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ORIGINAL PAPER

Relationship between Compassion and Spiritual Care among Nurses in Turkey

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Abstract

The aim of this study was to determine the effect of the compassion level of nurses on the frequency of their provision of spiritual care therapeutics to patients. The research was conducted as a correlational descriptive study and included 253 nurses working in a university hospital in Turkey between October and December 2020. The data were collected via an online survey using psychometrically valid scales to assess the nurses' compassion and provision of spiritual care therapeutics. The nurses had a high compassion level and a medium level of spiritual care therapeutics. Compassion level explained 31% of the frequency of spiritual care therapeutics. As nurses' compassion levels increased, the frequency of their provision of spiritual care therapeutics to patients also increased.

Keywords Compassion · Spiritual care · Spiritual care therapeutics · Nursing

Introduction

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred (Puchalski et al, 2009). According to holistic care, humans have physical, psychological, social and spiritual dimensions and spiritual needs are very important (Sakellari 2018).

Everyone has spiritual needs. Spiritual care comprises interventions aimed at strengthening healthy and sick individuals through coping mechanisms against stressful situations as well as providing counselling for some situations and interpreting the situations that individuals experience (Saracoğlu 2019). In this context, spiritual care addresses the needs of the spirit when the individual experiences disease or sorrow. It also includes the individual being understood, receiving belief

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support, engaging in prayer, or just being listened to. Spiritual care starts with compassionate relationships (Giske et al. 2015). Therapeutic approaches such as establishing safe relations with the patient, showing empathy, listening to the patient's concerns and values, learning about the patient's religious beliefs that affect the meaning of the illness and supporting the patient's religious beliefs and practices are nursing interventions within the scope of spiritual care (Taylor et al. 2019).

The NANDA I (North American Nursing Diagnosis Association) diagnosis system has developed diagnoses such as spiritual offering, impaired religiousness, risk of impaired religiousness and improved religiousness for spiritual needs. According to NANDA I, nurses should perform spiritual care activities (Herdman et al. 2018). However, studies have reported that nurses have a low frequency of providing spiritual care therapeutics (Mamier 2019; Taylor et al. 2019; Taylor et al. 2017). Additionally, Ercan et al. reported that 53.8% of nurses provided spiritual care (Ercan et al. 2018).

Although spiritual care in nursing has been indicated to be important, spiritual care practices are not performed adequately because of several personal factors (Chew et al. 2016; Epstein-Peterson et al. 2015). One of these personal factors is nurses' compassion levels. Nurse compassion is effective in increasing patient satisfaction, accelerating the recovery process and decreasing the length of hospital stay and treatment costs (Dewar et al. 2013; Dalgalı et al. 2018). Additionally, compassion enables nurses to establish therapeutic communication with patients and facilitates their ability to understand patients, recognize their emotions and needs and meet their spiritual needs (Uslu et al. 2016). Studies indicated that nurses have high compassion levels (Arlı et al. 2018; Büyük et al. 2021; Çingöl et al. 2018; İşgör 2017; Meyer et al. 2015; Karadağ et al. 2018). Compassionate care practices, which may be a quality indicator, increase patient satisfaction levels and comfort of care and make patients feel better (Çınar et al. 2018).

In the literature review, no study investigating the effect of nurses' compassion levels on the frequency of their provision of spiritual care therapeutics has been found. The present study is thus crucial for the nursing literature. The study was conducted to determine the effect of the compassion level of nurses on the frequency of their provision of spiritual care therapeutics to patients.

Methods

Design

This research was conducted as a correlational descriptive study.

Study Sample

The study was conducted with nurses working in a university hospital in Turkey between October 2020 and December 2020. The population of the study comprised

nurses working in a university hospital. As a result of the power analysis, the necessary sample size with a confidence interval of 0.05, an effect size of 0.30 and a population representation power of 0.95 was found to be 250. A total of 253 nurses participated in the study.

Measurements

Personal Information Form

This form included eight questions about the descriptive characteristics of the nurses (such as age, gender, marital status, income status and number of children).

Nurse Spiritual Care Therapeutics Scale (NSCTS)

This scale was developed by Mamier et al. (2015) (Mamier et al. 2015). A study of its validity and reliability in the Turkish context was conducted by Aslan et al. (2020). The scale evaluates spiritual care therapeutics on the basis of total score. The score ranges from 17 to 85. High scores signify that nursing spiritual care support is frequent. Low scores correspond to low levels of nursing spiritual care provided. The Cronbach's alpha coefficient of the scale is 0.93. In this study, the Cronbach's alpha coefficient was found to be 0.90. The questions from the scale are shown in Table 1.

Compassion Scale

This scale was developed by Pommier (2011). A study of its validity and reliability for nurses in Turkey was conducted by Çınar et al. (2018). The 24 items are scored on a five-point Likert scale. It has six subscales: 'Compassion' (6,8,16,24), 'Negligence' (2,12,14,18), 'Sense of Sharing Purpose' (11, 15, 17, 20), 'Disconnection' (3, 5, 10, 22), 'Conscious Awareness' (4, 9, 13, 21) and 'Disengagement' (1, 7, 19, 23). The Negligence, Disconnection and Disengagement subscales are scored reversely. The minimum and maximum scores of the scale are 24 and 120, respectively. High scores signify that nursing spiritual care support is frequent. The Cronbach's alpha coefficients are 0.93 for the overall scale and 0.83, 0.75 and 0.88 for the subscales. In this study, the Cronbach's alpha coefficient was found to be 0.86. The questions from the scale are presented in Table 2.

Data Collection

The data were collected using an online survey form between October 2020 and December 2020. The researchers uploaded the survey form to Google Forms. The survey link was sent to nurses via e-mail or social media. Prior to starting the survey, a consent form was presented to nurses, which included the purpose of the study and

Table 1 The nurse spiritual care therapeutic scale questions

During the last 72 (or 80) hours of providing patient care, how often have you.	Never	Rarely 1–2 times	Occasionally 3–6 times	Often 7–11 times	Very Often ≥ 12 times
Asked a patient about how you could support his or her spiritual or religious practices					
Helped a patient have quiet time or space					
Listened actively to patient's story of illness					
Assessed a patient's spiritual or religious beliefs and/or practices that are pertinent to health					
Listened to patient talk about spiritual concerns					
Encouraged patient to talk about how illness affects relating to God—or his or her transcendent reality					
Encouraged patient to talk about his or her spiritual coping?					
Documented spiritual care you provided in a patient chart					
Discussed a patient's spiritual care needs with colleagues (e.g., shift report)					
Arranged for a chaplain to visit a patient					
Arranged for patient's clergy/spiritual mentor to visit					
Encouraged a patient to talk about what gives his or her life meaning amid illness					
Encouraged a patient to talk about the spiritual challenges of living with illness					
Offered to pray with a patient					
Offered to read a spiritually nurturing passage (e.g., patient's holy scripture)					
Told a patient about spiritual resources					
After completing a task, remained present just to show caring					

Table 2 The compassion scale questions

How I typically act towards others …please read each statement carefully before answering; using the scale given below indicate, to the right of each item, how often you behave in the stated manner:				
Almost never				Almost always
1	2	3	4	5
1	When people cry in front of me, I often don't feel anything at all			
2	Sometimes when people talk about their problems, I feel like I don't care			
3	I don't feel emotionally connected to people in pain			
4	I pay careful attention when other people talk to me			
5	I feel detached from others when they tell me their tales of woe			
6	If I see someone going through a difficult time, I try to be caring toward that person			
7	I often tune out when people tell me about their troubles			
8	I like to be there for others in times of difficulty			
9	I notice when people are upset, even if they don't say anything			
10	When I see someone feeling down, I feel like I can't relate to them			
11	Everyone feels down sometimes, it is part of being human			
12	Sometimes I am cold to others when they are down and out			
13	I tend to listen patiently when people tell me their problems			
14	I don't concern myself with other people's problems			
15	It's important to recognize that all people have weaknesses and no one's perfect			
16	My heart goes out to people who are unhappy			
17	Despite my differences with others, I know that everyone feels pain just like me			
18	When others are feeling troubled, I usually let someone else attend to them			
19	I don't think much about the concerns of others			
20	Suffering is just a part of the common human experience			
21	When people tell me about their problems, I try to keep a balanced perspective on the situation			
22	I can't really connect with other people when they're suffering			
23	I try to avoid people who are experiencing a lot of pain			
24	When others feel sadness, I try to comfort them			

informed the nurses and the survey was completed by participants. Answers were checked via the system.

Data Analysis

The SPSS 22.0 package program was used to analyse the data. A p value of ˂0.005 was accepted to be significant. In the data analysis, Cronbach's alpha reliability analysis was used to calculate the validity-reliability coefficients of the scales. The percentage distribution was calculated to determine the descriptive characteristics, the arithmetic mean was calculated to determine total mean scores of the scales and Pearson's correlation analysis and linear regression analysis were performed to compare the scales that were used.

Ethical Considerations

Before the study, ethical approval (APPROV NO: 16.09.2020/1) and legal institutional permission were obtained. The nurses read and digitally signed an informed consent form that specified the purpose of the study and confirmed their willingness to participate in the study. This form was added to the beginning of the data collection tools. The nurses were informed that their data would be kept confidential and that they could withdraw from the study at any time.

Results

A total of 92.5% of the nurses were aged between 18 and 43 years, 77.5% were female, 50.6% were single, 58.9% had no children, 51.4% had a middle level of income, 27.3% had worked for less than one year, 60.9% provided care to seven and more patients a day and 56.9% liked the profession of nursing partially (Table 3).

The total mean compassion scale score of the nurses was 97.22 ± 13.34. Accordingly, the nurses had a high mean compassion level. The mean score of the nurses on the spiritual care therapeutics scale was 41.92 ± 10.46. Thus, the nurses had a mean medium level of spiritual care therapeutics (Table 4).

The compassion level of the nurses was statistically significant in explaining the frequency of their provision of spiritual care therapeutics ($p < 0.05$). Compassion level explained 31% of the frequency of spiritual care therapeutics. In addition, there was a statistically positive correlation between compassion level and the frequency of spiritual care ($p^{<}0.05$, Table 4).

Discussion

This descriptive cross-sectional study was conducted to determine the correlation between the compassion level of the nurses and the frequency of their provision of spiritual care therapeutics to patients. In the literature, no other study has revealed the correlation between the compassion level of nurses and the frequency of their provision of spiritual care therapeutics to patients. In this respect, the study results are discussed with the related literature. In the present study, the mean spiritual care therapeutics scale score of the nurses was 41.92 ± 10.46 and they had a medium level of frequency of the provision of spiritual care therapeutics. Likewise, in the literature, Akgün (2016) reported that nurses had a medium level of frequency of the provision of spiritual care therapeutics. In contrast, some studies have suggested that nurses have a low frequency of providing spiritual care therapeutics (Mamier 2019; Taylor et al. 2019; Taylor et al. 2017).

Spirituality is the essence of being human (Burkhardt et al. 2016). The main goal of spiritual nursing care is to examine the fears/anxieties and sorrows of patients to relieve their anxiety, instil hope and strengthen them so they can have inner peace

Table 3 Socio-demographic and clinical characteristics of the sample (n = 253)

Characteristics	n	%
Age Groups		
18–30	165	65.2
31–43	69	27.3
44–56	19	7.5
Gender		
Male	57	22.5
Female	196	77.5
Marital Status		
Married	125	49.4
Single	128	50.6
Number of children		
0	149	58.9
1–3	99	39.1
4 and over	5	2
Perception of Income Level		
Low	71	20.6
Middle	130	51.4
Good	52	28.1
Duration of working in the profession		
0–12 months	69	27.3
1–5 years	76	30
6–10 years	40	15.8
11 years and over	68	26.9
Number of patients treated		
1–3	55	21.7
4–6	44	17.4
7 and over	154	60.9
Like your profession		
Yes	57	22.5
Tolerable	144	56.9
No	52	20.6

(Weathers et al. 2016). In the present study, a great majority of the nurses were in the young age group. The spiritual care provided by nurses is affected by their individual characteristics, hope, willingness, working environment, working conditions and communication skills (Ergül et al. 2004). We believe that the age of nurses influences all these concepts.

The nurses in this study had a high compassion level. In the literature, some studies have reported similar results to the present study (Arlı et al. 2018; Çingöl et al. 2018; İşgör 2017; Meyer et al. 2015; Büyük et al. 2021; Karadağ et al. 2018). In the study by Arkan (2020), nurses had a medium compassion level (Arkan et al. 2020). Compassion is the feeling that arises in witnessing another's

Table 4 Results of mean scores, linear regression and correlation analyses (n = 253)

SCALES			Regression						Correlation	
			R	R^2	β	*t*	p	F		
	Min–Max Score	Mean ± SS								
Nurse Spiritual Care Therapeutics Scale	24–120	41.92 ± 10.46	0.29	0.31	0.313	24.366	.000	27.207	r	.313
Compassion Scale	17–85	97.22 ± 13.34							p	.000

suffering and that motivates a subsequent desire to help (Goetz et al. 2010). Compassion allows nurses not only to establish therapeutic communication but also to provide quality care to patients (Dewar et al. 2013). Compassionate care is a patient right (Sinclair et al. 2016). Thus, nurses should be compassionate to patients when providing care.

The results of the present study revealed that as the compassion level of the nurses increased, the frequency of their provision of spiritual care therapeutics to patients also increased. In addition, the compassion level of the nurses explained 31% of the frequency of their provision of spiritual care therapeutics. In the literature, no other study has revealed the correlation between the compassion level of nurses and the frequency of their provision of spiritual care therapeutics to patients. Therefore, the results of the present study will guide relevant studies. Nurses, who are the professionals who spend the most time with patients, play key roles in creating positive settings in care areas and accelerating the recovery process (Demir Korkmaz et al. 2015). Thus, training in compassion should be included in nursing curricula to support spiritual care practices.

This study was conducted during the COVID-19 pandemic. Among health care providers, nurses are at the forefront of fighting against COVID-19. During the pandemic, the importance of nursing care has become even more visible. The fear of death was reported to be a stressful and bothersome factor for patients with COVID-19 (Galehdar et al. 2020). Spiritual care is a process of helping patients cope with stressful times. (Balboni et al. 2017). Spiritual care can reduce stress and help COVID-19 patients cope with death anxiety and feel better.

The nurses had a high compassion level and a medium level of frequency of the provision of spiritual care therapeutics to patients. The results of the present study revealed that as the compassion level of the nurses increased, the frequency of their provision of spiritual care therapeutics to patients also increased. In line with these results, the following recommendations can be made:

1. Policymakers should prepare guides and training on spiritual care principles in healthcare institutions and areas because spiritual care plays a key role in the recovery of patients.
2. An individual's compassion level should be considered an important criterion for choosing the nursing profession.
3. Compassion-supported spiritual care practices should be included in undergraduate and postgraduate nursing curricula.
4. In-service training programs on compassion and spiritual care practices should be organized for nurses.

Limitation of the Study

The limitation of the study is that it was conducted in only one hospital.

Funding There is no funding for the research.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval Ethical approval (APPROV NO: 16.09.2020/1) was obtained before the study.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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