

Original Research

## Nurses' Spiritual Well-Being and Spiritual Care Competence: A Cross-Sectional Study in Indonesia

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### ABSTRACT

Spiritual well-being is a dynamic state wherein individuals may perceive and articulate affirmative emotions, actions, and thoughts in their interactions with themselves, others, the environment, and the transcendence (God). Aimed to analyze the relationship between nurses' spirituality and their competence in providing spiritual care to patients, the study employed a quantitative correlational method and a cross-sectional research design, selecting a sample of 348 Indonesian nurses who were actively working in various care units in hospitals or health centres. Spiritual Well-Being Scale (SWBS) (Cronbach's Alpha = 0.904) was utilized to measure nurses' spirituality, and the Spiritual Care Competency Scale (SCCS) (Cronbach's Alpha = 0.962) was employed to measure nurses' spiritual care competence. A Spearman correlation was conducted to evaluate the relationship between nurses' spiritual well-being and nurses' spiritual care competence. There was a significant positive relationship between the two variables,  $r_s(356) = 0.214$ ,  $p < 0.001$ . The results indicated that spiritual well-being can enhance nurses' ability to provide spiritual care. Further research can address the limitations and shortcomings of the current study to provide respondents with a more comprehensive understanding of the relationship between spiritual well-being and nurses' spiritual care competence. Additionally, future research can explore the various factors that influence both spiritual well-being and spiritual care competence.

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## INTRODUCTION

Spirituality derives from the Latin term “spiritus,” signifying breath, and pertains to the interior energy of an individual that embraces the immaterial dimensions of existence, including relationships with

God, oneself, others, and the environment (Azarsa et al., 2015). The spiritual requirements of patients fall within the responsibilities of nurses, and addressing these needs can significantly enhance overall satisfaction with the care provided (Kirchoff et al., 2021). In reality, however, the spiritual requirements of patients are frequently overlooked or inadequately addressed (Laili et al., 2019; Mascio et al.,

2022). A study examining spiritual care practices in several countries, including Indonesia, reveals that in certain nations, there is an inconsistent provision of spiritual care to patients (Taylor et al., 2023). Spiritual needs constitute a fundamental requirement for all patients; however, research indicates that these needs are predominantly addressed in critically ill patients and those receiving palliative care (Gijsberts et al., 2019; Klimasiński, 2021).

Spiritual care competence refers to a nurse's capacity to effectively provide and meet the spiritual needs of patients according to the intended outcome (Van Leeuwen & Cusveller, 2004). A study discloses that nurses feel they lack the necessary skills to provide spiritual care due to infrequent opportunities to do so in their regular nursing duties and inadequate preparation throughout their schooling (Chen et al., 2020; Green et al., 2020). Furthermore, the ability of nurses to provide spiritual care may be influenced by their own spiritual well-being (Jahandideh et al., 2018; Ross et al., 2016). The reason for this is that spiritual well-being has an impact on the attitudes and behaviours of nurses when it comes to giving spiritual care (Azarsa et al., 2015).

Two studies conducted in Indonesia reveal disparities in the spiritual care competency of nurses. Ardiansyah's (2022) research involving 200 nurses in Makassar revealed that 75% exhibited high spiritual competence, 21.5% demonstrated moderate competence, and merely 3.5% displayed low competence, underscoring the necessity of adequately addressing patients' spiritual needs to ensure holistic care. In contrast, a study by (Azarsa et al., 2015) including 167 nurses in Pontianak, indicated that while 40.1% of participants exhibited high spiritual intelligence, the majority displayed low spiritual nursing competence. These findings underscore the necessity of enhancing spiritual care education and training for nurses to ensure they deliver comprehensive nursing care that adheres to holistic standards. Additional research is required to explore the correlation between nurses' spirituality and their proficiency in delivering spiritual care. Unfulfilled spiritual needs of patients can significantly affect patient well-being, the process of healing, and the overall quality of patient health. Hence, it is crucial to understand the correlation between the spiritual well-being of nurses and their competency in delivering spiritual care. This study aimed to investigate the correlation between the spiritual well-being of nurses in Indonesia and their competency in delivering spiritual care to patients.

## METHOD

This study employed a non-experimental correlational quantitative research design, utilizing a cross-sectional technique, measuring the correlation between nurses' spiritual well-being and spiritual care competence. The population involved 668,260 currently employed nurses in Indonesia (Kemenkes RI, 2023). A sample of 348 nurses was selected using the accidental sampling technique, with inclusion criteria that included Indonesian registered nurses working in a clinical setting around Indonesia. The data was collected using three instruments: a demographic questionnaire, the spiritual well-being

scale, and the spiritual care competence scale.

The Spiritual Well-Being Scale (SWBS) instrument has been extensively utilized in spirituality research (Chaiviboontham et al., 2016; Tavel et al., 2022). The SWBS questionnaire was initially created by Paloutzian and Ellison in 1983. The SWBS measurement has been extensively utilized in numerous studies, especially within the health sector (Salman & Lee, 2019; You & Yoo, 2016). The Spiritual Well-Being Scale (SWBS) includes 20 items divided into two subscales: religious well-being (RWB) and existential well-being (EWB). The EWB subscale evaluates an individual's sense of purpose and overall satisfaction with life. The RWB subscale evaluates an individual's relationship with God (Chaiviboontham et al., 2016). The SWBS scale employs a 6-point Likert scale, where higher values indicate increased well-being, and has been validated in Indonesian (Paloutzian & Ellison, 2021).

This study utilized the Spiritual Care Competency Scale (SCCS), developed by Van Leeuwen (2009), to assess nurses' spiritual competence. The SCCS has been subjected to validity and reliability assessments; however, it remains in its original language, English, and was developed within the framework of health education in the Netherlands. The SCCS has been utilized in multiple studies to assess spiritual care competency among nursing research samples (Asgari et al., 2022; Machul et al., 2022). This instrument comprises 27 questions categorized into six domains: assessment and implementation of spiritual care, professionalism and enhancement of spiritual service quality, self-support and patient counseling, referrals, attitudes towards patient spirituality, and communication. A Likert scale ranging from 1 to 5, where 1 indicates strong disagreement and 5 indicates strong agreement, is utilized, with the total mean score calculated accordingly. A higher score indicates higher spiritual care competency. The instrument was translated into Indonesian through forward and backward translation conducted by at least two individuals proficient in English. The questionnaire has undergone testing for both validity and reliability. The validity test indicates that the calculated  $r$  value ranges from 0.325 to 0.795. The reliability test results indicate a Cronbach's alpha value of 0.942, demonstrating the questionnaire's reliability.

The data collection occurred following ethical clearance from the Institutional Review Board (IRB) no. 041/KEPFON/I/2024), utilizing Survey Monkey™ from March to April 2024, and leveraging social media and professional networks for questionnaire distribution. The study information and informed consent were presented at the beginning of the survey, allowing those who agreed to participate to proceed with the questionnaire. The survey will automatically close for individuals who choose not to participate. The data were then examined using SPSS, using the Spearman Rank test to investigate the correlation between spirituality and spiritual competence among nurses.

## RESULTS

**Table 1.** Demographic characteristics of respondents (n=348)

Characteristics	Respondents	Frequency	Percentage (%)
Gender	Male	100	28.7
	Female	248	71.3
Age	20-25 years old	116	33.3
	25-30 years old	180	51.7
	30-35 years old	24	6.9
	35-40 years old	14	4
	40-45 years old	10	2.9
	45> years old	4	1.1
Religion	Christian	216	62.1
	Catholic	26	7.5
	Moslem	95	27.3
	Hindu	4	1.1
	Buddhist	7	2
Last Education	Associate Degree in Nursing	52	14.9
	Bachelor's Degree in Nursing	31	8.9
	Bachelor's Degree in Nursing + RN	264	75.9
	Master's Degree in Nursing	1	0.3
Working Experience	1 - 5 years	269	77.3
	6 - 10 years	44	12.6
	11 - 15 years	21	6
	16 - 20 years	4	1.1
	21 - 25 years	7	2
	26 - 30 years	3	0.9
Workplace Location	North Sumatra	50	14.4
	South Sumatra	5	1.4
	West Sumatra	12	3.4
	Bengkulu	6	1.7
	Riau	4	1.1
	Riau islands	3	0.9
	Jambi	7	2
	Lampung	11	3.2
	Bangka Belitung	12	3.4
	Banten	36	10.3
	Special Capital Region of Jakarta	37	10.6
	West Java	14	4
	Central Java	8	2.3
	East Java	20	5.7
	Special Region of Yogyakarta	13	3.7
	Bali	13	3.7
	West Kalimantan	5	1.4
	South Kalimantan	6	1.7
	Central Kalimantan	6	1.7
	East Kalimantan	5	1.4
	North Kalimantan	3	0.9
	East Nusa Tenggara	8	2.3
	West Nusa Tenggara	2	0.6
	Gorontalo	4	1.1
	West Sulawesi	4	1.1
	South Sulawesi	3	0.9
	Central Sulawesi	4	1.1
	Southeast Sulawesi	5	1.4
	North Sulawesi	4	1.1
	North Maluku	6	1.7
	Maluku	19	5.5
	Papua	4	1.1
	West Papua	2	0.6
	Southwest Papua	1	0.3
	Highland Papua	2	0.6
	South Papua	3	0.9
	Central Papua	1	0.3
Work Setting	Hospital	314	90.2

Characteristics	Respondents	Frequency	Percentage (%)
	Community Health Center	24	6.9
	Clinic	7	2
	Others	3	0.9
Working Unit	Outpatient Unit	41	11.8
	Adult Inpatient Unit	127	36.5
	Pediatric Inpatient Unit	15	4.3
	Emergency Room (ER)	39	11.2
	Intensive Care Unit (ICU/ICCU/HCU)	55	15.8
	Special Service Unit (Operating Theatre/Hemodialysis Unit/Stroke Unit)	25	7.2
	Others	46	13.2
Spiritual Care Training	Yes	175	50.3
	No	173	49.7
Spiritual Care SOP in Hospital	Available	261	75
	Not Available	87	25

\*SOP = Standard Operational Procedure

The demographic data revealed that 51.7% of the respondents fell between the age range of 25-30 years old, with females comprising the majority at 71.3% and a significant majority of 62.1% identified as Christian. As many as 77.3% respondents had a working

experience ranging from 1 to 5 years, and 90.2% of them were employed in hospitals and 50.3% of the participants had undergone spiritual care training, and 75% of the hospitals had implemented a Standardized Operating Procedure (SOP) for spiritual care.

**Table 2.** *Spiritual Well Being Scale (SWBS)*

SWBS	Means Score	SD
I don't find much satisfaction in private prayer with God	4.78	0.94
I believe that God loves me and cares about me	4.91	1.23
I believe that God is impersonal and not interested in my daily situations	4.93	0.92
I have a personally meaningful relationship with God	4.77	1.22
I don't get much personal strength and support from my God	5.02	1.04
I believe that God is concerned about my problems	4.86	1.27
I don't have a personally satisfying relationship with God	4.94	0.95
My relationship with God helps me not to feel lonely	4.77	1.24
I feel most fulfilled when I'm in close communion with God	4.60	1.24
My relationship with God contributes to my sense of well-being	4.62	1.31
<b>Religious:</b>	<b>4.82</b>	<b>1.13</b>
I don't know who I am, where I came from, or where I'm going	5.15	0.99
I feel that life is a positive experience	5.11	1.15
I feel unsettled about my future	5.06	0.99
I feel very fulfilled and satisfied with life	4.28	1.26
I feel a sense of well-being about the direction my life is headed in	4.32	1.18
I don't enjoy much about life	4.79	0.83
I feel good about my future	4.48	1.29
I feel that life is full of conflict and unhappiness	4.69	1.04
Life doesn't have much meaning	4.82	0.98
I believe there is some real purpose for my life	5.04	1.14
<b>Existential:</b>	<b>4.77</b>	<b>1.08</b>

According to Table 2, nurses exhibited differences in their perspectives on their connection with God and the significance of life. The average score for the religious aspect was 4.82 (SD = 1.13), whereas the average score for the existential aspect was 4.77 (SD = 1.08). The statement about self-doubt and future obtained the

greatest score in the spiritual well-being evaluation, with a mean score of 5.15 (SD = 0.99). On the other hand, the statement about feeling very content and satisfied with life had the lowest score, with a mean of 4.28 (SD = 1.26). The results showed that the participants' spiritual well-being can be considered.

**Tabel. 3** *Spiritual Care Competence Scale (SCCS)*

SCCS	Means Score	SD
I can report orally and/or in writing on a patient's spiritual needs	3.9	0.75
I can tailor care to a patient's spiritual needs/problems in consultation with the patient	3.84	0.72
I can tailor care to a patient's spiritual needs/problems through multidisciplinary consultation	3.68	0.69
I can record the nursing component of a patient's spiritual care in the nursing plan	3.89	0.64
I can report in writing on a patient's spiritual functioning	3.86	0.61
I can report orally on a patient's spiritual functioning	3.87	0.59
<b>Assessment and implementation of spiritual care:</b>	<b>3.8</b>	<b>0.7</b>
Within the nursing ward, I can contribute to quality assurance in the area of spiritual care	3.63	0.66
Within the nursing ward, I can contribute to professional development in the area of spiritual care	3.7	0.67
Within the nursing ward, I can identify problems relating to spiritual care in peer discussion sessions	3.69	0.65
I can coach other care workers in the area of spiritual care delivery to patients	3.34	0.8
I can make policy recommendations on aspects of spiritual care to the management of the nursing ward	3.56	0.72
I can implement a spiritual-care improvement project in the nursing ward	3.76	0.73
I can provide a patient with spiritual care	3.96	0.63
I can evaluate the spiritual care that I have provided in consultation with the patient and in the disciplinary/multi-disciplinary team	3.81	0.75
I can give a patient information about spiritual facilities within the care institution (including spiritual care, meditation centre, religious services)	3.98	0.66
I can help a patient continue his or her daily spiritual practices (including providing opportunities for rituals, prayer, meditation, reading the Bible/Koran, listening to music)	4.04	0.62
I can attend to a patient's spirituality during the daily care (e.g. physical care)	3.95	0.5
I can refer members of a patient's family to a spiritual advisor/pastor, etc. if they ask me and/or if they express spiritual needs	3.76	0.63
<b>Professionalization and improving The quality of spiritual care:</b>	<b>3.8</b>	<b>0.7</b>
I can effectively assign care for a patient's spiritual needs to another care provider/care worker/care discipline	3.58	0.72
At the request of a patient with spiritual needs, I can,	3.77	0.64

SCCS	Means Score	SD
in a timely and effective manner, refer him or her to another care worker (e.g., a chaplain/the patient's own priest/imam)		
I know when I should consult a spiritual advisor concerning a patient's spiritual care	3.78	0.68
<b>Referral:</b>	<b>3.7</b>	<b>0.7</b>
I show unprejudiced respect for a patient's spiritual/religious beliefs regardless of his or her spiritual/religious background	4.01	0.62
I am open to a patient's spiritual/religious beliefs, even if they differ from my own	4.18	0.6
I do not try to impose my own spiritual/religious beliefs on a patient	4.26	0.58
I am aware of my personal limitations when dealing with a patient's spiritual/religious beliefs	4.05	0.64
<b>Attitude towards patient spirituality:</b>	<b>4.1</b>	<b>0.6</b>
I can listen actively to a patient's 'life story' in relation to his or her illness/handicap	4.12	0.6
I have an accepting attitude in my dealings with a patient (concerned, sympathetic, inspiring trust and confidence, empathetic, genuine, sensitive, sincere, and personal)	4.24	0.57
<b>Communication:</b>	<b>4.2</b>	<b>0.6</b>

Table 3 demonstrated that there was variability among nurses in their capability to deliver spiritual care to patients. The mean score for spiritual care assessment and implementation was 3.8 (SD = 0.7), for professionalization and quality improvement of spiritual care was 3.8 (SD = 0.7), for referral was 3.7 (SD = 0.7), for attitude towards patient spirituality was 4.1 (SD = 0.6), and for communication was 4.2 (SD = 0.6). The aspect of nurses' spiritual

care competence that received the highest score in the assessment was their ability to inform patients about spiritual resources available in healthcare institutions, with an average score of 3.98 (SD = 0.66). On the other hand, the aspect that received the lowest score was their ability to guide colleagues in providing spiritual care to patients, with an average score of 3.34 (SD = 0.8).

**Table 4.** Spearman's rank correlation

	SWBS*	SCCS*
SWBS	Correlation Coefficient	1.000
	Sig. (2-tailed)	.214***
	N	348
SCCS	Correlation Coefficient	1.000
	Sig. (2-tailed)	<.001
	N	348

\*SWBS: *Spiritual Well-Being Scale*

\*\*SCCS: *Spiritual Care Competency Scale*

\*\*Correlation is significant at the 0.01 level (2-tailed)

The Spearman's rho test in Table 4 revealed that the Spiritual Well-Being Scale (SWBS) showed a small but statistically significant positive correlation with the Spiritual Care Competency Scale (SCCS) ( $r = .214$ ,  $p < .001$ ), indicating that higher spiritual well-being is modestly associated with greater competence in providing spiritual care.

## DISCUSSIONS

This study discovered a noteworthy correlation between spiritual well-being and spiritual care competence ( $p$ -value  $< 0.001$ ). This aligns with the research conducted by Heidari et al. (2022) regarding the correlation between spiritual well-being and spiritual care competency among nurses employed in hospital settings. The results of this study indicated that nurses who had a higher level of spiritual well-being were more proficient in delivering spiritual care. Furthermore, a strong degree of well-being had a substantial impact on their ability to provide spiritual care ( $p$ -value  $< 0.001$ ). Similarly, research conducted by Azarsa et al. (2015) stated that spiritual well-being and a positive attitude towards spiritual care were closely related to nurses' competence in providing spiritual care. The findings of this study indicated a strong correlation between high levels of spiritual well-being and high levels of competence in providing spiritual care among nurses working in critical care units. The statistical analysis revealed a significant association ( $p$ -value  $< 0.005$ ) between these two variables. Meanwhile, Parveen et al. (2021) conducted a study in Faisalabad, Saudi Arabia during the third wave of the COVID-19 epidemic. Their research revealed that spiritual well-being played a crucial part in ensuring nurses' ability to provide effective spiritual care. The findings indicated a positive correlation between elevated spiritual well-being and enhanced proficiency in delivering spiritual care among 60% of nurses during the epidemic. In line with this, a study conducted in Poland revealed that nurses with a strong sense of spiritual well-being demonstrated a higher degree of skill in providing spiritual care. This study also emphasized the significance of nurses' spiritual well-being in enhancing their competence. Similarly, Alshehry (2018) found that expatriate nurses employed in Saudi Arabia who possessed high levels of spirituality demonstrated good spiritual care competencies.

Multiple studies have demonstrated that the delivery of spiritual care is impacted by spiritual well-being. In this study, the religious aspect had the highest mean score of 48.20 ( $SD=7.3$ ). Research conducted by Akbayram & Keten (2024) also emphasized that religious beliefs and participation in religious activities had a significant impact on one's spiritual well-being. A correlation was seen between engagement in religious activities and higher levels of spiritual well-being, as evidenced by an average score of 4.5 ( $SD = 0.6$ ). A study reported that participating in religious activities, particularly being part of religious groups, can have a beneficial impact on mental and physical well-being by managing health-related behaviors. (Koh, 2018). Additionally, the study demonstrated that involvement in religious groups positively impacted both mental and physical health, as evidenced by an

average mental well-being score of 4.3 ( $SD = 0.7$ ) and a physical well-being score of 4.2 ( $SD = 0.8$ ). Moreover, another study emphasized the significance of including religious aspects in the healthcare setting. They disclosed that acknowledging and integrating religious aspects in healthcare can enhance patient well-being, particularly regarding emotional and psychological support (Idler et al., 2023). This study supported the current finding that religious aspects of spiritual well-being had the greatest influence on the provision of spiritual care. Within the scope of our research, the religious aspects exhibited the highest average score, with a mean of 96 ( $SD = 13.30$ ) for spiritual well-being and 104.21 ( $SD = 10.95$ ) for spiritual care competence.

Another aspect of spiritual well-being is the existential aspect, which in this study had a mean score of 47.74 ( $SD = 6.60$ ). A study discovered that existential factors had a crucial role in influencing positive mental attitudes and fostering high optimism in individuals (Bezerra et al., 2018). This implies that contemplating the meaning of life, interpersonal connections, and our existence as individuals profoundly influences one's total spiritual welfare. Spirituality and existential well-being were identified as fundamental components of the health dimension of quality of life (Ownsworth & Nash, 2015). Furthermore, a study demonstrated that existential elements were strongly and positively associated with the degree of life satisfaction (Ulliya & Nurmenasari, 2022). This suggests that self-acceptance, the pursuit of meaning, and personal development play crucial roles in attaining holistic well-being. Hence, this research showed that existential factors had an impact on the well-being of nurses when delivering spiritual care to patients.

The study's findings indicated a strong association between nurses' spiritual well-being and their ability to give spiritual care, as evidenced by a significant  $P$ -value of 0.001. However, the study revealed a weak positive correlation based on the correlation coefficient. Multiple factors may impact the spiritual well-being of nurses when delivering proficient spiritual care. The study conducted by Han et al. (2023) revealed that several elements, such as social support, professional training, and nursing self-confidence, can have an impact. They found that nurses who got robust social support and comprehensive professional training demonstrate greater competency in providing spiritual care. Furthermore, a strong sense of self-confidence also plays a pivotal part in enhancing nurses' competency in this domain. There are other elements that impact the nurses' competence in delivering spiritual care to patients, including ethnicity, religion, level of education, and clinical experience (Anshasi et al., 2024).

This study has significant practical value for Indonesian nursing by illustrating that enhanced spiritual well-being correlates with improved ability in delivering spiritual care, a fundamental aspect of holistic, patient-centered care. Comparable results from a cross-sectional survey in Indonesia ( $r = .235$ ,  $p < .001$ ) indicated that nurses' favorable perceptions of spirituality were associated with increased frequency of spiritual care practices in clinical

environments, highlighting a quantifiable advantage to patient well-being when nurses' personal spirituality is cultivated (Baguna et al., 2024). This indicates that for nurses in Indonesia, promoting spiritual well-being—via training, reflective practice, and supportive work environments—can directly improve their capacity to address patients' spiritual needs. Ultimately, the comprehensive integration of spiritual care into education, electronic medical records, and hospital policy can enhance this competency, hence boosting nurse satisfaction and patient outcomes.

## CONCLUSIONS

The study revealed that the majority of respondents were young female nurses, predominantly Christian, with limited work experience (1–5 years) and primarily employed in hospital settings. Spiritual well-being among nurses was relatively high, with the religious dimension slightly exceeding the existential dimension, indicating a strong sense of connection with God and purpose in life. However, feelings of life satisfaction scored lowest, suggesting areas for improvement in overall well-being. Spiritual care competence was moderate, with the highest scores in communication and attitude toward patient spirituality, reflecting openness and respect for diverse beliefs. Conversely, the ability to coach colleagues and contribute to policy development scored lowest, highlighting gaps in professionalization and leadership in spiritual care.

A small but significant positive correlation between spiritual well-being and spiritual care competence ( $r = .214$ ,  $p < .001$ ) suggests that nurses with higher spiritual well-being tend to demonstrate better competence in providing spiritual care. These findings underscore the importance of fostering both personal spiritual well-being and structured training to enhance nurses' ability to deliver holistic care.

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