



Examining the relation between spiritual care and job satisfaction in nurses- An empirical study

Hemşirelerde manevi bakım ile iş memnuniyeti arasındaki ilişkinin incelenmesi- Ampirik bir araştırma

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ABSTRACT

Spirit is very popular in the medical science and nursing. World Health Organization states spirituality as the fourth primary dimension of health, where physical, mental, and social dimensions are the other three. The aim of this study is examining the relation and correlation between spiritual care and job satisfaction in nurses, and the determinants in this relation by Minnesota Job Satisfaction Scale and Spiritual Support Perception Scale. Hayes' process model is used for the examinations. Income and working department appeared as determinants for both scales. Working duration and working department are found as the determinants of the correlation between two scales.

ÖZ

Maneviyat, tıp biliminde ve hemşirelik hizmetlerinde oldukça önemlidir. Dünya Sağlık Örgütü, maneviyatı sağlığın dördüncü birincil boyutu olarak belirtirken, fiziksel, zihinsel ve sosyal boyutların diğer üçü olduğu belirtilmiştir. Bu çalışmanın amacı hemşirelerde manevi bakım ve iş doyumu arasındaki korelasyonu ve bu korelasyondaki belirleyicileri Minnesota İş Doymu Ölçeği ve Manevi Destek Algısı Ölçeği ile incelemektir. İncelemeler için Hayes'in süreç modeli kullanılmıştır. Gelir ve çalışma bölümü her iki ölçek için de belirleyici olmuştur. Çalışma süresi ve çalışılan bölüm, iki ölçek arasındaki ilişkinin belirleyicileri olarak bulunmuştur.

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INTRODUCTION

Spirit is a multidirectional meaning search that affects a person's inner consciousness and motivation. Covering the whole aspects of the life of a person from birth to the end of life, spirit becomes stronger with the important and dramatic events such as birth, chronic diseases, losing an important relative etc. (1). It is an abstract inner dimension motivating an individual to interact with his environment. Besides, it is the power that forces the individual to seek meaning and aim, and to establish positive and trustworthy contacts with others (2).

Spirituality and spiritual care have been popular in the medical science and nursing, as in many disciplines. In the health definition of World Health Organization (WHO), spirituality is stated as the fourth primary dimension of health, where physical, mental and social dimensions are the three others (3).

In the literature, a centuries-old relationship has been stated between spirituality and medicine, in addition,

suggestions about medicine's being a spiritual discipline is also available (4). The positive effects of spirituality over patients have been largely studied in the literature and findings show that it has supported the psychosocial adaptation on patients having mortal diseases, in which, improvements in physical symptoms and, increase in life quality have been observed (5-7).

Nurses, playing a key role in healthcare, confront emergencies, pain, grief and death while providing healthcare to the patients with very limited chance of recovery (8). In many cases, in terms of medical solutions and therapies, experienced healthcare professionals can offer very little (4). For this reason, the importance of spirituality and the spiritual dimension of health care should not be overlooked (9). Under these circumstances, spiritual dimension can be a part of nursing patient care (10). Peace and prosperity of the nurses may be a protective factor from overload, burnout, and stress in providing the qualified care in nursing practice (11).



In the systematic review of Niskala et.al. (12) about the types and effectiveness of methods to increase job satisfaction in nurses, it has been seen that the spiritual intelligence improving protocol and professional identity development program is very effective in increasing job satisfaction. Spirit and spiritual feelings are one out of the three factors that Atefi et al. (13) have examined in their study about the factors affecting job satisfaction of nurses. That is caused from the need of having a meaningful experience other than competence of profession (14). Another factor in the study of Atefi et al. (13) is working environment. The last factor of three is the motivation. The main responsibility of the nurses, patient care, affects their job satisfaction and contributes to their spirituality (15).

The studies examining the psychosocial aspects of pandemics show that women and nurses are affected more than the other professions (15). In such studies, findings show that religious values and faiths are important factor of resistance in handling stress in pandemics (16).

Spiritual care is becoming more important in the pandemic era (SARS, MERS-CoV, Covid-19), where nurses take role in the front lines tackling with the pandemic conditions. It is important to examine the methods that nurses use to protect their mental health (17).

Drawing from the literature summarized, it is seen that spirituality and spiritual care is a considerable power in healing process and nursing care. The aim of this study is examining the relation and correlation between spiritual care and job satisfaction in nurses, and the determinants in this relation, which is a missing point in the spiritual care studies in the literature.

MATERIALS-METHODS

This study is ethically approved by the Lokman Hekim University non-invasive Ethical Committee on 25th December 2019 with the 2019/16-1 document. In the first part of the questionnaire, participants are informed that no private information about the participants' identity is asked, and they give consent to the usage of the data which they provide in scientific research, by filling the questionnaire. This research was carried out in a private hospital in Ankara. A purposeful sampling method was used. Three hundred data collection forms were distributed by the researchers to the nurses who volunteered to participate in the study. After excluding 78 forms, which were left blank or filled incompletely/incorrectly, the final sample was found be 222 nurses.

Turkish version of Minnesota job satisfaction scale (MSJS) and spiritual support perception scale (SSPS)

are used together to capture data, whose details are going to be given in below sections. Participants are supposed to express their answers with 5-point Likert scale, ranging from 1, strongly disagree, to 5, strongly agree.

Minnesota Job Satisfaction Scale (MJSS): MJSS is introduced by Weiss et. al. (18). Turkish adaptation is provided by Baycan (19). MJSS is composed of 20 items, where 12 items construct internal satisfaction and remaining 8 items construct external satisfaction. The result of MJSS changes between 20 and 100, where minimum value of an item is 1 and maximum value of an item is 5.

Spiritual Support Perception Scale (SSPS): SSPS is introduced by Kavas and Kavas (20). It is used to evaluate the perceptions of spirituality and spiritual care of the nurses. The resulting score changes between 16 and 80. The higher the score, the higher the Perception of Spiritual Support is. Perception of Spiritual Support is interpreted as 16-20 (Low) , 20-40 (Medium), < 60 (High). SSPS is composed of 16 items.

Analysis

The internal consistencies of the scales are measured by Cronbach's Alpha coefficient by means of Statistical Package for the Social Sciences (SPSS). The independent variables of the study are sex, marital status, age, education, working department, working duration and income, which are considered as having the potential of effect on the correlation between job satisfaction and spiritual care perception.

The effect of these independent variables on both job satisfaction and spiritual perception separately (not on the correlation) is evaluated using SPSS, with the t test for two groups and ANOVA for the groups for more than 2, in which the distributions fit to normal distribution. When the distributions do not fit to normal distribution, Mann-Whitney U test is used for two groups and Kruskal Wallis test for the groups for more than 2.

The correlation between job satisfaction and spiritual perception is measured by SPSS again. The effect of the independent variables on this correlation is evaluated by moderating analysis using Hayes's PROCESS MACRO in SPSS (21).

The theoretical moderated mediation model of the study is given in Figure 1, which uses the model #1(or A) of Hayes & Rockwood (22). In Figure I, Spiritual Perception represents X, Job Satisfaction represents Y, and the independent variables represents W separately.

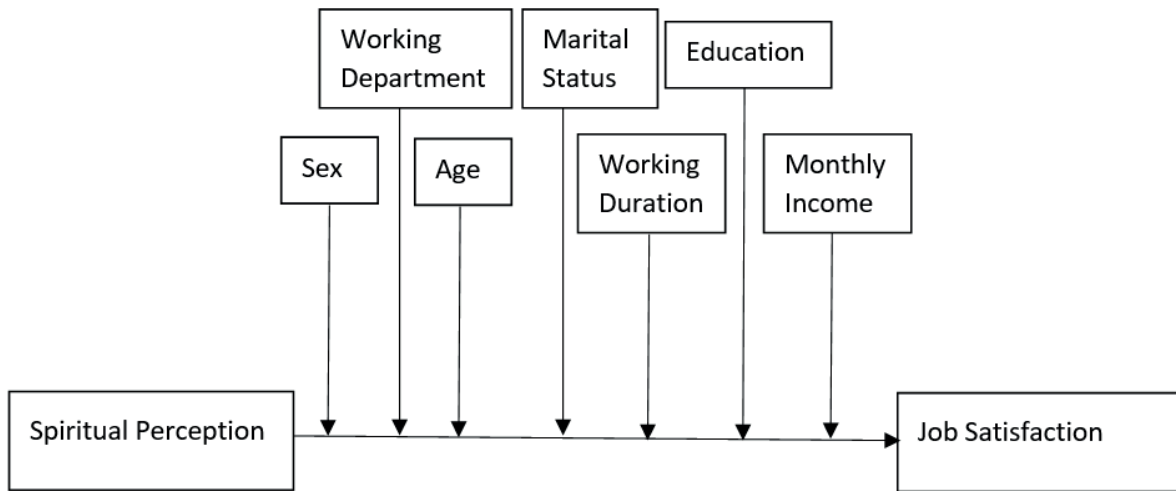


Figure 1. Theoretical moderated mediation model

RESULTS

The questionnaire, with 5-point Likert scale, is applied to the nurses working in a training and education hospital and 222 participants attended the study.

Descriptive statistics about the independent variables are given in Table 1. Majority of the participants are women (72.50%), single (59.50%), university educated (56.30%), working less than 5 years(52.70%), aged between 26-30 years old(50.00%), working in the internal medicine(32.00%) and have a monthly income between 2000-3000 TL.

Cronbach Alpha values for the internal consistencies are measured as 0.86 for spiritual perception items and 0.80 for job satisfaction items. For the internal job satisfaction items, this value is 0.78 whereas it is 0.55 for the external satisfaction.

The descriptive statistics about the job satisfaction (general, internal, and external differently) and spiritual perception is given in Table 2.

The findings point to average spiritual perception with the average of 54.65, and high job satisfaction with the average of 70.82.

None of the 7 independent variables fit normal distribution according to the goodness of fit Kolmogorov-Smirnov test. For this reason, non-parametric tests, Mann-Whitney U and Kruskal Wallis tests are used to measure the effect of these variables on the job satisfaction and spiritual perception. In Table 3 test results as P values are given.

Statistically significant P values are given as bold in Table 3. According to the test results, we have seen that monthly income has statistically significant difference in both scales with P<0.05. Working department has

statistically significant difference in job satisfaction with P<0.05, it has not statistically significant difference in spiritual perception with P<0.05 but it has statistically significant difference with P<0.1. Significant correlation is encountered with p=0.025 when Pearson test is applied to both scales.

Table 1. Descriptive statistics of the independent variables

Variable	Frequency (n)	Percentage (%)
Sex		
Women	161	72.50
Men	61	27.50
Marital Status		
Married	90	40.50
Single	132	59.50
Education		
High School	40	18.00
Before Science	52	23.40
University	125	56.30
Higher	5	2.30
Working duration		
1-5 years	117	52.70
6-10 years	57	25.70
11-15 years	33	14.90
16+ years	15	6.80
Age		
18-25	58	26.10
26-30	111	50.00
31-35	23	10.40
36-40	17	7.70
41+	13	5.90
Working Department		
Internal medicine	71	32.00
Surgical Medicine	56	25.20
Emergency	21	9.50
Operations	46	20.70
Intensive care	28	12.60
Monthly Income		
2000-3000 TL	102	45.90
3001-4000 TL	48	21.60
4001-5000 TL	50	22.50
5001+ TL	22	9.90

Table 2. Descriptive statistics of the job satisfaction

	Min	Max	Mean	Std. Dev.
Job Satisfaction(general)	31	93	70.82	12.13
Job Satisfaction(internal)	32	97	44.17	7.48
Job Satisfaction(external)	28	90	26.66	5.61
Spiritual Perception	22	88	54.65	10.02

Table 3. Statistics of the scales

	Job Satisfaction		Spiritual Perception	
	Mann- Whitney U	Kruskal Wallis	Mann- Whitney U	Kruskal Wallis
Sex	0.136		0.466	
Marital Status	0.074		0.163	
Education		0.703		0.280
Working duration		0.819		0.513
Age		0.474		0.776
Working Department		0.001		0.061
Monthly Income		0.002		0.040

The moderating analysis results, as P values, calculated using Hayes’s PROCESS MACRO is given in Figure 1. The statistically significant P values with $P < 0.05$ are given in bold. As seen in the figure 2, working duration and working department has statistically significant effect on the correlation.

The statistically significant variables are analyzed by moderation graphic to examine the way of effect on the correlation between job satisfaction and spiritual perception.

In Figure 3, the graphic, showing the way of effect according to working duration of the nurses, is given. For the working duration over 16 years, the slope is sharper.

That means, for the nurses working for more than 16 years (purple line), as the spiritual perception increases, job satisfaction sharply increases. The second sharper slope is countered with the nurses working between 6-10 years. Then comes the 11-15 years working nurses. In the 1-5 years nurses, the correlation disappears.

In Figure 4, the graphic showing the way of effect according to working department of the nurses is given. In the intensive care nurses, the slope is sharper. That means, for the nurses working in intensive care, as the spiritual perception increases, job satisfaction sharply increases. The second sharper slope is countered with the nurses working in emergency unit. Then comes the operations department nurses. Surgical nurses have

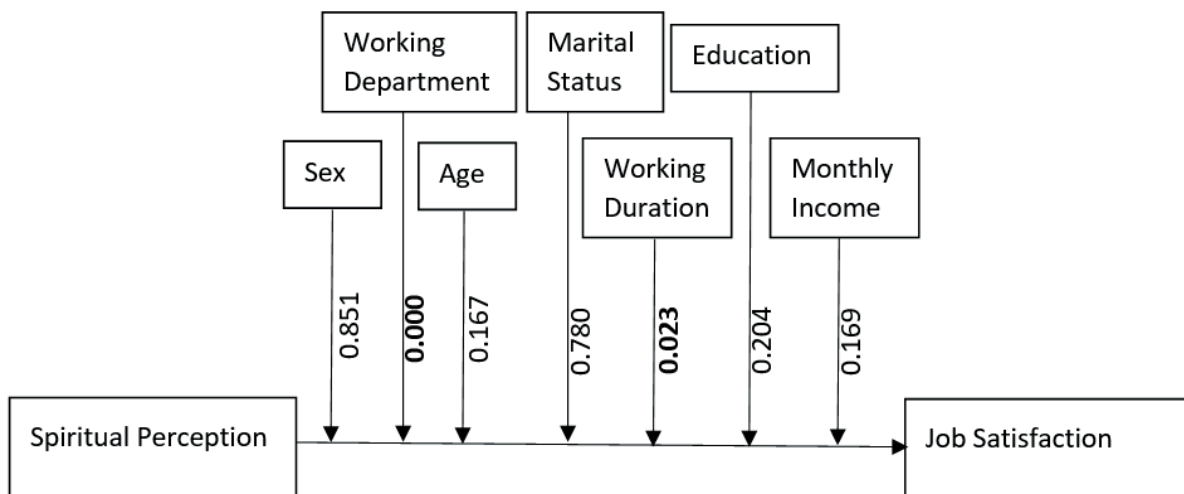


Figure 2. Moderated mediation results

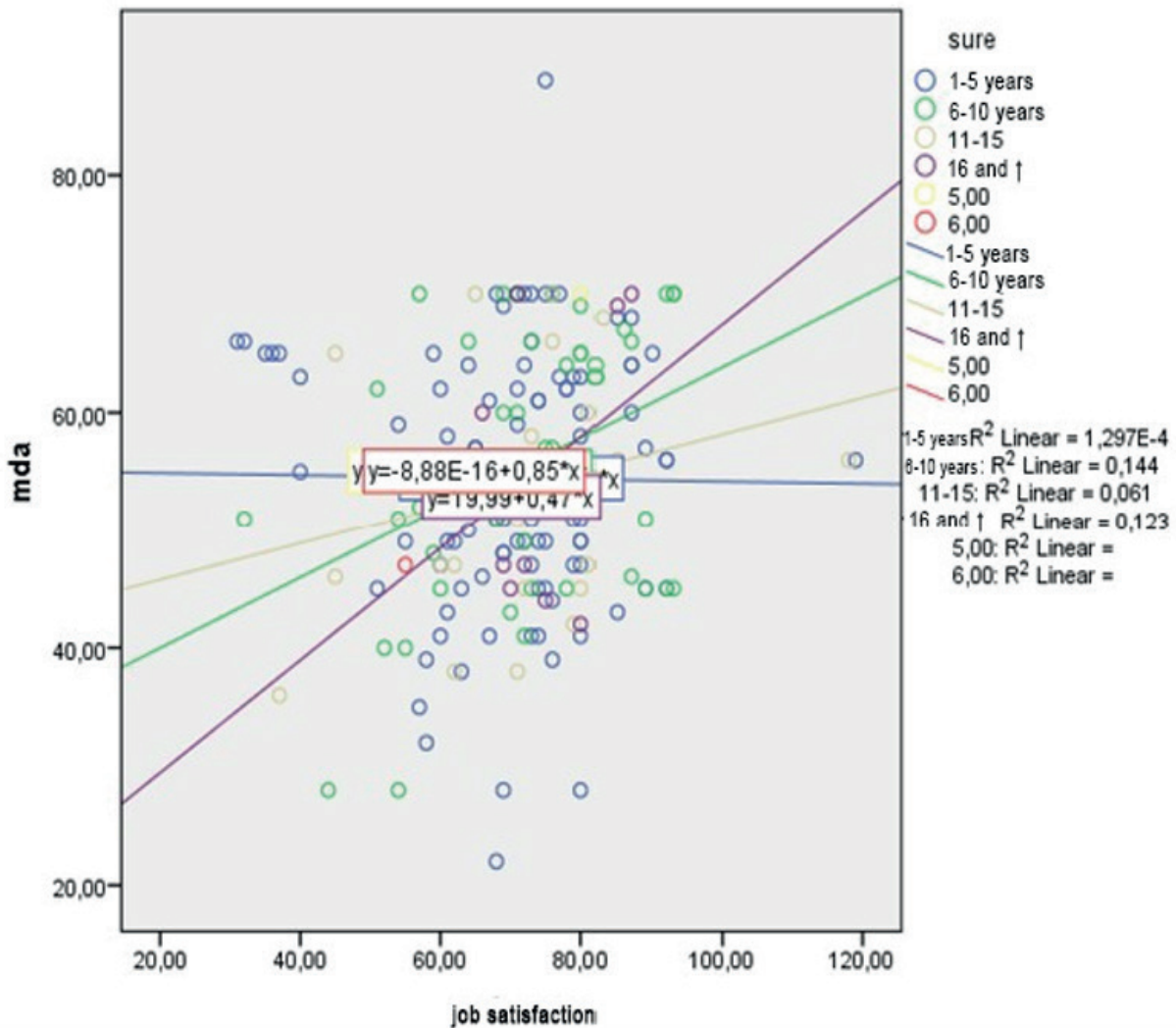


Figure 3. Moderation graphic according to working durations of the nurses where mda stands for spiritual perception and job satisfaction.

also positive effect on correlation whereas in the internal medicine nurses, negative correlation is seen.

DISCUSSION

In this study the relation and correlation between spiritual care and job satisfaction in nurses, and the potential determinants in this relation, sex, marital status, education, working duration, age, working department, are examined.

Cronbach's Alpha values are apparently high for both scales, greater than 0.80, showing that the answers to the questions are internally consistent. When the Cronbach's Alpha values for the job satisfaction are examined for internal and external items, it is seen that Cronbach's Alpha value for external items is below accepted value, 0.60. This situation is seen in scientific literature, and interpreted causing from having low number of items (23, 24, 25).

When the study's seven potential determinants are examined separately for two scales, only income appeared as determinant for both with $p < 0.05$ (Table III). Working department appeared as a determinant for job satisfaction with $p < 0.05$, it is a bit higher for spiritual perception for $p < 0.05$ ($p = 0.061$). When we increase the confidence interval to 0.1, it becomes also a common determinant. The way of determination, the effect of increase or decrease, is not in the scope of this study. It can be further studied.

As of the findings in this study, it can be said that, income of the nurses is a determinant for both job satisfaction and spiritual perception with $p < 0.05$ and working department is another determinant with $p < 0.1$.

In the correlation test, it is seen that there is a correlation between job satisfaction and spiritual perception. When the study's seven potential determinants' effect with

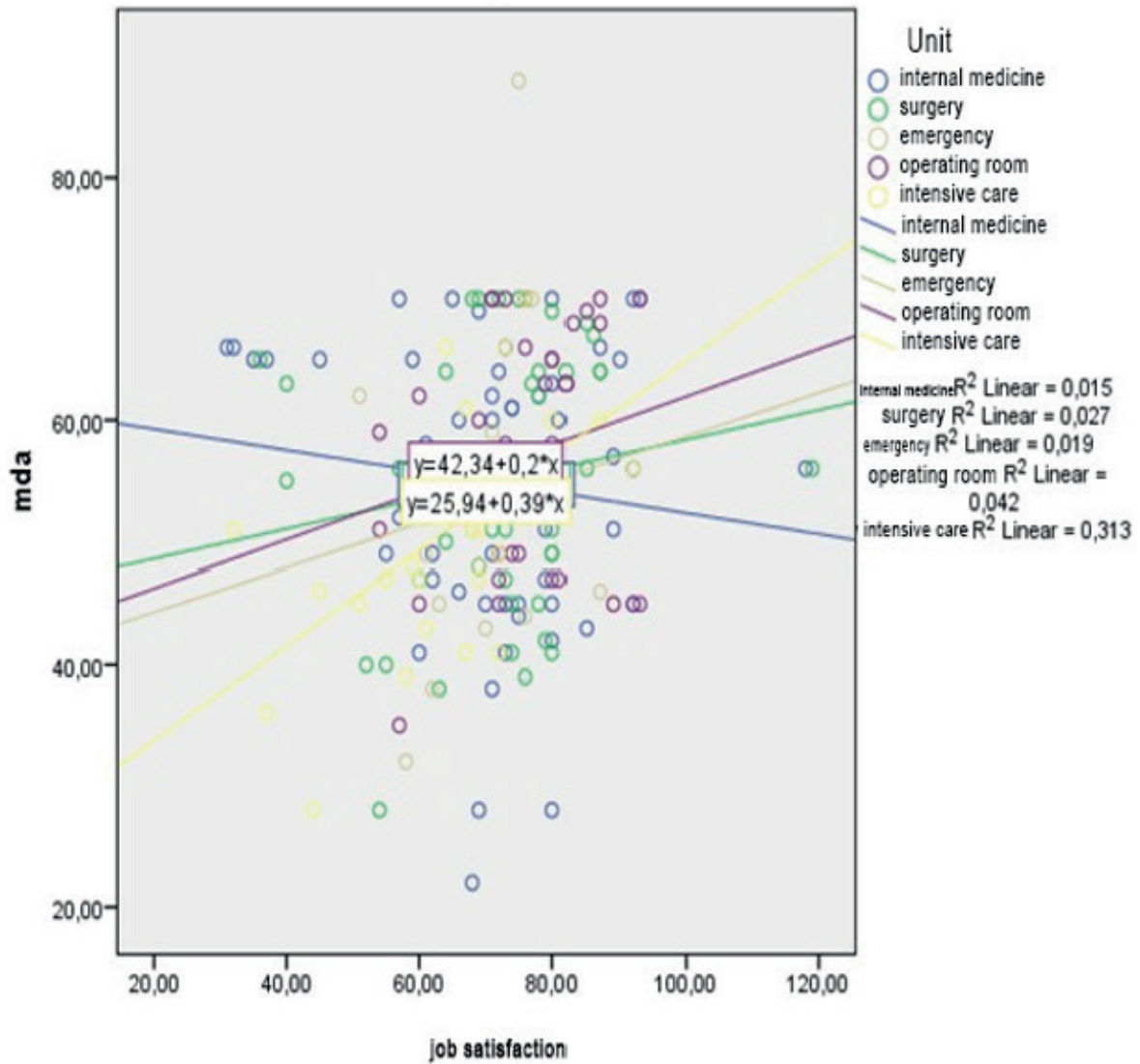


Figure 4. Moderation graphic according to working departments of the nurses where mda stands for spiritual perception and job satisfaction.

Hayes's PROCESS MACRO in SPSS (21) (Figure 1), only two out of seven, working department and working duration, appeared to have effect, working duration and working department. In the moderation graphics drawn in SPSS, the way of effect for these two determinants on this correlation is examined.

As given in the results, as the as the spiritual perception increases, job satisfaction increases sharply in the order of department as intensive care, emergency unit, and operations. In the introduction part, it is stated that nurses, playing a key role in healthcare, confront emergencies, pain, grief and death while providing healthcare to the patients with very limited chance of recovery, so the spiritual dimension of health care should not be overlooked. The findings support that

statement. As the severity of patient's health problem and nursing care increases, the correlation between job satisfaction and spiritual perception, increase becomes sharper. The finding that the negative correlation in the internal medicine nurses also support that assertion, as internal medicine's having the least severe nursing care and patient problems department in the departments under study.

The other determinant, working duration, of the correlation does not give such straight forward finding. It is not possible to say, as the spiritual perception increases, job satisfaction increases, as the working duration increases. In the new nurses (1 to 5 years) there is no correlation, in the old nurses (16+ years) the correlation is the sharpest. These findings may point to

the increase in the correlation as the working duration increases. But the correlation is sharper in the 6-10 years working nurses than 11-15 years. The difference in sharpness (Figure III) is not slight but very apparent. This point can be another part of further study.

When the seven potential determinants are examined separately for scales, income and working department were determinants for both scales. In the determinants of the correlation between two scales, income is not a determinant but working duration became instead. Working department is the determinant for both examinations. This may be another point of further study by being incompatible finding between two examinations.

In this study, a missing relation and its determinants are tried to be presented with an innovative Hayes' process model to provide significant insights into the spiritual perception in health.

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