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ORIGINAL ARTICLE

Assessment of Spiritual Care Competency among Nurses in Sultan Ahmad Shah Medical Centre: A Cross-Sectional Study

Nor'ain A. Rashid[1*], Mohamad Ashraf Mohd Asri[2], Hamidah Othman[3], Nur Hidayati[4]

[1] Department of Critical Care Nursing, Kulliyyah of Nursing, International Islamic University Malaysia, 25200 Kuantan, Pahang.
[2] KPJ Ampang Puteri Specialist Hospital, 1, Jalan Memanda 9, Taman Dato Ahmad Razali, 68000 Ampang Jaya, Selangor.
[3] School of Nursing Sciences, Faculty of Medicine, Universiti Sultan Zainal Abidin (UniSZA), Campus Gong Badak, 21300 Kuala Terengganu.
[4] Medical Surgical Nursing Department, Faculty of Health Sciences, Universitas Muhammadiyah Lamongan, East Java Province, Indonesia.

* Corresponding author's email: norainabdulrashid@iium.edu.my

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ABSTRACT

Spiritual care, which is considered a significant part of holistic nursing care, involves nurses to fulfil the patients' emotional, psychological, and spiritual needs. Spiritual care competency is an important aspect in maximising the quality of care to the patients and encouraging professionalism. This study aimed to assess the level of spiritual care competency among nurses in Sultan Ahmad Shah Medical Centre (SASMEC), and the association between sociodemographic factors with the level of spiritual care competency. This was a quantitative cross-sectional study conducted among 155 nurses from SASMEC IIUM using self-administered questionnaires, which included sociodemographic factors, the Spiritual Care Competency Scale (SCCS). Descriptive statistics, Chi Square Test, and Pearson Correlation Test were used in data analysis via SPSS version 27. The majority of the nurses in SASMEC IIUM perceived high levels of competency (99.4%). The highest mean difference among the domains were assessment and implementation of spiritual care (MD=12.368), and personal support and patient counselling (MD=12.368) while the lowest mean difference was communication (MD=4.155). Furthermore, there was no significant relationship between spiritual care competence and sociodemographic factors (age, marital status, educational level, nurses' experience, race, religion, and previous participation in training spiritual care programs), except for gender ($p<0.05$) in which

females acquired higher competency level than males. This study may help healthcare organizations and educational institutions to develop and implement strategies in enhancing and polishing the standard of spiritual care among nurses. Future studies are recommended to explain the natural association between sociodemographic factors and spiritual care competence.

INTRODUCTION

In healthcare settings, the competency of nurses in providing effective spiritual care is quite a concern. Despite recognising the importance of addressing the spiritual needs of patients and their relatives, there are several challenges and deficiencies in the delivery of spiritual care, leading to an inadequate level of competency in this area. Since nurses are bound to patients the most, the quality of care provided will also affect their health and well-being while still in admission, as proven by Irmak & Midilli (2021) that 93% of the nurses stated that spirituality and spiritual care influenced their patients' healing process. It can be said that patients' outcomes can be improved in terms of pain management, psychological well-being, and overall patient satisfaction. Spirituality is known to have beneficial effects on people's ability to evaluate their behaviours related to health and illness, adapt to changes, overcome obstacles, and find their strength and hope to recover (Karaman et al., 2022). The outcome may be minimal and unnoticeable to some patients, but it depends on how they receive and respond to the spiritual care delivered by nurses.

Another point is that developing competency among nurses on spiritual care practices aligns with a broader scope of healthcare system goals, primarily in enhancing patient and family-centred care to reduce healthcare disparities. There is a need to enlighten the importance of emphasising understanding and meeting patients' and families' spiritual needs, which contributes to a more holistic and comprehensive healthcare approach through educational interventions. As one of the possible results, the advantages of integrating art into spiritual care include patients and their families can find meaning in their illnesses and be able to express their feelings, both of which have been shown to impact their spiritual well-being (Zambezi et al., 2022). Hence, addressing spiritual needs to a further level for both patients and families may help to support emotional and psychological status even during difficult times.

However, the previous studies from Western and Malaysia lead to a research gap, which is a population gap since this study is limited and is under-researched. The study looks simple, but spiritual care will not be delivered in a correct and appropriate way if nurses do not reach the level of competency needed. By measuring their competency, future and alternatives can be proposed, such as developing a validation educational program or courses on spiritual care. Moreover, the findings of the study can help nurses to make a greater effort to engage in spiritual activities and keep exploring their spirituality based on their competency level. Thus, this study will describe the outcome and factors contributing to the problem in accordance with nurses' level of competence in spiritual care practices.

METHODOLOGY

This study used a quantitative cross-sectional design to investigate the level of spiritual care competency among nurses in SASMEC. The non-probability convenience sampling method was used. This study population were staff nurses in general wards in Sultan Ahmad Shah Medical Centre (SASMEC) that met the inclusion criteria.

Participants in the study were chosen on the basis of inclusion criteria. The inclusion criteria were ward nurses, mainly in

the General Surgery ward, Internal Medicine ward, Orthopedics ward, Obstetrics ward, and Gynecological ward in Sultan Haji Ahmad Shah Medical Centre (SASMEC) and nurses who understood the purpose of the study and voluntarily signed the consent. The exclusion criteria were nurses in all critical care departments and paediatrics as there might be differences in the spiritual care practices given to the different types of patients admitted compared to general wards. Other than that, working experience less than 1 year, and nurses who had no direct contact with patients were also excluded in this study.

The estimated sample size by using Raosoft Sample Size Calculator was 172 nurses. Of these, approximately 10% of the participants were expected to reject or drop out of the study due to personal circumstances or unforeseen challenges. Thus, the modified sample size after a 10% dropout rate was 190 students. However, this study only achieved 82% of the sample size, which was 155 participants.

The Spiritual Care Competence Scale (SCCS), adapted from a study of "Spiritual care competence among Malaysian staff nurses" by Ali H. Abusafia, Zakira Mamat, Nur Syahmina Rasudin, Mujahid Bakar, and Rohani Ismail (2021), consisted of 27 questions related to the nurses' competence in providing spiritual care to the patients. It consisted of six domains, which are assessment and implementation of spiritual care, professionalisation, and improvement of the quality of spiritual care, personal support and patient counselling, referral to professionals, attitude towards patient spirituality, and communication. All of these domains were compared using mean differences, while using mean average of 18, 18, 18, 9, 12, and 6, respectively as reference. It features a 6-point Likert scale with response options ranging from "strongly disagree" to "strongly agree". Total and subtotal scores were calculated, in which score lower than 64 was categorized as low spiritual competence, the score of 64-98 suggested average spiritual care, and the score of 99 and above demonstrated high spiritual competence. The reliability of Perceived Stress Scale (PSS) showed a good Cronbach's alpha of 0.926 with subdomains 0.685-0.851 and validity of acceptable fit indices for the 6-factor model: root mean square error of approximation (RMSEA) = 0.050, comparative fit index (CFI) = 0.900, Tucker–Lewis's index (TLI) = 0.885, and standardized root mean square residual (SRMR) = 0.065 (Abusafia et al., 2021). The SCCS instrument used in this study has demonstrated strong construct validity, as established by previous research (Abusafia et al., 2021).

Online questionnaires using the Google Form application were distributed to the nurses in SASMEC IIUM. The questionnaire consisted of two parts, which were sociodemographic factors, and Spiritual Care Competence Scale (SCCS). An informed consent was attached to the set of questionnaires in order to explain clearly the purpose of the study, procedure, confidentiality, and right to withdraw as well as the contact information of the researcher. The questionnaire will be filled out by the staff nurses who meet the inclusion criteria. However, the participants are free to choose not to participate in the study and they will be excluded from the study. To enhance response rates, two reminder emails were sent at two-week intervals, encouraging participation while maintaining a voluntary approach. Only voluntary participants will be selected by the researcher to answer the set of questionnaires. All the information given by the respondents were kept confidential throughout the research process. Data collection was done in two months from May 2024 until June 2024.

The Statistical Package for the Social Sciences (SPSS) Statistic version 27 was used to analyse the data. Descriptive statistics were used to describe the sociodemographic factors in terms of frequency (n) and percentage (%). Chi Square Test and Pearson Correlation Test were used to assess the association between

sociodemographic factors and the level of spiritual care competency among nurses in SASMEC IIUM. All hypotheses were tested and interpreted based on a significant p-value with a level of significance that was set at α = 0.05. An informed consent form was obtained from each participant. This study was approved by the Kulliyyah Nursing Postgraduate Research Committee (KNPGRC), International Islamic University Malaysia Research Ethic Committee (IREC) (ID No: IREC 2024-071), and SASMEC IIUM (Approval No.: IIR 24-29).

RESULT

Table 1 below shows the sociodemographic factors of the participants in the study. A total of 155 out of the initial 190 staff nurses (82%) participated and completed the questionnaire. 83.2% of the participants were female, and 54.8% were single. Significantly, 94.8% of the participants had diplomas, 100% were Muslims and Malays. More than half of the nurses had participated in previous spiritual care workshops, as well as attending continuous lessons. The mean (M) age of the nurses was 27.72, the standard deviation (SD) was 3.445, and the experience years were M=5.23 and SD=3.849.

Table 1: Sociodemographic factors

Factors	f	%	Mean (SD)
Gender			
Male	26	16.8	
Female	129	83.2	
Age			27.72 (3.445)
Marital status			
Single	85	54.8	
Married	66	42.6	
Divorced	4	2.6	
Educational level			
Diploma	147	94.8	
Bachelor	6	3.9	
Master	2	1.3	
PhD	0	0.0	
Religion			
Islam	155	100.0	
Buddha	0	0.0	
Hindu	0	0.0	
Kristian	0	0.0	
Race			
Malay	155	100.0	
Chinese	0	0.0	
India	0	0.0	
Experience years			5.23 (3.849)
Attendance previous workshop			
Yes	83	53.5	
No	72	46.5	
Attendance continuous lessons			
Yes	86	55.5	
No	69	44.5	

SD = Standard Deviation

Table 2 below shows the mean score of spiritual care competency score of 135.6 with a standard deviation of 15.56 and most of the nurses were in the high level (99.4%) of competence toward spiritual care. Meanwhile, Table 3 shows that the mean score of each domain of the questionnaire on the perception of spiritual care competence was significantly above the average mean. Comparing between domains, the highest mean difference among the domains were assessment and implementation of spiritual care, (MD=12.368), and personal support and patient counseling (MD=12.368) while the lowest mean difference was communication (MD=4.155).

Table 2: Level of Spiritual Care Competency

Level of Spiritual Care Competence (SCCS)	f (%)	Mean (SD
Low	-	
Average	1 (0.6)	
High	154 (99.4)	135.6 (15.56)

Table 3: Mean difference of domains in spiritual care competence

Domains	Mean (SD)	Average mean	Mean difference
Assessment and implementation of spiritual care	30.368 (3.675)	18	12.368
Professionalization and improving the quality of spiritual care	29.607 (4.271)	18	11.607

Personal support and patient counselling	30.368 (4.019)	18	12.368
Referral to professionals	14.529 (2.500)	9	5.529
Attitude towards patient spirituality	20.574 (3.415)	12	8.574
Communication	10.155 (1.759)	6	4.155

Chi Square Test and Pearson Correlation Test were used to determine the association between sociodemographic factors with the level of spiritual care competency among nurses in SASMEC IIUM. Table 4 below shows the association between sociodemographic factors and the level of competency. There was no significant relationship observed in the sociodemographic factors ($p>0.05$), except for gender where p-value is 0.025 ($p < 0.05$). The strength of correlation for age and experience years were very weak negative (-0.084) and very weak positive (0.010) relatively. It has been found that the majority of nurses were 100% Muslims and Malays.

DISCUSSION

This study examined the competency of nurses in providing spiritual care to patients. The result revealed that the mean score of spiritual care competence was 135.6, which indicates high levels of competency. This result is in contrast with another study conducted among nurses in public hospitals in Northeast of Peninsular Malaysia, which demonstrated a moderate mean score of spiritual care competence 95.44 (Abusafia et al., 2021). This suggests that spiritual care is being given more attention in nursing practice and continuous education.

The findings not only investigated the competency of nurses in providing spiritual care, but also demonstrated that the mean scores in each 6 domains were significantly above average. Assessment and implementation of spiritual care, and personal support and patient counseling have the highest mean differences (12.368) each. It is said that spiritual care is really provided

Table 4: Association between Sociodemographic Factors and Spiritual Care Competence

Factors	Spiritual care competence		X_2 (do)[a]	Correlation (R)[b]	*p*-value
	Average	High			
Gender			4.994 (1)		0.025[a]
Male	1 (0.2)	25 (25.8)			
Female	0 (0.8)	129 (128.2)			
Age				-0.084	0.299[b]
Marital status			0.829 (2)		0.661[a]
Single	1 (0.5)	84 (84.5)			
Married	0 (0.4)	66 (65.6)			
Divorced	0 (0.0)	4 (4.0)			
Educational level			0.055 (2)		0.973[a]
Diploma	1 (0.9)	146 (146.1)			
Bachelor	0 (0.0)	6 (6.0)			
Master	0 (0.0)	2 (2.0)			
PhD	0 (0.0)	0 (0.0)			
Religion			-		-
Islam					
Buddha	1 (1.0)	154 (154.0)			
Hindu					
Kristian					
Race			-		-
Malay					
Chinese	1 (1.0)	154 (154.0)			
India					
Experience years				0.010	0.903[b]

Attendance previous workshop Yes No	 0 (0.5) 1 (0.5)	 83 (82.5) 71 (71.5)	1.160 (1)		0.281[a]
Attendance continuous lessons Yes No	 0 (0.6) 1 (0.4)	 86 (85.4) 68 (68.6)	1.254 (1)		0.263[a]

Pearson chi-square test; [b] Pearson correlation test.

and evaluated alongside patients and their families, thus these domains are thought to be the core of spiritual care (Abusafia et al., 2021). On the other hand, there is a unit from the Islamic department in the hospital where the study was conducted, thus it could be one of the reasons that may have contributed to the greater results in the current study's spiritual care services.

The second highest domain was professionalization and improving the quality of spiritual care (MD=11.607) which is higher than the previous study conducted by Abusafia et al. (2021). This domain highlights the importance of continuous learning and adherence to professional standards in delivering effective spiritual care to patients. However, the mean difference score for the other three domains were a bit lower than these three domains. This indicates that there is a need for the nurses to accept and provide spiritual support to their patients, regardless of their race or religion (Abusafia et al., 2021). Besides, since nurses are part of a multidisciplinary team, they should be more considerate in identifying the spiritual needs of the patient by involving a professional care provider or chaplain in the treatment plan. Lastly, good communication reflects an effective care to the patient in fulfilling their needs on spirituality (Abusafia et al., 2021).

In this current study, it was found that there were no significant differences of sociodemographic characteristics towards spiritual care competency, except for gender (p=0.025). Female nurses have higher competency than males in providing proper spiritual care, which is in line with the result of previous studies conducted by Madu et al. (2023), Heidari et al. (2022) and Zeng et al. (2023). It is being said that females are commonly and more likely to be knowledgeable about spiritual care more than males (Madu et al., 2023). Moreover, female nurses might demonstrate higher competency levels, which may be attributed to several factors. Women generally exhibit greater empathy and emotional intelligence, which are essential components of providing spiritual care. Additionally, cultural and societal expectations may influence female nurses to be more attuned to patients' emotional and spiritual needs. Furthermore, female nurses may have had more opportunities or willingness to engage in conversations about spirituality with patients, contributing to their higher competency levels. By incorporating these explanations, we aim to provide a more nuanced interpretation of our results and enhance the discussion's depth.

In addition, the findings for the other characteristics were in contrast with studies conducted by Zhang et al. (2023), Semerci et al. (2021) and Machul et al. (2022) which suggest that age, race, religion, level of education, and years of experiences contribute to a significance association and play important roles towards spiritual care competency. Moreover, study by Seid & Abdo (2022) also revealed that spiritual care training was found to be related to spiritual care competency.

CONCLUSION

In conclusion, the majority of the nurses in SASMEC IIUM perceived high levels of competency. Meanwhile it is in contrast with multiple studies mentioned that most nurses had an average or moderate level of competency when it came to offering patients spiritual care (Abusafia et al., 2021;

Seid & Abdo, 2022; Milan Jr. & Buenaventura, 2021). Specifically, the domain of assessment and implementation of spiritual care, and personal support and patient counseling had higher mean differences than the others, while communication was the lowest one. Thus, there is a need in improving the communication to the patient on empowering the practice of spiritual care as Abusafia et al. (2021) stated that good communication reflects an effective care to the patient in fulfilling their needs on spirituality. Hopefully, the results from this study may help healthcare organizations and educational institutions to develop and implement strategies in enhancing and polishing the standard of spiritual care among nurses. Nursing administrators can maximize the quality of care by developing a validation educational program on spiritual care. Educational institutions should provide training and educational programs such as conducting regular workshops and seminars. It is also recommended that more future studies are done to explain the natural association between sociodemographic factors and spiritual care competence.

Relevance to Clinical Practice

The study highlights the need for improvement in communication, a critical aspect of providing effective spiritual care. Nurses must focus on better communication strategies to ensure patients' spiritual needs are fully met. Training in communication skills, particularly regarding spiritual care discussions, could be integrated into regular practice to enhance patient care quality.

Besides, nursing administrators and educational institutions should prioritize the development of validation educational programs on spiritual care, including workshops and seminars. These programs can strengthen areas where nurses show lower competency, such as communication, to ensure a more holistic approach to patient care.

The findings encourage healthcare organizations to use competency data to tailor strategies for different nurse demographics. For instance, understanding why female nurses exhibited higher spiritual care competency can inform gender-specific training or interventions to elevate all nurses' performance in spiritual care delivery.

Limitation Of Study

This study has been successfully conducted, however, there were a few limitations. Firstly, the extended duration of ethical approval from IIUM Research Ethics Committee (IREC) and SASMEC, which took approximately one month after submission. Due to the time constraint the researcher collected 82% of participants from the sample size, which was N = 155. Secondly, the researcher faced difficulty in recruiting participants in the research study. Therefore, the researcher had to personally reach each of the participants in order to collect the data. In addition, the researcher did not find any variety of data for race and religion in the study setting, plus it was conducted in only one hospital and not all departments involved, which may limit the capacity to generalize the findings pattern to other hospitals in Malaysia. Lastly, self-administered measures could have specific high response biases, lowering the accuracy of the collected data.

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