

## Study on Influencing Factors of Spiritual Care Ability of Elderly Nursing Staff

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### Abstract

**Objective:** To explore the current situation and the influencing factors of spiritual care ability of elderly care workers in elderly care institutions in Ningbo. **Methods:** Using the general information questionnaire and the Chinese version of the spiritual care ability scale, a survey was conducted on 500 elderly care workers in the elderly care institutions in Ningbo. **Result:** The total score of spiritual care ability of elderly care workers in the elderly care institutions in Ningbo is  $(73.68 \pm 18.10)$ , the average score of each item is greater than 3 points; Caregivers that have more than 4000 income monthly, no religious beliefs, in private old institutions, know spiritual care and have been trained in spiritual care have higher total scores in spiritual care, and the difference between the groups is statistically significant ( $P < 0.01$ ); multiple linear regression analysis shows: monthly income, religious belief, whether you know spiritual care and participate spiritual care training is the main factors that affected the spiritual care ability of elderly care workers. **Conclusion:** The nursing care ability of elderly care workers is at the upper middle level, but there is more room for improvement. It is possible to increase the work enthusiasm of elderly care workers by increasing income, and to improve the ability of elderly care workers in spiritual care by strengthening spiritual care education and training.

### Keywords

Spiritual care; Ability; Elderly caregiver.

### 1. Introduction

Spiritual care is aimed at alleviating the patient's spiritual problems, which mainly includes helping the patient suffer from sickness seek the meaning of life, self-realization, hope and creation, faith and trust, peace and comfort, praying, giving love and forgiveness, etc. <sup>[1]</sup> With the development of the aging population and the improvement of the quality of life, the elderly need not only physical care, but also psychological and spiritual care. As a staff member who provides direct services to the elderly, elderly care workers not only need to have good physical care ability, but also need to have good spiritual care ability. The purpose of this study is to investigate the current status of the nursing care ability of elderly care workers, and explore its influencing factors. The report is as follows:

### 2. Research Object

In January-March 2019, a convenient sampling method was used to investigate 500 elderly care workers in many elderly care institutions in Ningbo. Inclusion criteria: ① Engaged in nursing care workers  $\geq 6$  months; ② Agree to participate in this survey and study. Exclusion criteria: Those who refuse to participate in the investigation.

### 3. Research methods

#### 3.1 Survey tools

The questionnaire is divided into two parts: ① Basic data questionnaire, including general demographic data and other conditions. Mainly involves age, gender, marriage, education, personal economic status, etc. ② Chinese version of Spiritual Care Competence Scale (SCCS), by Di Wei and others <sup>[2]</sup>. The English version of the spiritual care ability scale was translated and deleted. The

Chinese version of SCCS has a total of six dimensions, 22 entries, and each entry is counted as 1 point (never, 2 points (rarely), 3 points (sometimes), 4 points (frequently), 5 points (always ), The total score of the scale is 110 points, the higher the score, the stronger the spiritual care ability. The Chinese version of the spiritual care ability scale has a total Cronbach's  $\alpha$  coefficient of 0.974, and the 6-dimensional Cronbach's  $\alpha$  coefficient is between 0.902 and 0.956. The content validity (item-level CVI, I-CVI) of the scale is 0.9 to 1, and the average content validity (scale-level CVI / Ave, S-CVI / Ave) of the scale is 0.98.

### 3.2 Data collection method

Select the research object that meets the inclusion criteria, explain the research purpose, process, significance and voluntary, confidentiality and harmlessness of the research object to the research object, and obtain the research object's consent. Explain the questionnaire filling method and requirements to the research subjects in detail, and ask them to complete independently according to their actual situation. Senior caregivers who have impaired vision or illiteracy that affect reading will complete the questionnaire under the inquiry of the investigator. If there is any unclear understanding, the investigator will give a detailed explanation. After the data was retrieved on the spot, the researchers checked and checked each item one by one, and those with missing items were filled in time to ensure the data was qualified. 500 questionnaires were distributed and 500 valid questionnaires were recovered, with a recovery rate of 100%.

### 3.3 The statistical method

SPSS 21.0 statistical software is adopted for data entry and analysis. The general data of the research subjects are described by frequency and percentage. The scores of spiritual care ability of elderly care workers are described by mean  $\pm$  standard deviation; t-test, variance analysis and multiple linear regression are used to explore the influencing factors of the nursing staff's spiritual care ability.

## 4. Results

### 4.1 Current situation of the spiritual care ability of elderly care workers

The results of the study show that the total score of the spiritual care ability of the elderly care workers is ( $73.68 \pm 18.10$ ), and the scores of each dimension are: evaluation and implementation ( $13.21 \pm 4.69$ ), support ability ( $16.45 \pm 4.69$ ), referral ability ( $6.39 \pm 2.01$ ), attitude towards the patient's spirituality ( $13.44 \pm 3.99$ ), communication ability ( $7.76 \pm 1.81$ ), the average score of each item is greater than 3 points, indicating that level of spiritual care of the elderly caregiver is in the middle level. See Table 1 for the score and ranking of each item.

Table 1 Scores of spiritual care ability of elderly care workers (n = 500)

item	score( $\bar{x} \pm S$ )	sequence
1. I can report on the spiritual needs of the elderly verbally and / or in writing	3.26 $\pm$ 1.09	15
2. During the communication with the elderly, I can provide spiritual care for the spiritual needs / troubles of the elderly	3.34 $\pm$ 1.06	10
3. Through multidisciplinary consultation, I can provide spiritual care for the spiritual needs / troubles of the elderly	3.33 $\pm$ 1.08	11
4. I can record spiritual care measures	3.30 $\pm$ 1.11	12

5. I can improve the quality of spiritual care at work	3.36±1.03	8
6. Through discussion with colleagues, I can identify the problem of spiritual care for the elderly	3.36±1.00	7
7. I can guide other caregivers to provide spiritual care for the elderly	3.26±1.03	13
8. In the room management of the elderly, I can make suggestions about spiritual care	3.24±1.03	17
9. I can implement spiritual care improvement projects in the room	3.20±1.10	19
10. By communicating with the elderly and multi-disciplinary teams, I can evaluate the effectiveness of the spiritual care provided	3.19±1.079	20
11. I can provide information about spiritual care for the elderly.	3.26±1.03	16
12. I can help the old man to continue his or her daily spiritual activities	3.35±1.055	9
13. In daily care, I can take care of the spiritual state of the elderly	3.49±1.069	6
14. If the elderly family has spiritual needs, I will refer them to the spiritual carer / priest, etc.	3.18±1.13	21
15. I can reasonably arrange elderly people with different spiritual needs to other caregivers / care teams	3.15±1.09	22
16. In terms of spiritual care for the elderly, I know when to consult a psychologist	3.24±1.09	18
17. Regardless of the spiritual or religious background of the elderly, I respect their spiritual or religious beliefs	3.62±1.20	4
18. Even if the spiritual / religious beliefs of the elderly are different from mine, I will accept their beliefs	3.67±1.24	3
19. I will not impose my own spirituality / religion on the elderly	3.57±1.59	5
20. When faced with the spiritual / religious beliefs of the elderly, I know my deficiencies	3.26±1.18	14

21. I can actively listen to the "life story" of elderly diseases	3.77±0.97	2
22. When caring for the elderly, I can adopt an attitude of acceptance	4.00±1.01	1

#### 4.2 Comparative analysis of the spiritual care ability of elderly care workers with different characteristics

T-test or variance analysis is performed on the total score of the spiritual care ability of elderly care workers with different ages, genders, marital status, whether live with the elderly at home, education level, religious beliefs, economic status, professional certificate, rank, whether know spiritual care, and whether have received spiritual care training . The results showed that elderly caregivers with a monthly income of more than 4000, no religious beliefs, private old institutions, who knew spiritual care and had participated in spiritual care training had a higher total score of spiritual care ability, and the difference between the groups was statistically significant ( $P < 0.01$  ). The results are shown in Table 2.

Table 2 Comparative analysis of spiritual care ability of elderly care workers with different characteristics (n = 500)

Item	Classification	Number	Spiritual care ability score( $\bar{x} \pm S$ )	F value	P value
age	20-29	32	70.04±16.78	1.937	0.104
	30-39	32	76.83±16.41		
	40-49	221	71.42±17.95		
	50-59	201	75.70±18.63		
	60-69	14	86.20±14.65		
gender	Male	19	83.67±14.23	-1.959	0.051
	Female	481	73.27±18.14	(t value)	
marital status	Widowed	11	77.20±10.94	0.096	0.909
	unmarried	30	73.56±13.22		
	married	459	73.62±18.49		
Live with the elderly	no	260	73.77±18.72	0.092	0.927
	Yes	240	73.58±17.43	(tvalue)	
Education level	Elementary school and below	75	76.04±16.81	0.706	0.620

	Junior high school	303	73.47±18.92		
	High school	54	74.53±18.47		
	Technical secondary school	5	72.50±7.78		
	College	51	73.327±15.167		
	Bachelor degree or above	12	63.28±16.42		
Religious belief	no	321	77.38±15.86	4.297 (t value)	0.000
	Yes	179	68.22±19.84		
economic status	<2000	10	67.33±15.91	11.35	0.000
	2000-3000	102	65.67±20.35		
	3000-4000	154	69.90±16.71		
	> 4000	234	79.58±16.42		
Professional Certificate	Nutritionist	10	80.75±21.56	1.288	0.279
	Health manager	5	63.00±2.00		
	Aged care worker	378	72.86±17.62		
	The other	107	76.57±19.74		
Rank	General staff	428	73.46±18.05	-0.498 (t value)	0.619
	Group leader	72	74.88±18.51		
Organization Type	Private	80	81.63±15.35	7.047	0.001
	Public Private	262	73.60±14.67		
	Public	158	69.87±22.86		
Know spiritual care	no	119	61.775±19.46	-6.767 (t value)	0.000
	Yes	381	77.26±16.07		
Participated in spiritual care training	no	144	64.57±16.93	-6.934	0.000
	Yes	356	78.56±16.81		

### 4.3 Multivariate regression analysis of the influencing factors of the spiritual care ability of elderly care workers

Multivariate linear regression analysis was carried out by taking the total score of the nursing staff's spiritual care ability as the dependent variable, and taking the influential factors of single factor analysis as independent variables.  $\alpha$  in = 0.05 and  $\alpha$  out = 0.10. Independent variable assignment: <2000-1, 2000-3000-2, 3000-4000-3,> 4000-4; No religious belief-1, Religious belief-2; Do n't know spiritual care-1, Know spiritual care-2 ; No spiritual care training -1, no spiritual care training -2. The results are shown in Table 3.

Table 3 Multiple linear regression analysis of the spiritual care ability of elderly care workers

(n = 500)

Independent variable	partial regression coefficient	standard error	standardized partial regression coefficient	t value	P value
Intercept	44.62	6.78		6.589	0.000
monthly income	4.82	1.09	0.219	4.404	0.000
Religious belief	-6.95	1.84	-0.19	-3.785	0.000
If know spiritual care	8.34	2.54	0.20	3.283	0.001
If participated in spiritual care training	8.23	2.26	0.22	3.634	0.000

Note:  $R^2 = 0.278$ , adjusted  $R^2 = 0.266$

## 5. Discussion

### 5.1 The spiritual care ability of elderly care workers needs to be improved

In this study, the spiritual care ability of elderly care workers was at a medium level. In this study, three items of spiritual care ability scored higher. They are: Even if the spiritual / religious beliefs of the elderly are different from me, I will accept their beliefs; I can actively listen to the "life story" of the elderly; when caring for the elderly, I can adopt an attitude of acceptance. Among them, "when taking care of the elderly, I can take the attitude of acceptance" get the highest score, indicating that the caregivers can respect the spiritual / religious beliefs of the elderly. In-depth analysis, that is, they can respect the elderly. From the perspective of geriatrics, the significance of spiritual care is not only to effectively promote the physical and mental health of the elderly, but also to help the elderly to reconstruct the meaning of life in the form of helping others, so that they can face aging and get rid of negative emotions. Find meaning in life, achieve positive aging, successful aging, dignity aging.<sup>[3]</sup>

Two entries of the referral ability have the lowest scores. Among them, "I can reasonably arrange elderly people with different spiritual needs to other caregivers / care teams" has the lowest score. The reason for the analysis may be that the elderly caregivers themselves are not aware of the spiritual care ability status of others or other care teams,so I they don't know who could be introduced to take care of the old man . "If the elderly family has spiritual needs, I will refer them to the spiritual carer / priest, etc." This item also has a low score. The analysis may be because there is currently no priest and spiritual carer in China. Therefore, it is recommended to strengthen cultivation of the spiritual care team. Once the elderly needs spiritual care, they can be handed over to professionals.

## 5.2 Analysis of influencing factors of spiritual care ability of elderly care workers

The results of the study show that monthly income, religious beliefs, and awareness of spiritual care affect the spiritual care ability of elderly caregivers. The higher the monthly income, the higher the spiritual care ability score, and the difference was statistically significant ( $P < 0.01$ ). The reason for the analysis may be that the higher the monthly income, the stronger the sense of self-efficacy and sense of responsibility of the caregivers, and the older caregivers are more motivated to provide better services for the elderly. Therefore, it is recommended to establish a perfect salary adjustment mechanism for elderly care workers, and gradually increase the salary level of elderly care workers to encourage them to serve the elderly better. People with no religious beliefs have a higher level of spiritual care than those with religious beliefs, and the difference between them is statistically significant ( $P < 0.01$ ). The reason for the analysis may be that China is a country without religious beliefs, and majority of elderly care workers do not have religious beliefs. However, under the influence of Chinese excellent traditional virtues such as respecting the elderly and caring for the elderly, most people can respect the elderly, thinking about what the old man thinks, solving problems for the old man. It is recommended to continue to strengthen the ideological education of elderly care workers to love and respect the elderly, so that they can serve the elderly better. The results of the study show that the perception of spiritual care affects the spiritual care ability of elderly care workers, and those trained in spiritual care have higher spiritual care ability. This is consistent with the results of Yanli Hu<sup>[4]</sup>. The reason for the analysis may be that elderly caregivers who know spiritual care and have been trained in spiritual care ability will consciously provide spiritual care for the elderly, and older caregivers trained in spiritual care ability have stronger spiritual care ability. Therefore, it is necessary to establish a training system of spiritual care to promote the cultivation and improvement of elderly nursing care workers' spiritual care ability, so as to provide better spiritual care for the elderly.

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