pedrão & Beresin, 2010). Existential well-being refers to a person's present state of subjective well-being across existential domains, such as meaning, purpose, and satisfaction in life, and feelings of comfort regarding death and suffering (Paloutzian & Ellison In: Pedrão & Beresin, 2010)

However, majority of the respondents 207(90.4%) attach very high importance to religion and spirituality but demonstrated moderate level of spiritual wellbeing (SWB). This could be due to the lack of integration of spirituality into the nursing curriculum in Nigerian Schools of Nursing which would enhance the provision of holistic assessment and care of clients by nursing students (McSherry et.al, 2008 in Aksoy & Coban, 2017; Afolayan, 2018; Abbasi, Farahani-Nia, & Mehrdad, 2014; Tiew, Creedy, & Chan, 2013). 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. Afolayan (2018) further pointed out that there is a knowledge gap between spirituality and spiritual care delivery, this aspect is still problematic reflecting that inadequate attention is paid to spirituality in nursing practice in Nigeria. Little or no attention is given to spiritual assessment while assessing the needs of the clients, indicating that in the study area clients' assessment is not holistic. There is no better time for nurses to inculcate high spiritual values than during training.

Nevertheless, Nursing students' spiritual well-being (SWB) was significantly related to the level of study ($p=0.001$) with a significant strong positive correlation between RWB and EWB ($p=0.001$; $r=0.697$). This makes it mandatory for the concept be introduced from the first year of study and nurtured throughout the training particularly using the modified definition of health by WHO and creating awareness of the position of ICN on the concept. Nursing students should recognize the value of spirituality as it relates to the spiritual needs of patients in order to enhance overall nursing care quality. Spirituality is a significant concept for the discipline of nursing with weighty influence on holistic care of patients (Chandramohan & Bhagwan, 2016; Cetinkaya et.al, 2017). The strong positive correlation between RWB and EWB illustrate the linkage between both aspects and enhancement of one aspect should lead to improvement in the other. Educational intervention on spirituality during nursing training is important bearing in mind that Nursing focuses on the client/patient as a bio-psycho-social spiritual being. Spiritual Distress which is a nursing diagnosis of North American Nursing Diagnosis Association International (NANDA-I) could be used as an entry point for discussion (Pedrão & Beresin, 2010). It is hoped that training will assist the nursing students to navigate the three domains of spiritual health including

self-evolution, self-actualization and transcendence (Dhar et al., 2013)

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ACKNOWLEDGEMENTS

The researchers appreciate all the respondents in this study for their cooperation during the data collection period.

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COMPETING INTERESTS

No competing interest existed throughout the study.

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