

Unveiling Mental Health Perspectives: Nursing Students' Attitudes Towards Spirituality

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ABSTRACT

Background: The correlation between spirituality and mental health has transmute a subject of growing significance and importance, particularly within the realms of educational institutions and healthcare facilities. Student nurses encounter difficulties in providing spiritual care to patients and consider it beyond their area of expertise on account of inadequate nursing education and training. The primary objective of this quantitative survey was to ascertain the perceptions and attitudes of nursing students towards spirituality, as well as their perspectives on its integration within their professional practice.

Methodology: Eighty subjects were randomly included in the study. The subjects were between 17 to 24 years and belonged to all the four religions. They filled the Likert scale having items pertaining to their attitude towards spirituality. The data analysis was conducted using IBM SPSS version 20.

Result: The mean attitude score was 3.71 ± 0.45 . Most (69.3%) of the students responded "agree and strongly agree" to the items in the scale reflecting their favorable attitude towards spirituality. The religion significantly affected their attitude ($p < 0.05$). A correlation was also observed between students' religious beliefs and their spiritual orientation.

Conclusion: The present study conclude that the students possess a favorable attitude towards spirituality.

Keywords: Spirituality, Mental health, Attitude, Nursing students

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INTRODUCTION

In contemporary times, there has been an increasing scholarly emphasis on examining the relationship between spirituality and mental well-being, especially among adolescents who are embarking on healthcare professions. The literature extensively documents the pressures and demands experienced by students and professionals within the healthcare domain. Numerous stressors can be encountered in one's life, including various factors such as life changes, financial difficulties, the burden of daily responsibilities, limited leisure opportunities, and challenges within interpersonal relationships. These pressures have a significant impact on mental health.¹ The healthcare student population has been comprehensively studied, revealing a significant incidence of mental health issues.² Consequently, there has been a growing interest in exploring the significance of spirituality as a coping mechanism for these individuals. The concept of spirituality is widely recognised on a global scale. The concept entails the adherence to a system of faith and compliance with the authority of an omnipotent being sometimes referred to as God, who exercises control over the cosmos and the fate of humanity. This concept encompasses the various methods by which individuals strive to achieve what they perceive as the ultimate objective of their existence, namely, the pursuit of life's significance and a profound sense of interconnectedness with the cosmos.³

There exists a correlation between physical health and emotional well-being. Individuals experiencing high levels of stress and symptoms of depression may occasionally manifest additional health complications. The presence of negative emotions does not instantly give rise to these disorders; rather, it can influence behaviours due to inadequate emotional regulation. Individuals who possess a spiritual inclination may employ their religious or spiritual beliefs as a means of managing the challenges associated with illness, discomfort, and the other stressors encountered in life.⁴

Emotional well-being is frequently linked to an individual's emotional condition, encompassing factors such as their subjective experience of happiness or contentment in their life. Mental health primarily pertains to factors that impact an individual's cognitive functioning, such as psychiatric disorders or neurological problems.⁵

Spirituality provides individuals with a means to foster personal growth and bolster psychological resilience, whether through consistent participation in religious ceremonies or through the mere connection with the natural world. By including spiritual practices into their self-care routine, individuals have the potential to observe significant improvements in their overall mental well-being. Despite the preponderance of empirical evidence supporting the beneficial impact of spirituality on health outcomes, certain

scholars have identified an inverse relationship between spirituality and health. Research has demonstrated a correlation between some adverse emotional states, such as dissatisfaction or anger towards a higher power or religious community, and a decline in mental well-being.⁶

The largest cohort within any healthcare system consists of nurses. In the course of their daily patient care, nurses are frequently confronted with individuals who have spiritual requirements. Therefore, their daily practice emphasises holistic care by attending to the spiritual requirements of their patients.⁷

To ensure optimal patient care outcomes, nurses are obligated to conduct spiritual assessments, identify spiritual distress, and provide spiritual assistance. Notwithstanding this, nurses encounter difficulties in imparting spiritual care to patients and consider it beyond their scope of expertise on account of inadequate nursing education and training.⁸

There is no unanimous agreement over the definition of spirituality, primarily due to misunderstanding surrounding the terminology associated with religiosity. Nevertheless, the professionals collectively hold the belief that religion and spirituality have a favourable impact on patients' health, particularly in terms of their ability to cope with disease. Moreover, individuals hold the belief that their personal religious or spiritual beliefs may potentially disrupt the professional-patient dynamic and impact their inclination to address their spiritual requirements.⁹

Understanding the ways in which students' spiritual development and perspectives are influenced is crucial for informing spiritual care nursing education and producing competent nurses who provide excellent physical and mental care. Spiritual care will likely be incorporated into the clinical practice of future nurse practitioners and registered nurses from which nursing students graduate. Thus, their spiritual care expertise and dispositions have a substantial impact on the quality of spiritual care provided to patients.¹⁰ Thus, the objective of this study is to understand the attitudes and perspectives of nursing students towards spirituality and its incorporation into professional practice.

METHODOLOGY

A sample size of 80 undergraduate nursing students was randomly selected and included in the study following the acquisition of informed consent. The survey employed a Likert Scale, which was adapted from a prior study, to assess the perceptions of spirituality in the context of professional education for healthcare practitioners.¹¹ The measurable components of the questionnaire consisted of a 5-point scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). A total score of 80 was possible and hence the criterion measure for attitude was derived

as favourable (54-80), neutral (27-53) and unfavourable (1-26). The questionnaire was shared with the students via the google form. The participants provided informed consent, and the study was approved to be undertaken by an ethical committee (CU|CSHS|NUR|RES|22-23|22). Helinski's ethical principles were adhered to throughout the course of the investigation. The data analysis was performed utilising version 20 of IBM SPSS. The data analysis was conducted using IBM SPSS version 20. The Shapiro-Wilk test was conducted to assess the normality of the data, and the results indicated that the data followed a normal distribution.

RESULTS

Out of 80 responses, 46 (57.5%) were females and 34 (42.5%) males. Less than half (45%) were between 17-20 years old and half of them (50%) were between 21-24 years old. Hindus constitute 63.8% of the total; Sikhs represented 22.5%; Muslims comprised of 12.5%; and Christians consist of 1.3% of the population.

The mean attitude score of students towards spirituality was found to be 3.71 ± 0.45 . Most of the students (69.3%) responded "agree and strongly agree" to the items in the Likert scale, reflecting their favourable attitude. The item-wise frequencies in terms of agree and strongly agree are shown in figure 1.

The frequency and percentage of responses are further shown in Table 1.

The values shown in table clearly reflect that in maximum of the items, the percentage of agreement was more than 60% depicting a favourable attitude towards spirituality.

A multiple linear regression was run to predict attitude from gender, age, class of studying, programme enrolled and religion of the students. These variables statistically significantly predicted attitude, $F(5, 74) = 2.381, p < .05, R^2 = .139$. And only religion out of all other variables added statistically significantly to the prediction, $p < .05$ [Table 2 (a), (b) and (c)].

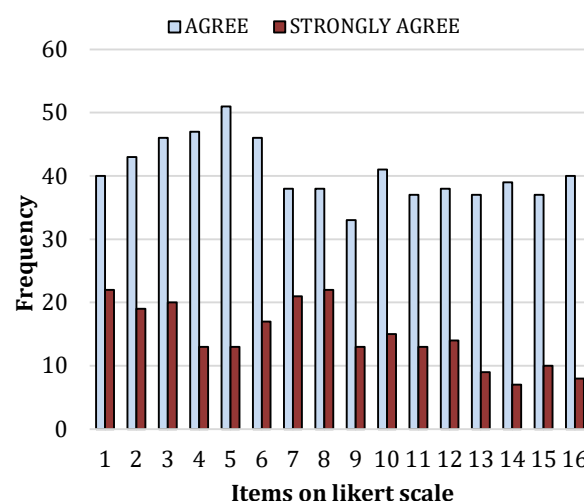


Figure 1: Bar graph representing the item-wise attitude scores

Table 1: Frequency of Likert scale responses

Statement	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Agree (%)
I believe spirituality is associated with values, ethics and morals	03	02	13	40	22	77.5
I believe spirituality is about finding meaning and purpose	04	06	08	43	19	77.5
I believe spirituality is about having a sense of hope	04	05	05	46	20	82.5
I believe spirituality concerns the way we live here and now	03	02	15	47	13	75
I believe spirituality is about liberation and empowerment	03	04	09	51	13	80
I believe spirituality concerns not only individual but wider organizational values	05	02	10	46	17	78.75
I believe spiritual values are relevant to my clinical practice	04	00	17	38	21	73.75
I believe spirituality is integral to clinical practice and care	03	02	15	38	22	75
I believe spirituality has nothing to do with the ability to care for patients/clients	10	05	19	33	13	57.5
I believe an awareness of spirituality is part of the health care process	04	07	13	41	15	70
I believe clinical practice is a spiritual Journey	04	07	19	37	13	62.5
I believe the integration of spirituality in clinical practice should be a transformative experience	04	05	19	38	14	65
I believe my intellect in clinical practice is more important than spirituality	04	09	21	37	09	57.5
I believe spirituality can be distinguished from religion	05	08	21	39	07	57.5
I believe Spirituality was integrated within my pre-registration training and/or clinical education	02	09	22	37	10	58.75
I believe spirituality is associated with a place of worship	04	08	20	40	08	60

Table 2 (a): Model Summary*

Model	R	R Square	Adjusted R Square
1	.372 ^a	.139	.080

*Attitude; ^aPredictors**Table 2 (b): ANOVA^a representing the data fit**

Model (1)	Sum of Squares	df	Mean Square	F	Sig.
Regression	2.188	5	.438	2.381	.046 ^b
Residual	13.597	74	.184		
Total	15.784	79			

^a Mean Attitude; ^b Predictors**Table 2 (c): Coefficients**

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.020	.311		9.716	.000
Gender	-.042	.098	-.046	-.422	.674
Age	-.006	.120	-.008	-.052	.959
Prog_enrolled	.262	.260	.129	1.010	.316
Class_of_Studying	.102	.085	.189	1.211	.230
Religion	.167	.067	.286	2.508	.014

DISCUSSION

The construct of psychological well-being encompasses spirituality and mental health as integral components. The present study finding revealed that majority of students have a favourable attitude towards spirituality. Previous researches have yielded comparable results, indicating that a majority of individuals exhibit a favourable disposition towards spirituality in relation to their mental well-being.¹²⁻¹⁴ In the current study, there was no observed correlation between spirituality and mental health, as shown by the age of the students, although religion did have a significant relationship with their spiritual beliefs. A study revealed that those with strong religious convictions are significantly more inclined to evaluate their mental health positively, with no significant differences observed across participants.¹⁵ Numerous other studies have consistently indicated significant associations between age and spirituality. This phenomenon may have occurred due to the subjects' unusually narrow age distribution. Numerous studies have yielded findings indicating that individuals over the age of 30 commonly exhibit developed levels of spirituality and religiosity.¹⁶⁻¹⁸

CONCLUSION

The current survey also demonstrated that a significant proportion of nursing students had a positive attitude towards spirituality. These assertions, nonetheless, warrant additional scrutiny, particularly one that adopts a comprehensive and analytical methodology to examine various forms of health-related conduct, unique spiritual rituals, and intricacies of psychological welfare. There was also a correlation observed between the religious affiliation of students

and their disposition towards spirituality. Additional research is necessary to investigate other variables that impact the decision-making process of university students, including specific attitudes towards health, spirituality, and personal development.

AUTHOR CONTRIBUTION

JS conceived and designed the study, conducted research, provided research materials, and collected and organized data. DK analysed and interpreted data. JS wrote the draft of article, and DK provided logistic support. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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