Spiritual nursing care knowledge, perception, and practice among nurses in secondary health care facilities in Osun State, Nigeria.

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Abstract

Objective: Spiritual care is an integral part of the nursing profession, but it is not typically considered a nursing task. This study examined the Nurses' knowledge, perceptions, and practices regarding spiritual care in Osun State's secondary health care facilities.

Methods: It involved descriptive cross-sectional design. Using stratified random sampling techniques, 178 respondents from secondary health care facilities in Osun State were selected at random. Utilizing a pre-tested questionnaire, data were collected and analysed using descriptive statistics. To test the hypotheses, Pearson Product Moment Correlation (PPMC) (p0.05) was utilised.

Results: The majority of respondents (69.4%) had inadequate knowledge of spiritual care, while 51.8% have a positive perception. Few (18.8%) applied spiritual care during practice. A significant and positive relationship existed between spiritual care knowledge and practice (r=.498; df= 168; p = 0.01); a positive relationship was also observed between spiritual care perception and practice (r=.552; df= 168; p= 0.00).

Conclusion: The respondents' inadequate understanding of spiritual care is reflected in their perceptions and practices. Recommendation: improve spiritual nursing care education and continuously update the spiritual care knowledge of practicing nurses.

Keywords: Spiritual requirements, Spiritual nursing care, practice, holistic care, and spiritual health

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Connaissances, perception et pratique des soins infirmiers spirituels des infirmières dans les établissements de soins de santé secondaires de l'état d'Osun au Nigéria

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Résumé

Introduction: Le soin spirituel fait partie intégrante de la profession infirmière mais n'est généralement pas considéré comme une tâche infirmière. Cette étude a évalué les connaissances, la perception et les pratiques des infirmières en matière de soins spirituels dans les établissements de soins de santé secondaires de l'état d'Osun.

Méthode de l'étude: Une conception transversale descriptive a été employée. Les répondants (n = 178) ont été échantillonnés dans des établissements de soins de santé secondaires de l'état d'Osun à l'aide de techniques d'échantillonnage aléatoire stratifié. Un questionnaire pré-testé a été utilisé pour collecter les données, celles-ci ont été rassemblées et analysées à l'aide de statistiques descriptives. La corrélation des moments du produit de Pearson (PPMC) (p<0,05) a été utilisée pour tester les hypothèses.

Résultat de l'étude: La plupart (69,4 %) des répondants avaient une connaissance insuffisante des soins spirituels, 51,8 % indiquant une perception positive. Peu (18,8%) ont appliqué des soins spirituels pendant la pratique. Une relation significative et positive (r = 0,498 ; df = 168 ; *p* = 0,01) existait entre la connaissance des soins spirituels et la pratique ; une relation positive a également été observée entre la perception et les pratiques de soins spirituels (r = 0,552 ; df = 168 ; *p* = 0,00).

Conclusion: Les répondants manquent de connaissances adéquates sur les soins spirituels, ce qui se reflète dans leur perception et leur pratique. Il est recommandé d'améliorer la formation en soins infirmiers spirituels et de mettre à jour en permanence les connaissances des infirmières en exercice sur les soins spirituels.

Mots-clés: Besoins spirituels, soins infirmiers spirituels, pratique, soins holistiques, bien-être spirituel

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INTRODUCTION

Spiritual wellbeing has been associated with health promotion and positive treatment outcomes, such as decreased sensitivity to pain, decreased incidence of stress and negative emotions, decreased likelihood of depressive tendencies and suicide, and greater ability to manage the emotional and physical demands of illness in patients (1,2).

The relationship between life-threatening illness and the consequent intensification of spiritual considerations and needs has been cited as the impetus for the expansion of research on spiritual care (3,4). Spiritual care has been shown to improve patients' quality of life in nursing studies (5,6). Additionally, the apparent effects of unmet spiritual needs and their profound impact on patient well-being (7) have sparked research interest in spiritual care and patient satisfaction with hospital care and treatment (8).

In response to the growing emphasis on recognising the spiritual needs of patients in relation to their health outcomes (9), spiritual care has become an integral component of nursing practice (10). However, there are factors that impede the practice of spiritual care, such as increased workload, limited knowledge among the nursing workforce on how to administer spiritual healing, and nurses' perception of the need to address patients' spiritual needs (11,12).

Prior research has revealed a dearth of knowledge regarding nurses' perspectives and interventions regarding spiritual care (13–15). Inadequate strategies exist to promote spiritual care and reinforce nurses' commitment to the care's significance (16).

In recent literature, the need for nurses to provide spiritual care has been highlighted (16). However, information on spirituality and spiritual care provided by nurses in Nigeria remains limited. Although a study conducted by Folami and Onanuga among nursing students at the University of Lagos revealed a poor perception of spiritual nursing care, a lack of confidence, and insufficient time as barriers to the provision of spiritual nursing care, inadequate time was identified as the most significant barrier (17). Therefore, it is necessary to investigate nurses' perspectives on spirituality and spiritual care. As the healthcare system becomes more complex, nurses are required to improve their spiritual care delivery, assessment, and ability to meet the spiritual needs of their patients as a professional requirement. If nurses are able to assess patients' spiritual needs and develop interventions to help them meet those needs, they will be able to improve patients' quality of life and alleviate their suffering.

This study evaluated the knowledge, perceptions, and practices of spiritual nursing care among nurses in secondary health care facilities in the state of Osun by:
1. Assessing knowledge of the nurses on provision of spiritual nursing care to the patients;
2. Assessing perception of the nurses on provision of spiritual nursing care to the patients;
3. Determining practices of spiritual care among the nurses; and
4. Determining the relationship between level of their knowledge, perception and practices of spiritual nursing care

Research Questions
1. What is the level of spiritual nursing care knowledge among secondary health care facility nurses?
2. What do nurses in secondary health care facilities in the state of Osun believe about spiritual nursing care?
3. What is the level of spiritual nursing care practiced by nurses employed in secondary health care facilities in the state of Osun?
4. What is the relationship between the level of nurses' spiritual care knowledge, perceptions, and practices?

Operational definitions
Spiritual nursing care - Spirituality care includes assessing patients' spiritual beliefs regarding health and providing a full explanation of the patient's state of health, listening to patients' spiritual concerns, and providing soul-lifting counselling and reading materials for the purpose of enhancing the patient's quality of life.

Spiritual wellbeing - the equilibrium between one's physical, psychosocial, and spiritual aspects

MATERIALS AND METHODS
Study Design
For this study, a descriptive cross-sectional design was utilised, and a sample size of 162 was calculated using the Taro Yamane formula for determining sample size. A 10% (16) attrition rate was added, and 178 consenting nurses were recruited for the study. However, 170 questionnaires (95.5% response rate) were retrieved. The recruitment of respondents was conducted using a stratified sampling technique

(hospital types were used as strata). All nine state hospitals that offered inpatient services at the time of data collection were selected on purpose. The hospitals of respondents were used as a second stratum, and the proportion of recruits from each stratum was calculated (Table 1). Respondents were selected using a technique of purposive sampling based on their availability.

Ethical Considerations

The ethics and research committee of the state specialist hospital granted ethical approval. Following a thorough explanation of the study's purpose and objectives, informed consent was obtained from each participant. All participants were informed that participation in the study was voluntary and that they could withdraw at any time.

Data collection and Analysis

This study employed a structured, self-reported questionnaire with four sections (A-D) to collect data; section A with seven (7) questions elicited information on sociodemographic characteristics. This section's items were adapted from previous research; section B's thirteen (13) questions on spiritual nursing care knowledge were also adapted from prior research. This section included both open- and closed-ended questions. For the purpose of item scoring, correct responses were awarded 1 point, while incorrect responses were awarded 0 points. Mean score for all the respondents was computed (1,31 ± 1.02), knowledge was considered adequate if the score was above the mean and inadequate if it was below. In addition, section C, which consisted of 17 items adapted from a standard questionnaire by McSherry (18) and titled "spirituality and spiritual care rating scale" (SSCRS), elicited perceptions of spiritual nursing care. strongly agree = 5, agree = 4, undecided = 3, disagree = 2, and strongly disagree = 1 on the scale. A perception score of 50% or higher was deemed positive; otherwise, it was deemed negative. D: With 17 items adapted from the Nurse spiritual care therapeutic scale (NSCTS) by Mamier and Taylor (2015), information on spiritual nursing care practice was elicited. On the scale, very often = 5, frequently = 4, occasional = 3, rarely = 2, and never = 1. Good practice was considered to be a score of 50% or higher; otherwise, it was considered to be substandard.

The questionnaire was validated by Nursing and Statistics specialists. Using 10% of the sample size, the reviewed copy was used to conduct a pilot study among nurses from a secondary health facility in Ogbomoso, Oyo State. The reliability of the instrument used was validated using Cronbach Alpha value. A value 0.84 was gotten, which means that the instrument is highly reliable

Members of the research team administered the questionnaires to the respondents and collected them immediately after completion. Completed questionnaires were coded and entered using IBM Statistical Package for Social Sciences (SPSS) version 23 after being inspected and sorted for errors. We used descriptive statistics to summarise the data. Pearson Product Moment Correlation was applied to test hypotheses (PPMC). A p-value less than or equal to 0.05 was deemed statistically significant.

RESULTS
Respondents' demographics

Age ranged from less than 25 to 56 years and older; more than a third (33.5%) were between 36 and 45 years of age, 25.3% were between 46 and 55 years of age, and 13.5% were 56 years and older. Few (2.4%) were under the age of 25. The majority of respondents (79.4%) were female, while only 20.6% were male.

Yoruba (90.0%) is more prevalent than Hausas (7.1%), Igbo (1.8%), and other ethnicities (1.2%). The majority (87.6%) were married, 7.6% were single, 1.2% were separated, and 3.5% were widowed. Based on the respondents' educational credentials, 32.3% held diplomas in nursing, 54.1% held bachelor's degrees, 13.0% held master's degrees, and 0.6% held doctoral degrees. Religiously, 36.5% of the population practised Islam, 61.2% Christianity, and 2.3% traditional religion.

Only 7.1% of respondents registered less than five years ago, 18.8% registered between six and ten years, 26.5% registered between eleven and fifteen years, 16.5% registered between sixteen and twenty years, 13.5% registered between twenty-one and twenty-five years ago, 11.2% registered between twenty-six and thirty years ago, and 6.4% registered more than thirty-one to thirty-five years ago. Only 18.2% of nurses worked in medical units, 13.5% in surgical, 5.3% in paediatrics, 2.4% in intensive care unit, 4.1% in oncology, 32.9% in maternal health, and 23.5% in other fields such as midwifery.

19.4% of respondents had practiced for less than five years, 27.1% for 6-10 years, 23.5% for 11-15 years, 10.0% for 16-20 years, 5.3% for 21-25 years, 10.6% for 26-30 years, and 4.1% for 31-35 years.

Knowledge of spiritual nursing care among respondents.

The majority of respondents (87.6%) believed they received spiritual care education during their nursing training, while a minority (12.4%) did not. Only 4.7% of respondents said that spiritual care involves examining patients' religion, 8.2% said it involves teaching during Christian fellowship, and 69.4% said it involves assisting patients in praying after approval. Some (14.7%) of the respondents indicated that it relates to being aware of spiritual tension during the illness, identifying the spiritual needs of patients as well as the psychological theories about stress and compatibility, designing holistic caring programmes, and meeting the spiritual needs of patients during the caring period, while 2.9% did not respond.

Few (11.2%) respondents indicated that they had received spiritual nursing care education since becoming registered nurses, while 88.8% had not. Almost all respondents (92,4%) indicated that they had attended to the spiritual needs of patients without specifying the nature of the spiritual nursing care provided. Few (2.8% of nurses) claimed they understood spirituality and spiritual care, were aware of spiritual tension during illness, and could identify the spiritual needs of patients as well as psychological theories regarding stress and compatibility.

Most (44.7%) of respondents said "spiritual nursing care" is supporting patients with prayer with their permission, 16.5% said it is giving consideration to patients when rendering care, 14.1% said it is allowing spiritual leaders to participate in the care of the patients/ meeting patients' spiritual needs, 7.6% said "spiritual nursing care is holistic care that enables the recipients of care to search for meaning and purpose," and 17.1% said "spiritual nursing care is care that enables the recipients of care to search for meaning and purpose". The majority of respondents (82.4%) agreed that patients' spiritual beliefs regarding health are a component of spiritual care, while a minority (17.6%) disagreed. Some respondents (15.9%) also stated that providing a complete explanation of the patient's health status is a component of spiritual care, while the majority (84.1%) disagreed. Approximately one-third (33.5%) of respondents believed that nurses should be responsible for providing spiritual care, while the majority (66.5%) disagreed. Some respondents (27.6%) agreed that patients should be responsible for providing spiritual care, while the majority (72.4%) disagreed.

Less than half of respondents (46.5%) indicated that spiritual leaders of patients should be responsible for providing spiritual care, while slightly more than half of respondents (53.5%) disagreed. The majority of respondents (78.2%) agreed that the chaplain should be responsible for spiritual care, while some (21.7%) disagreed. Seventy-four percent of respondents indicated that spiritual care should be provided by the patient's family and friends, while twenty-five percent disagreed.

Perceptions of spiritual nursing care among respondents

The majority of respondents (92.4%) agreed with the statement that "nurses can provide spiritual care by arranging a visit through the hospital Chaplain or the patient's own religious leader if requested", while 1.2% were undecided and 5.9% disagreed. In addition, the majority (74%) agreed that nurses can provide spiritual care by demonstrating concern, kindness, and a positive attitude when providing care, while 2.4% were unsure and 23.6% disagreed. The majority of respondents (82.9%) agreed that "spirituality is concerned with the need to forgive and the need to be forgiven," while 7.6% were unsure and 9.4% held the opposite view. The majority of respondents (74.1%) also agreed that "spirituality only involves attending church/place of worship," while 8.8% were unsure and 17.1% disagreed. The majority of respondents (77.1%) agreed that "spiritual nursing care is not concerned with a belief and faith in a God or Supreme Being," while 5.3% were uncertain. Many respondents (37.7%) agreed that "spirituality is about finding meaning in life's good and bad events," while 20.6% were unsure and less than half (41.8%) disagreed. In addition, 82.9% of respondents agreed that "nurses could provide spiritual care by spending time with patients and providing support and reassurance, particularly during times of need," while 7.6% were unsure.

Only 11.2% of respondents agreed that "nurses can provide spiritual care by helping a patient find meaning and purpose in his or her illness," while 9.4% were unsure and the vast majority (79.4%) held the opposite view. The majority of respondents (85.3%) concurred that spirituality is about having a sense of hope in life; 7.0% were unsure. In addition, very few (10%) respondents agreed that "spirituality has to do with how one conducts his or her life now and, in the afterlife," while 12.4% were unsure and 77.6% disagreed. Less than half of respondents

(45.3%) agreed that "nurses can provide spiritual care by listening to and allowing patients to discuss and explore their fears, anxieties, and difficulties," while 7.6% were unsure and the majority (47.1%) disagreed.

The majority of respondents (83.0%) agreed that "spirituality is a unifying force that enables one to be at peace with oneself and the world," while 13.5% were unsure. Similarly, the many of respondents (44.7%) agreed that "spirituality does not include art, creativity, and self-expression," while 21.8% were unsure and 34.1% disagreed. Moreover, a minority (6.4%) agreed that "nurses can provide spiritual care by respecting the patient's privacy, dignity, religious and cultural beliefs," while 5.9% were unsure and the majority (87.7%) disagreed. Furthermore, the majority (63.5%) agreed that "spirituality involves personal friendships or relationships," while 15.9% were unsure and some (20.6%) disagreed. In addition, 41.8% of respondents agreed that "spirituality does not apply to atheists or agnostics," while 21.8% were unsure and 35.5% disagreed. In addition, the majority of respondents (77.6%) believed that "spirituality includes people's morals," while 11.2% were unsure and 11.1% disagreed.

Respondents' spiritual nursing care practices
Some respondents (18.8%) confirmed that they frequently asked patients how they could support their spiritual or religious practices, while 14.7% were unsure and the most (66.4%) denied this. Some respondents (31.1%) agreed that they helped patients have quiet time or space, while 7.1% were unsure and the most (61.5%) disagreed. In response to the statement on actively listening to a patient's story of illness, the most of participants (61.2%) indicated that they did so, while 22.9% were unsure. About half (54.1%) of respondents agreed that they frequently assess patients' spiritual or religious beliefs and/or practices that are relevant to their health, while 21.8% were unsure and 24.1% disagreed. Similarly, many respondents (30.6%) said they frequently listened to patients discuss spiritual concerns, while 30.6% were unsure and 38.8% disagreed.

About a third of the respondents (34.7%) stated that they frequently encouraged patients to discuss how illness affects their relationship with God or their transcendent reality, 35.3% were unsure, and less than a third (30%) held the opposite view. Some respondents (29.4%) stated that they encouraged patients to discuss spiritual coping, others (29.4%) were unsure, and the

many (41.1%) disagreed. Some (26.5%) of the participants agreed that they frequently documented spiritual care in a patient's chart, 14.1% were unsure, and most (59.4%) disagreed. Similarly, 27.0% of respondents agreed that they frequently discussed spiritual care with colleagues, while 24.7% were unsure and 48.3% disagreed. Over half (51.8%) of respondents stated that they frequently arranged for a chaplain to visit patients who wished to be seen, while 30% were unsure and 18% disagreed.

Only 35.9% of respondents indicated that they frequently arranged for a patient's spiritual leader or mentor to visit, while 31.2% were unsure and 32.2% disagreed. The majority (62,3%) also stated that they frequently encourage patients to discuss what gives their life meaning in the face of illness, while 12.4% were unsure and 25% declined. About 41.2% of participants indicated that they frequently encourage patients to discuss spiritual challenges associated with living with illness, while 30% were unsure and 28.2% declined. Similarly, about a third of the nurses (35.8%) reported that they frequently offered to pray with patients, while 27.6% were unsure and 36.5% held the opposite view. In addition, 29.4% said they frequently offered to read spiritually uplifting passages, 28.2% were unsure, and 42.3% denied the claim. A third of the participants (33%) stated that they frequently informed patients about spiritual resources, while 27% were unsure and the majority (40%) declined. Finally, 25.3% of respondents reported that they frequently remained with patients after completing a task to demonstrate care, while 31.2% were unsure and 43.4% disagreed.

The connection between nurses' knowledge, perception, and practice of spiritual nursing care
There was a significant relationship between spiritual nursing care knowledge and practice (r =.498; df = 168; p = 0.01) Therefore, the null hypothesis stating that there is no significant relationship between spiritual care knowledge and practice among nurses in secondary health care facilities in Osun State is rejected and the alternative is supported (table 5). There was also a significant relationship between spiritual nursing care perception and practice (r=.552; df=168; p=0.00). Therefore, the alternative is supported and the null hypothesis is rejected (table 6).

DISCUSSION

It was evident from this study that only a small percentage of respondents had an accurate understanding of the scope and nature of spiritual nursing care, indicating that respondents held some misconceptions about spiritual nursing care. One of the most significant contributors to the knowledge gap and limited administration of spiritual care among nurses is the insufficient coverage of spirituality in nursing education programmes (19,20).

Not more than half of respondents had positive perception towards spiritual nursing care, which could be attributed to their lack of knowledge and ignorance regarding the scope and specifics of spiritual care. Moreover, these perspectives or perceptions are attributable to the quality and direction of spiritual nursing care knowledge. Important aspects of spiritual care training include strategies for increasing students' awareness of spirituality's fundamentals, assisting students in overcoming personal obstacles, and mentoring students' spiritual care competence. Moreover, nurses are crucial role models in spiritual care training (21). Majority misunderstood spiritual care to refer to spirituality,this perception is largely inconsistent with the nursing concept of spirituality, which includes a higher power, feelings of connectedness, purpose and meaning in life, relationships, and transcendence (22).

The generally observed poor practice among respondents may also be attributed to the nursing population's lack of clarity regarding their role in spiritual care and assessment (23). In addition, a perceived lack of skill in the area of spiritual care, inadequate preparation (24) and a lack of confidence have been cited as potential causes of a deficiency in nurses' spiritual care capabilities (25).

The significant relationship between spiritual care knowledge and practice among nurses suggests that inadequate knowledge will result in inadequate practice. If nurses have knowledge of spiritual care and spirituality-related concepts and use spirituality in nursing, this will contribute to the implementation of an integrated approach and improve the quality of care (20). Similarly, the findings revealed a significant relationship between spiritual care perceptions and practices, such that positive perceptions led to good practices and vice versa. Low perception can be traced to inadequate spiritual care training and education (26).

CONCLUSION

This study demonstrated that respondents lack adequate knowledge on spiritual nursing care, which reflected in their perception and practice. Therefore, improve spiritual nursing care education and continuous updating of knowledge which is a key towards enhancing sustainable spiritual nursing care practices is recommended.

Conflict of interest: The authors declare no conflict of interest.

Contribution by authors: M. O. A. conceived and designed the study; S. G, O. E. and N. A. collected the data; B.T. entered the data for analysis; M. O. A. and S. G. wrote the paper; and M.O. A., B.T. and O. E. edited and reviewed the paper.

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Table 1: Proportionate samples selected

S/No.	State specialist hospitals	SENATORIAL DISTRICT	No of Nurses	Percentage selected (n)
1	State specialist hospital, Asubiaro, Osogbo	Osun Central	110	43.3% (77)
2	State hospital, Ila-orangun	Osun Central	12	5% (9)
3	State hospital, Ikirun	Osun Central	21	8.3% (15)
4	State hospital, Ede	Osun West	35	14% (25)
5	State hospital, Ikire	Osun West	20	8% (14)
6	State hospital, Iwo	Osun West	29	11% (20)
7	State hospital, Oke-ogbo, Ile-Ife	Osun East	11	4% (7)
8	State hospital, Ilesha	Osun East	13	5% (9)
9	State hospital, Ipetu-Ijesa	Osun East	3	1% (2)
	Total		**254**	**99.6% (178)**

Table 2: Frequency Distribution of Socio-Demographic Variables

s/n	Items	Option	Frequency	Percent
1	Age	25 years & below	4	2.4
		26-35 years	43	25.3
		36-45 years	57	33.5
		46 -55 years	43	25.3
		56 years and above	23	13.5
		Total	**170**	**100.0**
2	Ethnicity	Yoruba	153	90.0
		Hausa	3	1.8
		Igbo	3	1.8
		Others	11	6.4
		Total	**170**	**100.0**
3	Educational Qualification	Diploma	55	32.3
		Degree	92	54.1
		Master	22	13.0
		PhD	1	0.6
		Total	**170**	**100.0**
4	For how long have you been a RN	0-5 years	12	7.1
		6-10 years	32	18.8
		11-15 years	45	26.5
		16-20 years	28	16.5
		21-25 years	23	13.5
		26-30 years	19	11.2
		31-35 years	11	6.4
		Total	**170**	**100.0**
5	Speciality Area	Medical	31	18.2
		Surgical	23	13.5
		Paediatric	9	5.3
		Intensive	4	2.4
		Oncology	7	4.1
		Maternal health	56	32.9
		Others(such as Midwives)	40	23.5
		Total	**170**	**100.0**
6	How long as RN in your speciality	0-5 years	33	19.4
		6-10 years	46	27.1
		11-15 years	40	23.5
		16-20 years	17	10.0
		21-25 years	9	5.3
		26-30 years	18	10.6
		31-35 years	7	4.1
			170	**100.0**

Table 3: Respondents' knowledge of spiritual nursing care.

s/n	Items	Option	Frequency	Percent
1	Did you receive any educational content concerning spiritual care while in school of nursing?	Yes	149	87.6
		No	21	12.4
		Total	**170**	**100.0**
2	Spiritual care has to do with	Inspecting patient's religion	8	4.7
		Teaching during Christian fellowship	14	8.2
		Assisting patients in praying after approval	118	69.4
		Being aware of spiritual tension during illness, identifying the spiritual needs of the patients as well as psychological theories about stress and compatibility, designing holistic caring programmes and providing spiritual needs for patients during caring period.	25	14.7
		No response	5	2.9
		Total	**170**	**100.0**
3	Have you received any educational content since you became a registered nurse?	Yes	19	11.2
		No	151	88.8
		Total	**170**	100.0
4	Educational content of spiritual care received after graduation	Attendance to spiritual needs of patients	157	92.4
		Supporting patients with prayer following their approval	4	2.4
		Understanding of spirituality and spiritual care, aware of spiritual tension during the illness and could identify the spiritual needs of patients as well as the psychological theories about stress and compatibility	5	2.8
		No response	4	2.4
		Total	**170**	**100.0**
	5.Spiritual nursing care is:	Supporting patients with prayer following their approval	76	44.7
		Giving consideration to patient when rendering care	28	16.5
		Allowing spiritual leaders to participate in the care of the patient/ meeting patients' spiritual needs	24	14.1
		"Spiritual nursing care is holistic care which enables the recipients of care to search for meaning and purpose".	13	7.6
		No response	29	17.1
		Total	**170**	**100.0**
6.	Assessing patients' spiritual beliefs pertaining to health is a component of spiritual care.	Yes	140	82.4
		No	30	17.6
		Total	**170**	**100**
7.	Giving full explanation to patient about his or her state of health is a component of spiritual care.	Yes	27	15.9
		No	143	84.1
		Total	**170**	**100.0**
8.	Listening to patients' spiritual concerns and providing patients with soul-lifting literatures is a component of spiritual care.	Yes	27	15.9
		No	143	84.1
		Total	**170**	**100.0**
9.	Nurses are expected to be responsible for providing spiritual care.	Yes	57	33.5
		No	113	66.5
		Total	**170**	**100.0**
10	Patients should be responsible for providing spiritual care	Yes	47	27.6
		No	123	72.4
		Total	**170**	**100.0**
11	Patient's spiritual leader should be responsible for provision of spiritual care.	Yes	79	46.5
		No	91	53.5
		Total	**170**	**100.0**
12	Chaplain should be responsible providing spiritual care.	Yes	133	78.2
		No	37	21.7
		Total	**170**	**100.0**
13	Patient's family and friends should be responsible for providing spiritual care.	Yes	127	74.7
		No	43	25.3
		Total	**170**	**100.0**

Table 4: Categorization of knowledge on spiritual nursing care

	Frequency	Percentage
Adequate	52	30.6%
Inadequate	118	69.4%
	170	

Table 5: Respondents' perception of spiritual nursing care

S/N	Items		SA	A	U	D	SD	Total
1	"I believe nurses can provide spiritual care by arranging a visit by the hospital Chaplain or the patient's own religious leader if requested"	F	81	77	2	7	3	170
		%	47.6	45.3	1.2	4.1	1.8	100.0
2	"I believe nurses can provide spiritual care by showing kindness, concern, and cheerfulness when giving care"	F	49	77	4	20	20	170
		%	28.8	45.2	2.4	11.8	11.8	100.0
3	"I believe spirituality is concerned with a need to forgive and a need to be forgiven"	F	60	81	13	13	3	170
		%	35.3	47.6	7.6	7.6	1.8	100.0
4	"I believe spirituality involves only going to Church/place of worship"	F	61	65	15	17	12	170
		%	35.9	38.2	8.8	10.0	7.1	100.0
5	"I believe spirituality is concerned with a belief and faith in a Go or Supreme being"	F	76	55	9	21	9	170
		%	44.7	32.4	5.3	12.4	5.3	100.0
6	"I believe spirituality is about finding meaning in the good and bad events of life"	F	21	43	35	52	19	170
		%	12.4	25.3	20.6	30.6	11.2	100.0
7	I believe nurses can provide spiritual care by spending time with a patient giving support and reassurance especially in time of need"	F	60	81	13	4	12	170
		%	35.3	47.6	7.6	2.4	7.1	100.0
8	"I believe nurses can provide spiritual care by enabling a patient to find meaning and purpose in their illness"	F	4	15	16	84	51	170
		%	2.4	8.8	9.4	49.4	30.0	100.0
9	"I believe spirituality is about having a sense of hope in life."	F	51	94	12	4	9	170
		%	30.0	55.3	7.0	2.4	5.3	100.0
10	"I believe spirituality has to do with the way one conducts one's life now and here after."	F	3	14	21	90	42	170
		%	1.8	8.2	12.4	52.9	24.7	100.0
11	"I believe nurses can provide spiritual care by listening to and allowing patients to discuss and explore their fears, anxieties, and troubles"	F	43	34	13	45	35	170
		%	25.3	20.0	7.6	26.5	20.6	100.0
12	"I believe spirituality is a unifying force which enables one to be at peace with oneself and the world"	F	60	76	23	4	7	170
		%	35.3	47.7	13.5	2.4	4.1	100.0
13	"I believe spirituality does not include areas such as art, creativity, and self-expression"	F	22	54	37	41	16	170
		%	12.9	31.8	21.8	24.1	9.4	100.0
14	"I believe nurses can provide spiritual care by having respect for privacy, dignity, and religious and cultural belief of a patient"	F	6	5	10	71	78	170
		%	3.5	2.9	5.9	41.8	45.9	100.0
15	"I believe spirituality involves personal friendships or relationships"	F	34	74	27	28	7	170
		%	20.0	43.5	15.9	16.5	4.1	100.0
16	"I believe spirituality does not apply to Atheists or Agnostics"	F	26	45	37	29	33	170
		%	15.3	26.5	21.8	17.1	19.4	100.0
17	"I believe spirituality includes people's morals"	F	39	93	19	13	6	170
		%	22.9	54.7	11.2	7.6	3.5	100.0

Table 6: Categorization of perception towards spiritual nursing care

	Frequency	Percentage
Positive	88	51.8%
Negative	82	48.2%
Total	170	100.0%

Table 7: Respondents' practices of spiritual nursing care
(VO – Very often; O – Often; OC – Occasional; R – Rarely; N - Never)

Sn	Items		VO	O	OC	R	N	TOTAL
1	"Ever asked patient how you could support his/her spiritual or religious practices."	F	15	17	25	47	66	170
		%	8.8	10.0	14.7	27.6	38.8	100.0
2	"Ever helped a patient to have quiet time or space"	F	14	39	12	36	69	170
		%	8.2	22.9	7.1	21.2	40.6	100.0
3	"Ever listened actively to a patient's story of illness"	F	58	46	39	20	7	170
		%	34.1	27.1	22.9	11.8	40.1	100.0
4	Ever assessed a patient's spiritual or religious belief and/or practice that are pertinent to health"	F	34	58	37	23	18	170
		%	20.0	34.1	21.8	13.5	10.0	100.0
5	"Ever listened to patient talk about spiritual.	F	24	28	52	52	14	170
		%	14.1	16.5	30.0	30.0	8.2	100.0
6	"Ever encouraged a patient to talk about how illness affect relating to God or his or her transcendent reality"	F	17	42	60	36	15	170
		%	10.0	24.7	35.3	21.2	8.8	100.0
7	"Ever encouraged a patient talk about spiritual coping"	F	13	37	50	48	22	170
		%	7.6	21.8	29.4	28.2	12.9	100.0
8	"Ever documented spiritual care you provide in a patient's chart"	F	28	17	24	41	60	170
		%	16.5	10.0	14.1	24.1	35.3	100.0
9	"Ever discussed a patient's spiritual care with colleagues	F	16	30	42	45	37	170
		%	9.4	17.6	24.7	26.5	21.8	100.0
10	"Ever arranged a chaplain to visit any patients"	F	42	46	51	15	16	170
		%	24.7	27.1	30.0	8.8	9.4	100.0
11	"Ever arranged patient's clergy/spiritual leader or mentor to visit.	F	17	44	53	25	31	170
		%	10.0	25.9	31.2	14.7	18.2	100.0
12	"Ever encouraged patient to talk about what gives her life meaning amid illness".	F	48	58	21	34	9	170
		%	28.2	34.1	12.4	20.0	5.3	100.0
13	"Ever encouraged patients to talk about spiritual challenges of living with illness".	F	16	54	51	30	19	170
		%	9.4	31.8	30.0	17.6	11.2	100.0
14	"Ever offered to pray with patients"	F	30	31	47	36	26	133
		%	17.6	18.2	27.6	21.2	15.3	100.0
15	"Ever offered to read spiritually nurturing passages	F	23	27	48	39	33	133
		%	13.5	15.9	28.2	22.9	19.4	100.0
16	"Ever told patient about spiritual resources"	F	20	36	40	37	31	133
		%	11.8	21.2	27.0	21.8	18.2	100.0
17	"After completing a task, ever remain with patients to show some care"	F	26	17	53	31	43	133
		%	15.3	10.0	31.2	18.2	25.2	100.0

Table 8: Categorization of spiritual nursing care practice

	Frequency	Percentage
Good	32	18.8%
Poor	138	81.2%
Total	170	100.0%

Table 9: Relationship between knowledge and practices of spiritual nursing care among nurses

	N	Mean	SD	Df	R	Decision
Knowledge on SC	170	1.31	1.02	168	.498	Significant
Practice of SC	170	2.76	.71			

P>0.05

Table 10: Relationship between perception and practices of spiritual nursing care among nurses

	N	Mean	SD	Df	R	Decision
Perception towards spiritual nursing care	170	1.64	1.19	168	.552	Significant
Practice of spiritual nursing care	170	2.76	.71			

P>0.05