

Original Article

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The relationship between nursing students' compassion competencies and perceptions of spirituality and spiritual care

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Abstract

Objectives. The present study was conducted to examine the relationship between nursing students' compassion competencies and their perceptions of spirituality and spiritual care.

Methods. The population of the study consisted of nursing students over the age of 18 years who were educated at the nursing faculty of a state university in Turkey between May and June 2022. The study was completed with 263 student nurses. The “Sociodemographic Characteristics Form,” “Compassion Competency Scale,” and “Spirituality and Spiritual Care Rating Scale” were used to collect the data. Frequencies, percentages, mean values, standard deviations, and Pearson Correlation Analysis were used to evaluate the data.

Results. The nursing students were found to have a high level of compassion competency (4.04 ± 0.57). It was also found that the students had moderate (54.76 ± 5.35) perceptions of spirituality and spiritual care. On the other hand, there was a moderate and positive relationship between the total mean scores of “Compassion Competency” and “Perceptions of Spirituality and Spiritual Care” ($p > 0.05$).

Significance of results. It was concluded that as nursing students' compassion competencies increased, their perceptions of spirituality and spiritual care also increased.

Introduction

Compassion (Bray et al. 2014), which is a core professional value in nursing education, is defined as a deep awareness and a strong desire to try to alleviate the suffering of others. Compassion is also a concept that preserves the dignity of care and shapes our approach to contact with the sick individual (Chochinov 2007). In the Merriam-Webster Dictionary, compassion is defined as “deep sympathy and sadness for someone who has suffered pain or misfortune and the desire to eliminate the causes of pain and suffering” (Merriam-Webster 2020). Compassion is an important concept that increases the quality of care and provides an understanding of the physical, mental, and emotional state of the patient (Boyle 2011).

Compassion is an important criterion in patient satisfaction and the therapeutic relationship established with patients (Dewar and Nolan 2013). Competence, on the other hand, is defined as “being competent; a special knowledge, ability, competence that provides the power to do a job” according to the Turkish Language Institution (TDK 2020). Using a hybrid model to define the concept of “compassion competence” in nurses, Lee and Seomun (2016) reported that competence is people's capacity to successfully fulfill the responsibilities expected from them within the norms of society. Also, professional competence is defined as theoretical knowledge, practical skills, communication, clinical reasoning, emotions, values, and the reflection of daily behaviors to practice (Lee and Seomun 2016). Similarly, nurses should provide qualified holistic care that includes knowledge, skills, attitudes, and emotional competence to reduce the pain and suffering of patients not just cognitive or psychomotor skills (Aydın and Kaşıkçı 2019).

Based on a holistic approach, the individual is an entity that has interrelated and dependent bio-psycho-social dimensions as well as spiritual dimensions. In this approach, the existence of the individual is possible by maintaining the integrity of physical, mental, emotional, and psychosocial dimensions and ensuring their continuity (Çelik et al. 2014). The importance of individuals' spiritual care needs has become evident with the adoption of a holistic approach to the provision of healthcare services. In this context, spirituality is defined as a dimension of the self that seeks a purpose in the inner world of the individual in the relationships with the environment and transcends time and space. Spirituality, which is constantly confused with religion, is a universal dimension of being human. Spiritual care, on the other hand, is a process of helping others develop their spirituality, especially in coping with stressful times. For centuries, nurses have recognized the importance of spirituality in promoting health by integrating spiritual care into nursing practice (Burkhart et al. 2019). Also, Florence Nightingale, who was the founder

of modern nursing in the 19th century, emphasized the importance of spiritual education and development in nursing education (Salmon et al. 2010).

Spiritual care and compassionate care are at the center of daily nursing practices for effective and ethical nursing care (Clarke 2013). These are core values that pass through nursing practice. Nurses have been calling for education to prepare their members for spiritual care for over 2 decades (Lewinson et al. 2015). The questions of how this education should be and what components are necessary for the development of spiritual care and compassion competence have not yet been answered. In this context, it is important to develop compassion competencies and perceptions of spirituality and spiritual care in nursing students. To do this, it is first necessary to determine the current situation on the subject. When the literature (Çetintaş et al. 2021; Wu et al. 2012) was reviewed, it was found that nursing students' perceptions of spirituality and spiritual care were evaluated in some studies. There are also some studies conducted on the compassion efficacy of nursing students (Alquwez et al. 2021; Edoho Samson-Akpan et al. 2022). However, no study was detected examining the relationship between compassion competency and spirituality and spiritual care. Nurses who spend the longest time with patients have important roles such as accelerating recovery and creating a positive environment in care areas. It is important to determine the relationship between nursing students' compassion competencies and spiritual care perceptions to increase patient satisfaction levels and to ensure patient comfort with compassionate spiritual care practices that can be used as a quality indicator.

Material and method

Purpose of the study

The present study was conducted to examine the relationship between nursing students' compassion competencies and their perceptions of spirituality and spiritual care.

Type of the study

The study had a descriptive design.

Study questions

- What is the level of compassion competence of nursing students?
- How are nursing students' perceptions of spirituality and spiritual care?
- Is there a relationship between nursing students' compassion competencies and their perceptions of spirituality and spiritual care?

The place and time of the study

The study was conducted in the nursing faculty of a state university in Turkey between May 1 and June 31, 2022.

The population and sample of the study

The population of the study consisted of nursing students over the age of 18 years who were educated in the 2021–2022 academic year of the relevant faculty, who met the inclusion criteria, and who agreed to participate in the study. A total of 263 student nurses who met the study criteria (the sample number calculated with a

5% acceptable margin of error and 95% confidence interval from a population of 800 people was 260) constituted the sample of the study.

Inclusion criteria of the study

- Being over the age of 18 years
- Studying at the faculty in the 2021–2022 academic year
- Being in 2nd, 3rd, and 4th grades
- Not being absent at the time of data collection

Data collection tools

The “Sociodemographic Characteristics Form,” “Compassion Competency Scale,” and “Spirituality and Spiritual Care Rating Scale” were used to collect the study data.

Sociodemographic Characteristics Form

In this form that was created by the researchers, there were questions about the sociodemographic characteristics of the students (i.e., age, gender, economic status, family type, etc.).

Compassion Competency Scale

The Turkish validity and reliability of the “Compassion Competency Scale,” which was developed by Lee and Seomun in 2016, was performed by Çiftçi and Aras in 2021 (Çiftçi and Aras 2022; Lee and Seomun 2016). The “Compassion Competency Scale” consisted of 3 subdimensions, namely “Communication,” which expresses the understanding and compassion toward patients and their families; “Sensitivity,” which refers to the ability to notice through careful observation and react to changes in patients' emotions, and “Insight,” which expresses the ability to understand patients clearly and fulfill their needs and conditions comprehensively based on professional knowledge (Çiftçi and Aras 2022; Lee and Seomun 2016). The scale is interpreted by calculating the mean scores of the items. The highest score that can be obtained from the scale is 5 and the lowest score is 1. As the score increases, the level of compassion competency increases (Çiftçi and Aras 2022). When the Cronbach's alpha coefficients showing the internal consistency of the scale were examined, they varied between 0.639 and 0.795 (Çiftçi and Aras 2022). In this study, the Cronbach's alpha coefficients of the compassion competency and its subdimensions were found to be between 0.611 and 0.784.

Spirituality and Spiritual Care Rating Scale

The scale was developed by McSherry et al. (2002), and its validity and reliability study for Turkey was performed by Ergül and Temel (2007). The scale has a 5-point Likert style and consists of 17 questions. The scoring of the items in the scale is made from 1 with the expression “I strongly disagree” to 5 with the expression “I strongly agree.” It consists of 3 subdimensions, Spirituality and Spiritual Care, Religiosity, and Individual Care. The highest score on the scale is 85 and the lowest score is 17. A high score indicates that the perception of spirituality and spiritual care is also high. In the study that was conducted by Ergül and Bayık, Cronbach's alpha coefficient was found to be 0.76 within the scope of internal consistency (Ergül and Temel 2007). In the present study, Cronbach's alpha coefficient of the Total Spirituality and Spiritual Care Assessment Scale was found to be 0.743.

Data collection

The data were collected by the researchers with the face-to-face method. There are 3 branches of each class in the faculty. After obtaining permission from the institution, the schedules of the students were reviewed. The place and time information of the lessons from the weekly curriculum of all 3 classes (2nd, 3rd, and 4th) were noted. Verbal permission was obtained from the responsible lecturer of the lesson. The researcher was present in the classroom 15 minutes before the start of the lesson. The students in the class were informed about the purpose of the study and the method of application. Verbal consent was obtained from the students who agreed to participate in the study. The data collection forms that included the “Sociodemographic Characteristics Form,” the “Compassion Competency Scale,” and the “Spirituality and Spiritual Care Rating Scale” were distributed to the students. The questions of the students who had questions were answered. The data collection took approximately 5–8 minutes. Then, the forms were collected back from the students who filled out them.

The evaluation of the data

Statistical analysis of the data was done in the SPSS package program, and the statistical significance level was taken as $p < 0.05$. The normality distributions of the “Compassion Competency Scale” and its subdimensions and the “Spirituality and Spiritual Care Rating Scale” subdimensions were examined. It was determined that the data were normally distributed. For this reason, statistical analyses were performed according to normal distribution measurements. In the study, descriptive statistical methods (i.e., mean, standard deviation, median, number, and percentage) were used in examining the distribution of students’ sociodemographic characteristics. Pearson correlation was used for relational inferences. Internal validity was evaluated with Cronbach’s alpha coefficient, and the normality distribution of the data was evaluated by using Kurtosis and Skewness coefficients.

The difficulties and limitations of the study

The limitations of the study were that it was conducted in only one institution, no comparison was made from different education programs, and it was limited to a certain date. The results cannot be generalized to nursing students studying at other institutions because the study was conducted in one single university.

Ethical principles

The Ethics Committee Approval (29.04.2022/2022-4-2) was obtained from X University Nursing Faculty Ethics Committee before starting the study. Also, institutional permission (E-80131151-000-2200155977) was obtained from the relevant faculty to conduct the study. The purpose and process of the study were explained to the student nurses who were included in the study, and their “Informed Consent” was obtained.

Results

The findings of the study that was conducted to examine the relationship between nursing students’ compassion competencies and their perceptions of spirituality and spiritual care are given below.

It was determined that 55.9% of the students were between the ages of 21 and 22 years, 62% were female, 38.8% were second

Table 1. Distribution of nursing students by sociodemographic characteristics

Features	Variables	N	%
Age	19–20	66	25.1
	21–22	147	55.9
	23 and above	50	19.0
Gender	Female	163	62.0
	Male	100	38.0
Class	2	102	38.8
	3	84	31.9
	4	77	29.3
Overall grade point average (OGPA)	2–250	21	8.0
	251–300	65	24.7
	301–350	118	44.9
	351–400	59	22.4
Income level	Income < Expense	68	25.9
	Income = Expense	171	65.0
	Income > Expense	24	9.1
Longest living place	Province	137	52.1
	District	72	27.4
	Village	54	20.5
Residential place	Homestay	54	20.5
	Dormitories	182	69.2
	Student home	27	10.3
Family structure	Nuclear family	225	85.6
	Extended family	38	14.4
Number of siblings	0	8	3
	1	66	25.1
	2–5	110	41.8
	5 and above	79	30
Willingness to come to the nursing profession	Yes	167	63.5
	No	96	36.5
The state of feeling of belonging to the profession	Yes	203	77.2
	No	60	22.8
Having friends from different cultures	Yes	220	83.7
	No	43	16.3
Efficiency from clinical practice	Yes	215	81.7
	No	48	18.3
Hearing status of student nurses association	Yes	220	83.7
	No	43	16.3
Status of being a member of the student nurses association	Yes	34	12.9
	No	229	87.1
Status of participating in social activities related to nursing	Yes	66	25.1
	No	197	74.9

(Continued)

Table 1. (Continued.)

Features	Variables	N	%
Participation in scientific activities related to nursing	Yes	125	47.5
	No	138	52.5
Resource for professional information needs	Lecturer	66	25.1
	Friend	28	1.6
	Nurse-physician	64	24.3
	Books	60	22.8
	Social media	45	17.1
Membership status of student clubs	Yes	49	18.6
	No	214	81.4

Table 2. Total and subdimension scores of nursing students Compassion Competency Scale and perceptions of Spirituality and Spiritual Care Scale

	$\bar{X} \pm SD$	Min	Max
Communication	3.98 ± 0.64	1.80	5
Susceptibility	4.14 ± 0.64	1.67	5
Insight	4.04 ± 0.65	1.67	5
Total CCS	4.04 ± 0.57	2	5
Toplam SSCS	54.76 ± 5.35	40	70

graders, and 44.9% had a Overall Grade Point Average (OGPA) between 3.01–3.50. It was determined that 65% of the students' income was equal to their expenses, 52.1% lived in cities, 69.2% stayed in dormitories, 85.6% lived in nuclear families, and 41.8% had siblings between 2 and 5. On the other hand, it was also determined that 63.5% of the students chose their profession voluntarily, 77.2% felt that they belonged to their profession, 83.7% had friends from different cultures, and 81.7% thought that they received efficient clinical practice. Also, 83.7% of the students heard about Student Nurses Association (OHDER), 12.9% were members of OHDER, 74.9% participated in social activities related to nursing, 52.5% participated in scientific activities, 25.1% met their professional knowledge needs from the faculty member, and 81.4% were members of student clubs (Table 1).

When the mean scores in compassion competency and the mean subdimension scores of nursing students were examined, it was found that the mean score was 3.98 ± 0.64 in "Communication," 4.14 ± 0.64 in "Sensitivity," 4.04 ± 0.65 in "Insight," and 4.04 ± 0.57 in "Compassion Competency Scale." It was also found that the mean score of nursing students' perception of spirituality and spiritual care was 54.76 ± 5.35 (Table 2).

When the correlation analysis results of the relationship between the "Compassion Competency Scale and its Subdimensions" and the "Spirituality and Spiritual Care Perceptions Scale" of the nursing students were reviewed, it was found that there was a positive and significant relationship between "Compassion Competency Scale" and its subdimensions ($p < 0.05$). It was also found that there was a significant and positive correlation between the mean score of the "Compassion Competency Scale" and its subdimensions and the mean score of the "Spirituality and Spiritual Care Perceptions Scale" ($p < 0.05$) (Table 3).

Discussion

In this study, which was conducted to investigate the relationship between nursing students' compassion competencies and their perceptions of spirituality and spiritual care, it was determined that nursing students had a high level of compassion competency. When the literature was reviewed, Samson-Akpan et al. (2019), Jun (2020), Alquwez et al. (2021), and Çiftçi and Aras conducted studies in 2021 and reported that nursing students' compassion competency was moderate. The reason why the results of this study were higher than the data in the literature can be that 62% of the participants were women, they chose the nursing profession voluntarily, and they felt they belonged to the profession. All these can be associated with altruism, which is an important value in the nursing profession as a value characterized by emotions such as compassion and empathy (Batson 2018).

In the present study, it was found that nursing students' perceptions of spirituality and spiritual care were moderate. When other studies conducted with student nurses were reviewed, the results were similar to the results of the study conducted by Bulut and Meral (2019) and Yilmaz and Gurler (2014). On the other hand, in the studies conducted by Lovanio and Ince with nursing students, it was reported that nursing students' perceptions of spirituality and spiritual care were higher (Çelik İnce and Utaş Akhan 2016; Lovanio and Wallace 2007). It can be considered that these differences between spirituality and spiritual care perception scores in the literature may be because of personality traits or the lack of adequate coverage of these concepts in nursing programs. Also, considering the distribution of their sociodemographic characteristics, it is thought that 74.9% of nursing students do not participate in social activities related to nursing, and this can be considered a factor.

In the present study, it was found that as nursing students' compassion competencies increased, their perceptions of spirituality and spiritual care also increased. Burnell (2009) identified common characteristics of compassionate care as a dimension of care, awareness of sympathy for other people's distress, sensitivity to the pain and vulnerability of others, suffering with another person, establishing a spiritual relationship with another person, trying to relieve and alleviate pain and suffering, and the display of virtues such as "love, joy, kindness, humility" (Burnell 2009). Compassion competency is a nurse's ability to provide patient-centered care and communicate with patients in a sensitive, understanding, and spiritual way. For this reason, the increase in the perception of spirituality and spiritual care as compassion competency increases is an important finding in terms of affecting the care that nursing students will provide in the future.

Conclusion and recommendations

As a result of the present study, which was conducted to examine the relationship between nursing students' compassion competencies and their perceptions of spirituality and spiritual care, it was concluded that as nursing students' compassion competencies increase, their perceptions of spirituality and spiritual care also increase. Nursing education must recognize the value of compassion competence and integrate educational arrangements to support its development into the relevant curricula. In particular, learning activities in clinical settings must be developed to strengthen compassionate behavior and control compassionless behavior. The compassion competencies of the students participating in the study and their sensitivity to the needs of the patients

Table 3. Correlation analysis results of nurses' Compassion Adequacy Scale, Spirituality and Spiritual Care Perceptions Scale, and its subdimensions

	Communication	Insight	Susceptibility	Compassion adequacy	Spirituality and perception of spiritual care	
Communication	<i>r</i>	1				
	<i>p</i>					
Insight	<i>r</i>	0.699**	1			
	<i>p</i>	0.000				
Susceptibility	<i>r</i>	0.667**	0.699**	1		
	<i>p</i>	0.000	0.000			
Compassion adequacy	<i>r</i>	0.925**	0.876**	0.857**	1	
	<i>p</i>	0.000	0.000	0.000		
Spirituality and Perception of Spiritual Care	<i>r</i>	0.296**	0.292**	0.212**	0.305**	1
	<i>p</i>	0.000	0.000	0.001	0.000	

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

were at a high level. For this reason, emphasizing and developing sensitivity, effective communication skills, and insights, which are important dimensions of compassion competence, can improve the quality of nursing care. On the other hand, the perception of spirituality and spiritual care of the students who participated in the study was moderate. The patient should encourage and support spiritual care at the bedside, in the meeting room, and in staff relations. It is recommended that this study be repeated in a multicenter design to cover different universities and with a larger sample.

Clinical practice

Nurses are expected to provide compassionate spiritual care (ICN 2021), but nurses continue to report that they feel unprepared for this aspect of the international practice (Jones et al. 2021). Several factors could explain this lack of readiness. These are the lack of knowledge of how to understand "spiritual" and "spiritual care," the lack of compassionate spiritual care competencies, and the lack of supportive evidence-based educational resources to prepare nurses for the practice of compassionate spiritual care. For this reason, it is recommended to conduct training on compassion competency, spirituality, and spiritual care and conduct future studies for evidence-based practices, especially in undergraduate education.

The findings of this study support the claim of Lee and Seomun (2016) that nurses' sensitive behaviors consist of being able to adapt, focusing on the patient, their family, and relatives, spending quality time with patients, and caring sincerely (Lee and Seomun 2016). In their study, Kim and Choi (2015) emphasized the importance of developing an intervention program for nursing students to strengthen their spiritual care competence. Sensitivity skills such as dealing closely with patients and observing patients must be developed in nursing students. Nursing students must be able to respond appropriately to the needs of patients promptly, actively listen to patients, and be willing to make emergency plans to help patients with their future problems.

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was written by B.Ç. and A.D. Critical revisions for important intellectual content were performed by A.D. All listed authors meet the authorship criteria and that all authors are in the agreement with the content of the manuscript.

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