DOI: http://dx.doi.org/10.33846/hn31106
http://heanoti.com/index.php/hn

RESEARCH ARTICLE
URL of this article: http://heanoti.com/index.php/hn/article/view/hn31106

Spiritual Caring Behavior Tool Development

Sanglar Polnok[1(CA)], MA. Elizabeth C. Baua[2]
[1(CA)]Faculty of Nursing, Naresuan University, Thailand; sanglarp@gmail.com (Corresponding Author)
[2]School of Nursing and Allied Health Sciences, St. Paul University, Philippines; ebaua@spup.edu.ph

ABSTRACT

The study's aim was to explore Thai Buddhist nurses manifest spiritual caring behaviors based on cultural practices, values & beliefs of Buddhism, then a spiritual caring behavior tool for nurses was developed. Exploratory-sequential mixed methods design was utilized using Phenomenology. Ten informants were selected The results yielded three major themes, namely: Focus on the Nurse-Patient Caring Relationship with two subthemes which are Responsibility to Reach out and Engagement. The second theme is Presence of Being in a Caring Moment under which are two subthemes which are Caring based on Patients' Needs and Context and Praise on Self Dignity and Human Rights. The third theme is Engagement in "Active Caring and Healing" with two subthemes whick are Allow Another to be an "Active Self-Healer/Carer" and Autonomy for Decision Making. The developed tool underwent forward and backward translation from Thai to English. The initial SCBT consisted of 26 items with I-CVI 0.80-1.00 and S-CVI 0.95. Exploratory Factor Analysis was utilized to find two factors, which are Proper Environment and Autonomy in Making Decision.The revised-spiritual caring behavior tool has only 25 items. The SCB tool was found to be a reliable tool with a Cronbach's Alpha coefficient (13 items) of 0.927 (part 1) and (12 items) 0.94 (part 2).

Keywords: beliefs; cultural practices; spirituality; spiritual care; spiritual caring behavior tool; values

INTRODUCTION

Background

Caring is a behavior of giving holistic assistance to individuals and is the essential for nursing practice[(1)]. Caring is a mutual, reciprocal, spiritual force that transcends both the patient and nurse which occurs in the context of a caring moment in which the nurse connects with the spirit of the patient and facilities self-discovery and self-awareness with a holistic approach.

Spirituality is a fundamental aspect of nursing practice and is deemed of great importance to the art and science of Nursing[(2)]. Spiritual caring behaviors are tailored to the recipients' needs. The nurse's role in spiritual care will start with assessing the spiritual needs of the ill person and support a comprehensive plan of spiritual caring. Although not all nurses may feel comfortable providing spiritual caring in all situations, the nurse should always be sensitive to the spiritual needs of his or her clients[(3)]. Controversy, the study's results showed patients' spiritual needs were not met. Nurses do not consistently provide spiritual care, they felt ill-equipped to do so, and there is a lack of information as to the type of spiritual care practices nurses use[(4)].

In Thai culture, person praise high value on "*Kreengai*", or awareness and anticipation on the feelings of others by kindness and avoidance of interpersonal conflict. They have a coping strategy "Thum-jai" to face an adverse negative situation or circumstance of which there seems to be no escape[(5)]. Based on religious or cultural background, each person is an individual and may or may not adhere to certain cultural beliefs or practices common in his or her culture. Asking patients about their beliefs and way of life is the best way to be sure nurses would know how their values may impact their care. Likewise, Buddhist nurses have their individual culture values, beliefs, practices, these may effect on their practices on patients as well. Most people in Thailand focus on spirituality based on religious and supernatural beliefs that are parts of their daily lives[(6)], and usually apply Buddhist teachings to deal with illness and death[(7)]. The influence of Buddhism on Thai nurse

has been limited to five studies. In this regard, the researcher realizes that this area of nursing practice needs more understanding and exploration on spiritual caring behaviors to advance nursing knowledge development.

Purpose

The purpose of the study was to explore in depth how Thai Buddhist nurses manifest spiritual caring behaviors based on cultural practices, values & beliefs of Buddhism and then developed a spiritual caring behavior tool for nurses.

METHODS

The study utilized the exploratory-sequential mixed methods design. For the qualitative part of the study, Benson and Clark's model (1982) (8) was utilized. First the researcher collected the qualitative data by interviewing the Buddhist nurses. This part is the planning phase. The collected data were transcribed and later on organized into themes. The second phase is the construction of the tool. This phase used the qualitative data to construct the items of the spiritual caring behavior tool. Furthermore, the new developed tool underwent forward and backward translation from Thai to English then English to Thai to ensure the accuracy of the translation. Then, the tool was checked to determine the tool's index of test validity that consists of content validity and face validity. This phase involved the participation of five experts and ten nurses who experienced spiritual caring. Later on, the revised tool was administered to 130 nurses to determine the coefficient of reliability and the factor extraction. This third phase is called the quantitative evaluation. The fourth phase is the validation. Another validation is needed if necessary until the desired score for validity is reached.

Participants of the Study

Qualitative part

There were ten key informants who were involved in the study because the researcher reached data saturation during the interview sessions. These participants met the broad set of inclusion criteria, which are the following: Buddhist nurses who work at Phitsanuvej hospital in Phitsanulok province whose ages are from 25-60 years either male or female who were willing to give informed consent, manifest interest in participating in the study by sharing their experiences during the interview and the observation procedures. The nurses are currently assigned to care of adult or elderly patients who were admitted in the hospital for at least one year. These nurses can articulate and express themselves using the Thai language.

Quantitative part

The researcher randomly selected one hospital from each of the five regions in Thailand, including Bangkok Phitsanulok Hospital in the northern region, Bangkok Udon Hosptial in the northeastern region, Bangkok Pattaya Hospital in the eastern region, Bangkok Huahin Hospital in the central region, and Bangkok Hatyai Hospital in the southern region. The number of participants were 26 that were equally selected from each region with the total number of 130. The exploratory factor analysis and reliability testing were performed with 130 Buddhist nurses who met the following inclusion criteria: the participants were not interviewed and observed during the qualitative phase of the study and whose ages are between 25 to 60 years old. They could either be male or female who were willing to give an informed consent and who was currently assigned to care for adult or elderly patients who were admitted in the hospital for at least one year. They can also read and understand the questionnaire or tool that was written in Thai.

Research Instruments

Qualitative part

The research instruments for the qualitative part include the semi-structured interview guide consisting of seven questions, observation notes and a tape recorder.

Quantitative part

The research instruments include the demographic data form, the expert panel evaluation form composed with two forms which include a clarity assessment form and the content validity assessment form.

Data Analysis

Qualitative data analysis

The data were analyzed, interpreted and summarized using the process of qualitative analysis of Holloway & Wheeler (2004): transcribing the dialogue/discussion; organizing and ordering the data; and coding and categorizing.

Quantitative data analysis

The content validity of the developed tool was determined using the item content validity index (I-CVI) and the scale content validity index (S-CVI). The final items of the developed tool "SCBT" were evaluated by 130 nurses. That data were subjected to the Exploratory Factor Analysis and the factors were named. Reliability analysis was done to evaluate the internal consistency of the developed tool using Cronbach's alpha.

RESULTS

Themes of Spiritual Caring Behaviors

The results yielded three (3) major themes, namely:(1) *Focus on the Nurse-Patient Caring Relationship.* This theme is divided into two subthemes which are *Responsibility to Reach out* and *Engagement.* The second theme is *Presence of Being in a Caring Moment* under which are two subthemes which are *Caring based on Patients' Needs and Context* and *Praise on Self Dignity and Human Rights.* The third theme is *Engagement in "Active Caring and Healing*" which also has two subthemes. They are *Allow Another to be an "Active Self-Healer/Carer*" and *Autonomy for Decision Making.*

Tool Development

As a result of the qualitative phase on the initial 26 items the SCB tool was developed by the researcher. The SCB tool was validated by nurses with expertise in spiritual care behavior for content validity and participants from the qualitative phase for face validity. Further analysis of the results of the pilot testing showed that Buddhist nurses in Thailand demonstrated spiritual caring behavior to a very high extent as evidenced by the computed mean per participant was 109.43.

Content Validity Index

The content validity of SCB tool was determined. The I-CVI value of the tool ranged from 0.80 to 1.00. The S-CVI value of the instrument is 0.95. The obtained content validity index is higher than 0.80, making the tool posses an acceptable content validity index.

Exploratory Factor Analysis

The 26 item five-point Likert-scale SCB tool was finalized and floated to 130 qualified participants who were Buddhist nurses. The results revealed that when only two factors are extracted item 12 of the tool must be deleted, thus the revised spiritual caring behavior tool now has 25 items. The first factor was named "*Proper Environment*" and the second factor was named "*Autonomy in Making Decision.*"

Reliability

The reliability of SCB tool was measured using the Cronbach's Alpha coefficient. The SCB tool's alpha Coefficient for part 1 (13 items) is 0.927 and for part 2 (12 items) is 0.94. Both values are higher than 0.80, hence, the SCB tool has a very high extent of reliability.

DISCUSSION

The Improvements in Spiritual Caring Behavior Tool

The improvements done include: 1)the total score of SCBT is 125. In the light of participants' spiritual caring behavior, 96.92% or 126 out of 130 participants highly manifested spiritual caring behavior. Only 3.08% or 4 out of 130 have sufficient knowledge of spiritual caring behavior. However, it still necessitates willful

attitude, training, or seminars to strengthen its applicability. 2) The adjusted-scaling key is provided for interpretation of spiritual caring behavior. The mean range per item is 4.01 to 4.64. The positively-stated items on the SCB tool are manifested by Thai Buddhist nurses in Thailand at a very high degree with a mean of 4.38. The results explicate that Thai Buddhist nurses in Thailand very strongly agree that they continuously manifest behaviors to those patients.

CONCLUSION

Translating experiences with those cared for on spiritual caring behavior contributes to the epistemology and ontology of nursing care within the Buddhist nurses in Thailand. The nurses' spiritual caring behavior is expressed by providing holistic care to the entire personhood of those cared for. Spiritual caring is rendering care by giving full commitment despite the presence of being in caring moment, engaged to active caring to allow the one cared for to be in active self-healing.

The Spiritual Caring Behavior Tool developed for nurses reveals that it is a valid, reliable, and an appropriate research instrument in exploring the spiritual caring behavior aspect of care to persons with illness.

REFERENCES

1. Bakar A, Nursalam, Adriani M, Kusnanto, Qomariah SN, Hidayati L, et al. Nurses' spirituality improves caring behavior. International Journal of Evaluation and Research in Education. 2017;6:23-30.
2. McSherry W, Jamieson S. The qualitative findings from an online survey investigating nurses perceptions of spirituality and spiritual care. Journal of Clinical Nursing. 2013;22:3170-82.
3. O'Brien ME. Chapter 6: Spiritual care: The nurse's role. Spirituality in nursing: Standing on holy ground. (6th Ed.). 2018.
4. Puchalski CM. Spirituality in the cancer trajectory. Annals of Oncology. 2012;23(supplement 3):iii49-55.
5. Andrews MM, Boyle JS. Transcultural concepts in nursing car: 5th ed. Philadelphia: Wolters Kluwer, Lippincott Williams & Wikins; 2008.
6. Tongprateep T. The essential elements of spirituality among rural Thai elders. Journal of Advanced Nursing. 2000;31:197–203.
7. Chinnawong T. The influences of Thai Buddhist culture on cultivating compassionate relationships with equanimity between nurses, patients, and relatives*:* A grounded theory approach. Ph.D. Thesis. Lismore, NSW: Southern Cross University; 2007.
1. Benson J, Clark. A guide of instrument development and validation. The American Journal of Occupational Therapy. 1982;36(12):789-800.