

AWARENESS, KNOWLEDGE AND SKILLS OF MEDICAL PERSONNEL, CLERGY AND STUDENTS REFERRING TO SPIRITUAL CARE IN HOSPITALS

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Abstract

The article discusses in details the issue of spiritual care applied in clinical setting. Emphasis is placed on the lack of knowledge about the implementation of the care by medical professionals and clergy in hospitals, which determines the complexity of the problem. What is analyzed is the skill of the therapeutic team to motivate the patient to actively participate and assist in the healing process. It outlines the need for new knowledge and skills by which to identify the spiritual needs of the sick people.

Key words: spiritual care, knowledge, hospitals

Today the treatment of patients in the hospital is a complex and responsible process. It requires the joint efforts of the therapeutic team as well as the valuing of human life and human dignity at the highest level (Vuchkov, J., 2003).

Art of healing is associated with the ability of the therapeutic team to motivate the patient for active participation and assistance in the healing process. Showing empathy as a social skill and personal quality is a necessary condition for fulfillment the humanitarian mission of the health care professionals, including intellectual understanding of the patient, understanding patient's feelings, efficient communication and positive attitude of the specialist to the patient (Petrova, G., P. Balkanska and L. Chakurova, 2011).

Through acquiring of knowledge and skills, as well as forming of specific professional behaviour, the students could have a successful impact on the main directions of health care (Asparuhova, P., 2014)

The establishment of common European space and the new economic realities put new requirements to specialists with higher medical Education (Mitova, M., Thz., Vodenitcharov, 1998).

This sets up to the nurses new challenges to develop their knowledge and skills by which to identify the spiritual needs of the patient (Marinova, P., Asparuhova, P., 2012).

Highly qualified nurse must possess sufficient knowledge, skills and confidence to plan, carry out and evaluate the care, to meet the needs of the particular patient (Dimitrova, S., 2009).

For Nurses it is important to have the skills by which to identify those persons who have spiritual needs. Recognizing one's own limitations in providing spiritual care, the nurse may seek the service of other members of the team - a psychologist or a priest (Margaret, G. Hutchison, 1998).

The purpose of this study: The purpose of the study is to examine the level of awareness, knowledge and skills of nurses, clergy and students in "nurse" specialty for the implementation of spiritual care in medical institutions.

Materials and methods: The survey was carried out among 650 respondents, of which 400 practicing nurses, 150 students in "nurse" specialty VI and VII semester of education and 100 Orthodox priests from various dioceses in Bulgaria.

The following hospitals were covered from Northwest and North Bulgaria: NSOH "Darvenitsa" - Sofia, Hospital "Dr. Stamen Iliev" - Montana; "Hospital" Ruse - Ruse. University hospital "Georgy Stransky - Pleven; Hospital" Hristo Botev" - Vratsa, COC - Vratsa, University Hospital "Aleksandrovska" - Sofia, MU Sofia - Faculty in Public Health ; " Prof. Ivan Mitev PH.D"- Branch Vratsa; Dioceses on the territory of the Republic of Bulgaria.

Results and discussion: Table 1 shows that the average age of nurses $\pm$ standard deviation = $44,6 \pm 9,56$, and of the priests $\pm$ standard deviation = $43,7 \pm 7,96$ in years. The results of the analysis of the educational level of the respondents indicate that nurses with a college degree specialist are large extent 55.9%, followed by those with higher education - bachelor (31.2%) and higher education - Master (12,8%). About the priests the largest share is for those with a university degree - Master of 81.8%, while the rest have secondary education (18.2%). In terms of length of service - 79.0% of nurses have been working over 10 years, 12.7% over five years and 8.3% up to 10 years. As for the priests, with the longest service are those over 10 years (65.3%). Up to 10 years were 24.5%, and up to 5 years - 10.2%. From the above facts we can conclude that respondents have rich work experience gained during their work.

Table 1 Demographic characteristics of nurses and priests

Characteristic		Nurses	Priests
Gender	Woman	400 pcs.	–
	Man	–	100 pcs.
Age	25-35	16,0%	11,0%
	36-45	33,5%	47,0%
	46-60	44,8%	39,0%
	Over 60	5,8%	3,0%
Education	Primary	0%	0%
	Secondary	0%	18,2%
	College-specialist	55,9%	0%
	Higher –bachelor’s degree	31,2%	0%
	Higher – master’s degree	12,8%	81,8%
Work experience	Up to 5 years	12,7%	10,2%
	Up to 10 years	8,3%	24,5%
	More than 10 years	79,0%	65,3%

For students, the highest proportion is for women - 81.0%, compared to men - 16.7%. The students in the seventh semester of study are 79.1%, followed by those in the sixth semester - 20.9%. Students are prevailing in the age group of 18-25 years (48.6%), followed by those between 26-35 years (34.9%) Table 2.

Table 2 - Distribution of students by gender, age and semester of study

Characteristic		
Students – 150 pcs.		Relative share in %
Gender	Woman	81,0%
	Man	16,7%
Age	18-25	48,6%
	26-35	34,9%
	36-45	14,4%
	Over 45	2,1%
Semester of study	VI	20,9%
	VII	79,1%

Modern health should perform health care for the individual in all his individuality, consistent with the standards of Europe. For the implementation of quality health care, a highly qualified team, having sufficient knowledge, skills and qualities is needed.

To determine the awareness of the respondents from the second, third and fourth group, the respondents were asked the following question: "How do you evaluate your own awareness of spiritual care?" In a self-assessment, as it is evident by (Fig. 1) part of the respondents state that they are informed about the spiritual care excellent (4.7% - students, 7.0% - priests and 4.5% - nurses) very good (29.5% - students, 21.0% - priests and 20.2% - nurses), good (48.3% - students, 39.0% - priests and 36.2% - nurses) , satisfactory (15.4% - students, 31.0% - priests and 27.5% - nurses) and poor (2.0% - students, 2.0% - priests and 11.5% - nurses) . From the percentage distribution of responses it becomes clear that at the highest extent the three groups of respondents defined themselves as knowledgeable about spiritual care.

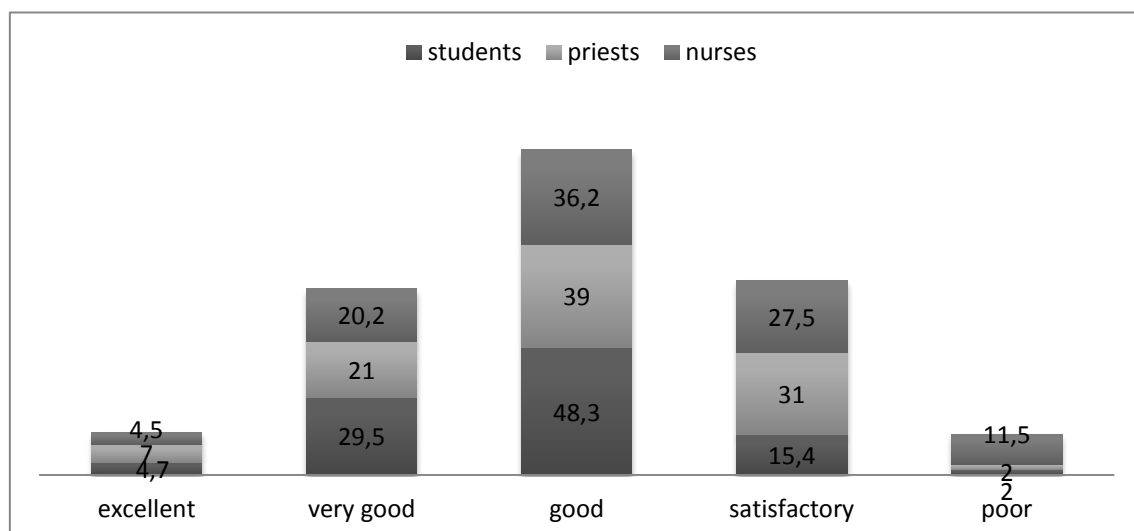


Fig. 1 Extent of awareness of the respondents about spiritual care

With this study we defined the level of awareness of students and nurses, as we asked them the following question: What is a spiritual care? A significant part of the nurses - 77.3% and students -

60.2% consider that consultation in spiritual care is a tool to support the subject of care. The percentage exceeds one hundred, because of the possibility for the respondents to indicate more than one answer. A very small percentage of nurses indicated that consultation is also a directing conversation - 40.0%, compared to students - 64.0 %. From (Fig. 2) is evident that nurses are less informed compared to students about various aspects of the consultation in spiritual care.

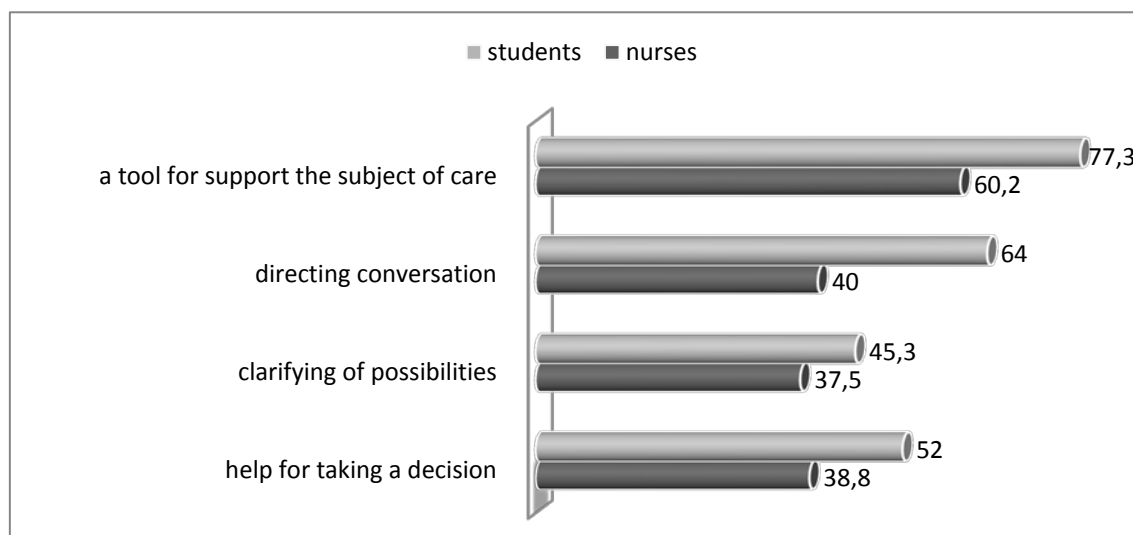


Fig. 2 Awareness of the respondents about consultation in spiritual care

This is confirmed also by the self-assessment about consultation in spiritual care of the respondents where they can consult excellent (3.4% - students and 2.0% - nurses) and very good (35.4% - students and 23.2% - nurses). The rest have satisfactory skills (51.0% - students and 33.2% - nurses) and those who cannot consult (10.2% of students and 41.6% of nurses). (Fig. 3) shows that the University education of students builds a new type of professional knowledge and skills.

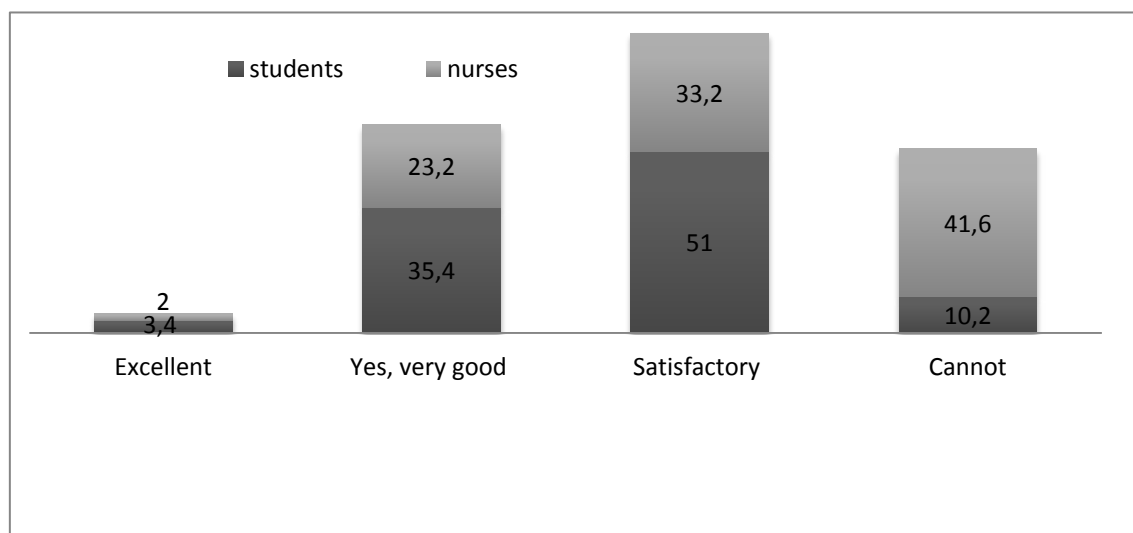


Fig. 3 Skills of respondents to make consultation in spiritual care

Seeking sources of knowledge about spiritual care in the second, third and fourth group of respondents we found that the most significant up-to-date source for the nurses are: colleagues living abroad and

scientific literature - 42.9%. In contrast, the most important source of knowledge about spiritual care for the students (86.7%) and priests (41.0%) are - Lectures in an educational institution. The percentage exceeds 100% because respondents have given more than one response (Fig. 4).

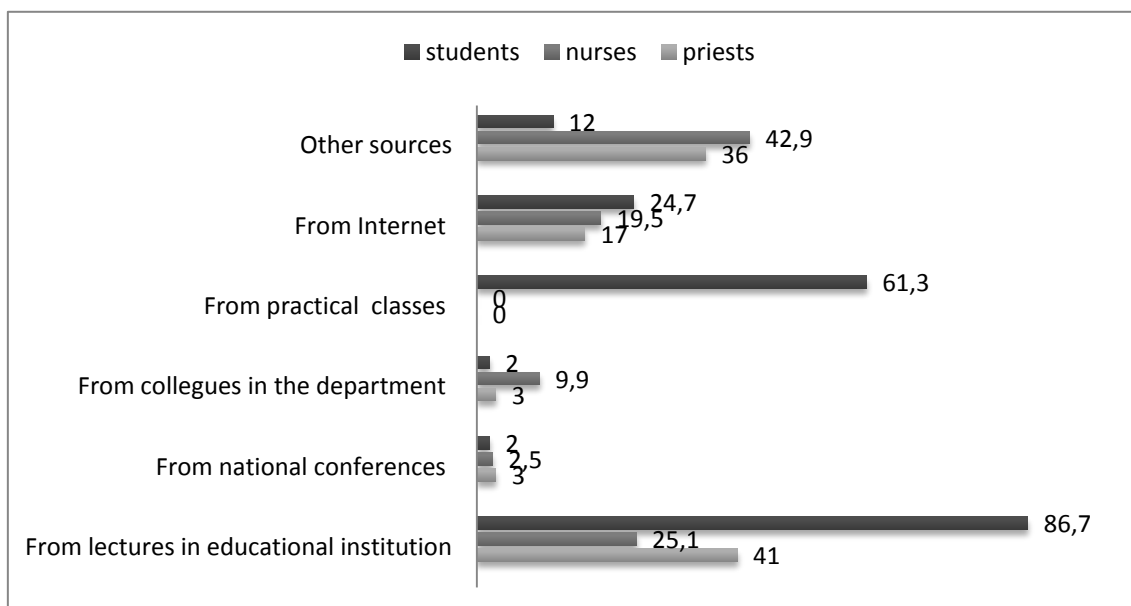


Fig. 4 Sources of knowledge about spiritual care

Nursing is based on the acquired academic knowledge and developed skills leading to the establishment of a professional conduct. In this connection, we asked students and nurses whether they are able to take ethical solutions tailored to the cultural values of the patient. From (Fig. 5) is evident that both groups of respondents in their bigger part have such skills (nurses -52.4% and students - 49.7%). Essential is the share of respondents who believe that it is difficult for them, but they are trying (nurses - 41.1% and students - 47.0%) and the rest do not manage (nurses - 6.5% and students - 3.4%).

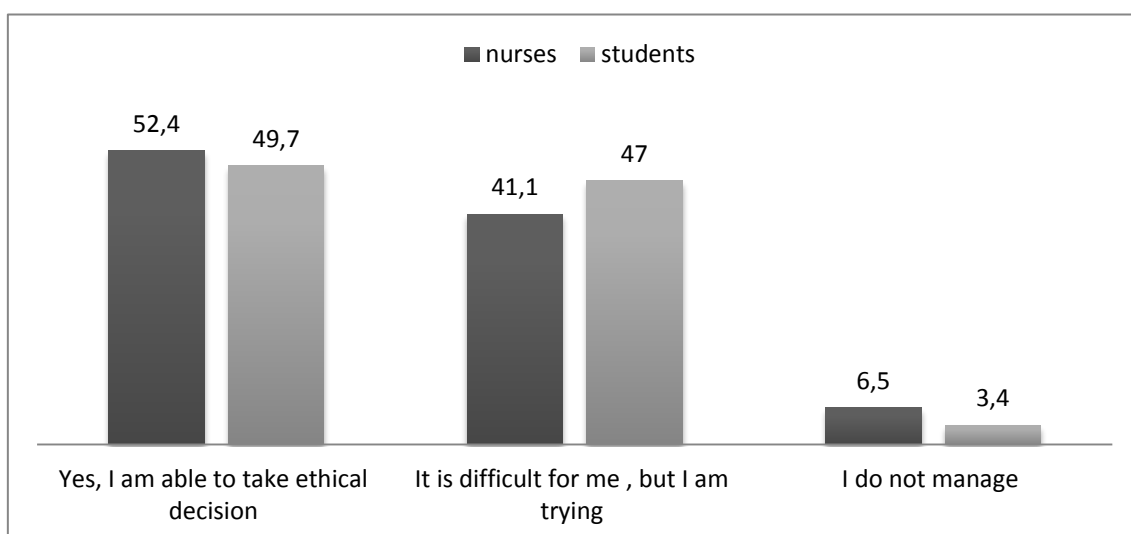


Fig. 5 Skills for taking ethical decisions

The comparative analysis of the opinion of nurses and students shows no difference in terms of skills to gather information about the spiritual culture of the patient. Respondents are able to collect such information (33.6% of students to 11.8% of nurses), it is difficult for them, but they try (41.6% of students to 20.0% of nurses). According to the rest of the respondents, it depends on the type of spiritual culture of the patients (18.8% of students compared to 34.8% of the nurses) and are not able to collect such information (6.0% of students in the ratio of 33.5% nurses). The results show that nurses are less successful compared to students in gathering information about the spiritual culture of the patient (Fig. 6).

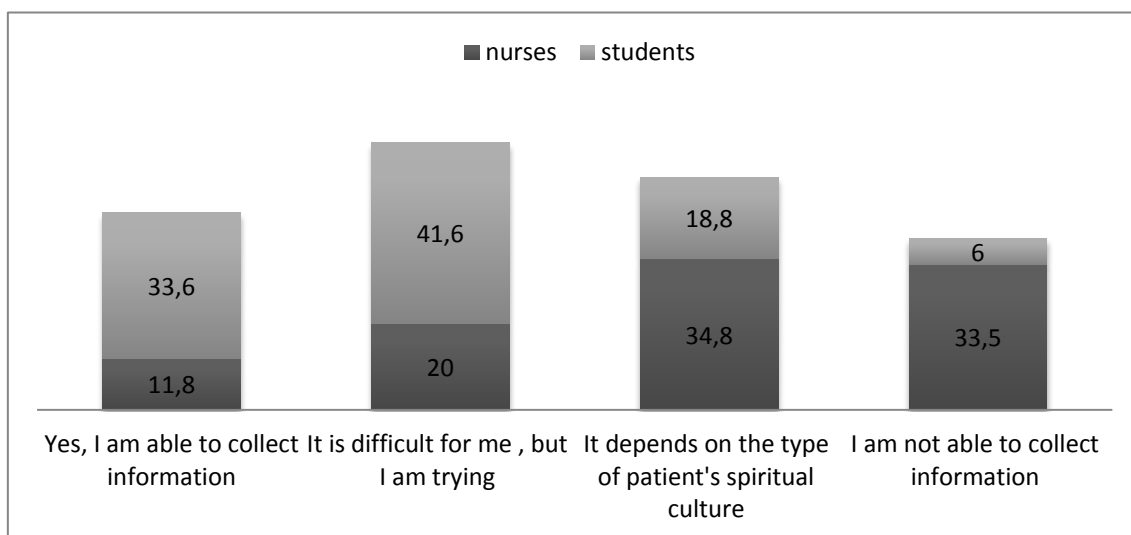


Fig. 6 Skills to collect information about the spiritual culture of the patient

As to clarify if nurses and students have got skills in taking medical history in spiritual care, we asked a question and based on it according to the data of the survey the respondents have very good skills (18.7% of students and 6.0% of nurses), good (40% of students and 26.3% of nurses), satisfactory (25.3% of students and 22.8% of nurses) and do not have such skills (16.0% of students and 44.9% of medical sisters). From data analysis it is noteworthy that students are again better prepared than nurses (Fig. 7).

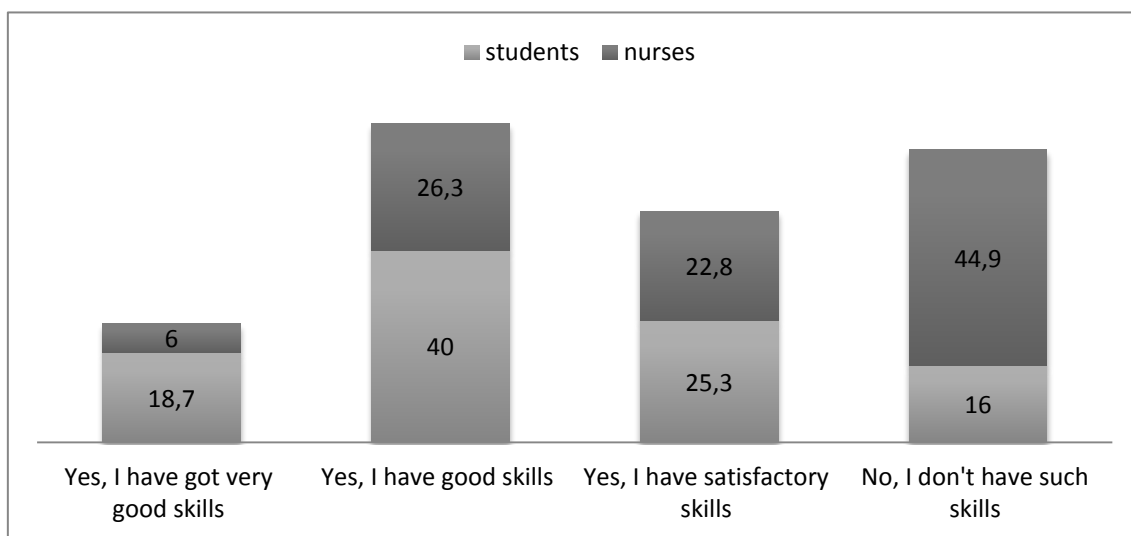


Fig. 7 Assessment of skills in taking medical history in spiritual care

Students have better skills compared to nurses also in consultation of all aspects of the spirituality of the patient: reading books (86.7% students and - 72.1% - nurses), rituals (76.7% - students and 14,8% - nurses), listening to music (59.3% students and - 42.0% - nurses) religion habits of patients (54.7% students and - 22.0% - nurses), prayers (47.3% - students and 19.5 percent - nurses), need of meditation (41.3% students and - 15.0% - nurses) and willingness to paint (30.0% - students and 16.5% - nurses). The sum of the percentage exceeds one hundred because each respondent has more than one response (Fig. 8).

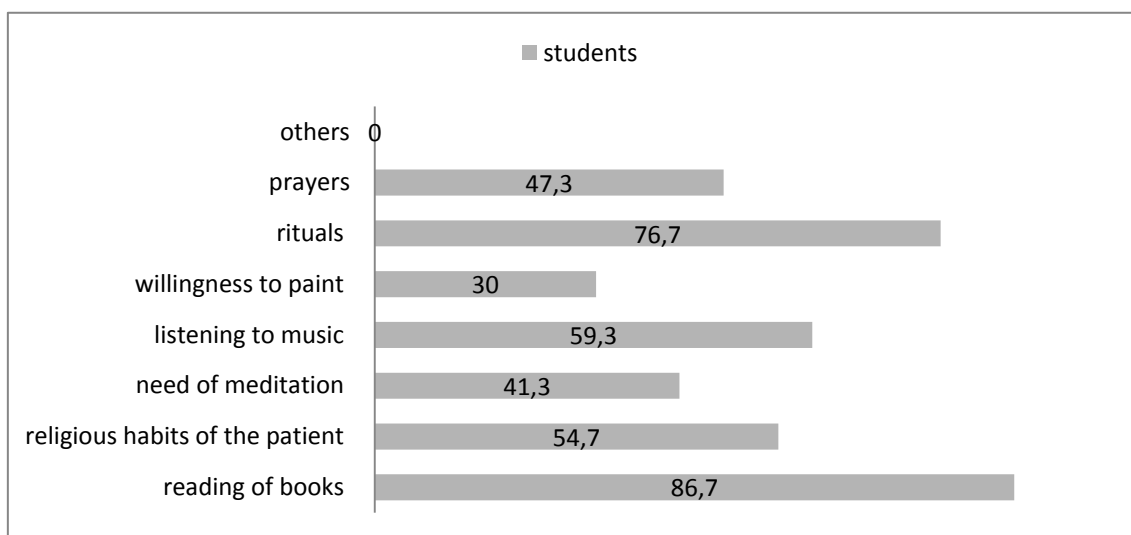


Fig. 8 What aspects of the spirituality of patients can be consulted by respondents

Positive attitude to the patient and the ability to decode nonverbally the shared feelings is the ability to satisfy the need of the patient for spiritual care. Patients need to be seen as persons with a health problem and emotional load, with altered behaviour and psyche, and basis for this is the spiritual care. Asked: Are they prepared to meet the needs of the patient for spiritual care? the respondents answered as follows: Prepared (excellent, good and very good) of nurses - 26.8%, of students - 54.0% and of the priests - 80.0%. Those who could not meet the needs of the patient for spiritual care are: 29.8% of the nurses, 6.0% of students and 2.0% of the priests (Fig. 9).

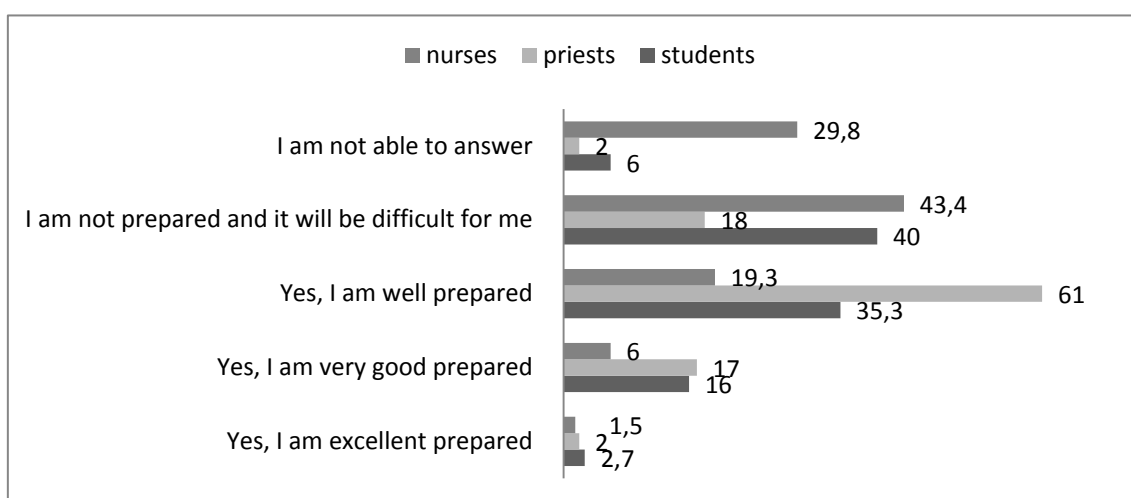


Fig. 9 Self-assessment of the preparation for implementation of spiritual care

Every patient has a culture based on different beliefs and values. The respect to these values is a key aspect of the overall care based on medical ethics. From the respondents, the priests at the highest extent manage their own beliefs when working with patients - 78.6%, followed by students - 45.6% and nurses - 39.5%. Significant proportion of the respondents share that it is difficult for them, but they try to understand the sick - 39.5% of students and 30.9% of the nurses, as opposed to the priests - 16.3% (Fig. 10).

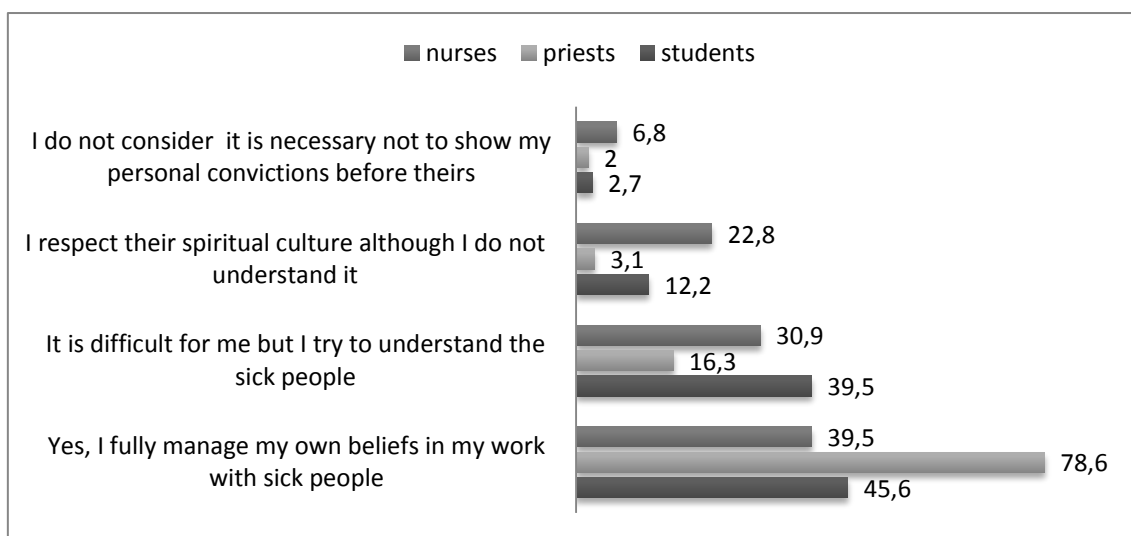


Fig. 10 Respect to the spiritual culture of patients

It was of great interest for us to investigate what prevents the second and third group of respondents to meet the patient's needs of spiritual care. One of the students said - lack of organization of spiritual care in the country (76.4%), lack of training (12.5%) and lack of information in the hospital (9.7%). For nurses the leading reason is - lack of training (41.8%), followed by lack of organization of spiritual care in the country (20.4%) and lack of information in the hospital (9.7%) (Fig. 11).

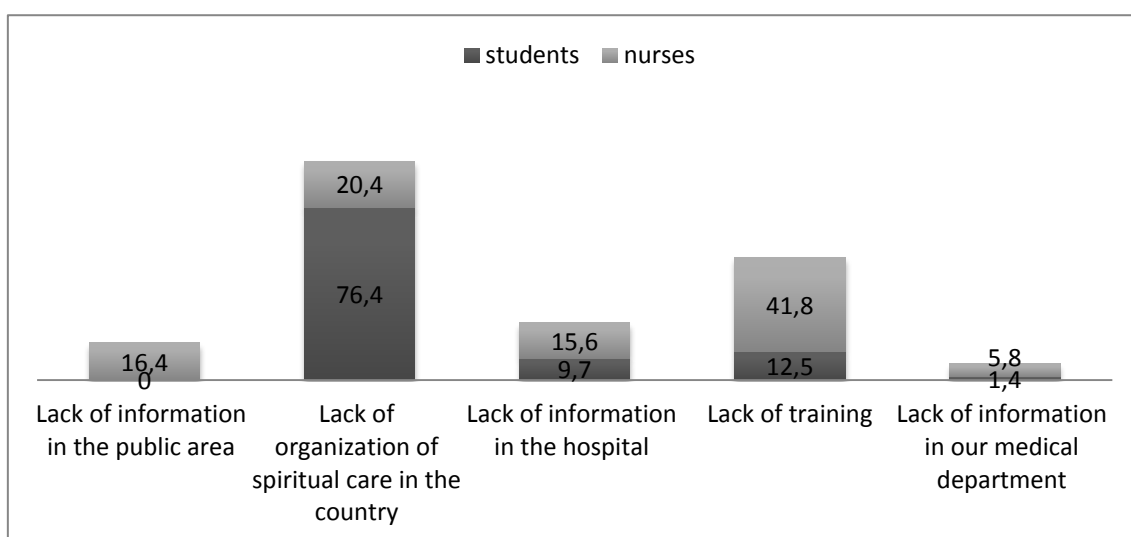


Fig. 11 What prevents the respondents to meet the needs of the patient for spiritual care

Conclusion

One of the priority issues of the modern health care is how to provide quality health care consistent with the spiritual culture and philosophy of life of the patient and respect to patient's dignity. However, the spiritual dimension of health care is an overlooked area by the nurses. Only 26.8% of them are prepared to meet the needs of people for spiritual care. From nursing practitioners only 25.1% are informed about the spiritual care during their medical training and syllabus content. As opposed to the nursing practitioners, the educational institutions stand as the most important source of knowledge for spiritual care, especially lectures to students - 86.7% and priests - 41.0%. Implementation of quality spiritual care imposes a need for new and sufficient in scope knowledge and skills among nurses. Post-graduate training is needed for all nurses with college education and those with an educational qualification degree "specialist" trained upon a syllabus which does not include an educational content in the field of spiritual care.

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