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ORIGINAL ARTICLE

THE SPIRITUAL WELL-BEING OF THE FACULTY OF MEDICINE AND NURSING O BEM-ESTAR ESPIRITUAL DOS PROFESSORES DE MEDICINA E DE ENFERMAGEM BIENESTAR ESPIRITUAL DE MAESTROS DE MEDICINA Y ENFERMERÍA

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ABSTRACT

Objective: to evaluate the spiritual well-being of the Faculty of Medicine and Nursing at the University of Marília. **Method:** this was a descriptive, exploratory study with a quantitative approach. The population comprised 49 teachers randomly chosen. The "Spiritual Assessment Scale" was used. Data collection was conducted in February and March of 2012 and analyzed using the SPSS 20.0 software. The research project was approved by the Research Ethics Committee, CAAE n. 25000.113733/2010 - 14. **Results:** the Faculty of Medicine and Nursing courses presented positive scores in all evaluated terms/concepts: personal faith 90%, religious practice 74%, and spiritual peace 88%. **Conclusion:** for the most part, the faculty at this University has faith, conduct religious practice, and present spiritual peace. **Descriptors:** Spirituality; Spiritual Well-being; Docent; Medicine; Nursing.

RESUMO

Objetivo: avaliar o bem-estar espiritual dos professores de Medicina e de Enfermagem na Universidade de Marília. **Método:** estudo descritivo, exploratório, de abordagem quantitativa. A população foi constituída por uma amostra de 49 professores e a escolha foi aleatória. Utilizou-se a "Escala de Avaliação Espiritual". A coleta de dados foi realizada em fevereiro e março de 2012, analisados pelo Programa SPSS 20.0. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n. 25000.113733/2010-14. **Resultados:** os professores dos cursos de Medicina e Enfermagem apresentaram escores positivos em todos os termos/conceitos comeditos: Fé Pessoal 90%, Prática Religiosa 74% e Paz Espiritual 88%. **Conclusão:** em sua maioria, os professores desta Universidade têm fé, prática religiosa e apresentam paz espiritual. **Descritores:** Espiritualidade; Bem-Estar Espiritual; Docente; Medicina; Enfermagem.

RESUMEN

Objetivo: evaluar el bienestar espiritual de los profesores de Medicina y de Enfermería en la Universidad de Marília. **Método:** estudio descriptivo, exploratorio, de enfoque cuantitativo. La población fue constituída por una muestra de 49 profesores y la elección fue aleatoria. Se utilizó la "Escala de Evaluación Espiritual". La recolección de datos fue realizada en febrero y marzo de 2012, analizados por el Programa SPSS 20.0. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE n. 25000.113733/2010-14. **Resultados:** los profesores de los cursos de Medicina y Enfermería presentaron puntuaciones positivas en todos los términos/conceptos comeditos: Fe Personal 90%, Práctica Religiosa 74% y Paz Espiritual 88%. **Conclusión:** en su mayoría, los profesores de esta Universidad tienen fe, práctica religiosa y presentan paz espiritual. **Descritores:** Espiritualidad; Bienestar Espiritual; Docente; Medicina; Enfermería.

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INTRODUCTION

The influence of spirituality in physical, mental, and social health has been demonstrated in various studies and, in 1988, the World Health Organization (WHO) initiated a deepening in the research on spirituality including the spiritual aspect in the multidimensional concept of health.¹

In the literature, growing evidence is found that spirituality represents a factor of protection for both medical and psychological issues and situations related to the field of nursing and education.²

Spirituality has demonstrated the potential impact on health, acting as a possible factor of prevention in the development of diseases in previously healthy population, and eventually increasing survival and impacting various diseases.³

Recent studies demonstrate that people with great spirituality show enhanced overall well-being, lower prevalence of depression, less abuse of licit and illicit drugs, decreased incidence of suicide, better quality of life, greater survival, and shorter hospitalization among other associations than people with lesser spirituality.⁴

The issue of spirituality is very broad and its measurement is fairly complex; however, spiritual well-being, i.e., the subjective perception of well-being of a subject in relation to his/her beliefs is one of the aspects liable to evaluation.

The spiritual well-being is understood as a sense of well-being experienced when there is a purpose that justifies our commitment with something in life, and that involves a last meaning for life. The religious well-being is that referring to a personal relationship and intimate communion with God or a higher power.⁵

The instruments to measure spiritual well-being are based on the concept of spirituality that involves a vertical component - religious in the sense of well-being in relation to God, and a horizontal component - existential in the sense of purpose and life satisfaction.⁶

The training of Medical and Nursing students is probably one of the most important moments in their future career. Contacts with teachers and the clinical experience shape their attitudes toward colleagues and patients. The way spirituality is taught by teachers and perceived by students can lead to a deeper understanding of this dimension in patient care itself.

To have a more integrated vision, acknowledging the relationship of spirituality

with other dimensions of life, never forgetting that spiritual well-being is an experience of strengthening, support sought purposely by the individual to carry out a successful coping is important for the evolution of the human being in a biopsicosocioespiritual vision.⁷

Based on these assumptions, the present investigation had as general objective the evaluation of the spiritual well-being of the Faculty from Medicine and Nursing courses and as specific objective to verify the opinion of teachers about the importance of offering spiritual assistance to patients and verify if students received some preparation for spiritual assistance to patients during graduation.

MÉTHOD

This was a quantitative study with an exploratory and descriptive character. The population consisted of 49 teachers from the Medicine and Nursing courses at the University of Marília representing 30% of the university's faculty. These professionals were randomly chosen but equally represented both courses. The inclusion criterion was agreeing to participate in the study and signing an informed consent.

The "Spiritual Assessment Scale" questionnaire was used for data collection; it contained closed questions prepared by the authors of the present study. This instrument, called *Spiritual Assessment Scale - SAS*, evaluates Spiritual Well-being and has been translated into Portuguese.⁸⁻⁹ It has been used for different Portuguese populations including patients with multiple sclerosis and in patients with acute diseases and, in Brazil, with cancer patients.¹¹⁻¹⁰⁻¹²

The construct measured by the Spiritual Assessment Scale assumes the belief in a Supreme Being or God and includes both dimensions of spirituality and religiosity defined operationally in terms of three evaluated concepts: Personal faith, Religious practice, and Spiritual peace.⁹

The dimension "spirituality" is evaluated in terms of concepts of Personal faith and Spiritual peace, whereas "religiosity" is reflected in the concept of Religious practice.

Personal faith: versed as a component of the concept of the construction of spiritual well-being, is a reflection on the transcendent values and philosophy of the life of each individual.

Religious practice: is operationalized in terms of religious rituals such as participation in community activities, individual prayer and meditation, reading of books and spiritual

articles, and/or practice of activities such as volunteer work or provision of handouts/donations.

Spiritual peace: is characterized as the opposite of spiritual anguish. It is a concept that incorporates and advocates the feeling of living in the love of God, accepting the strength of God, recognizing self as a child of God, finding peace in God.

The instrument contains a total of 21 items, arranged in three subscales, each with seven items. The questions can be classified into five categories: CT - totally agree; C - agree; I - undecided; D - disagree; DT - totally disagree.

The SAS is constructed in such a way that, the higher the score, the better is the overall Spiritual well-being of the subject.

Data collection was conducted in February and March of 2012, with the signing of terms of free and informed consent by participants and approval of the Research Ethics Committee from the University of Marília through CAAE number 25000.113733/2010-14 with favorable opinion under Protocol No. 423/2011.

The data were tabulated in a database created in Microsoft Office Excel worksheet version 2010 and analyzed with the SPSS 20.0 software.

The description of the studied sample was performed in the statistical analysis. Categorical variables were presented in absolute and relative frequencies.

RESULTS

The data presented in Table 1 integrate relevant information about the investigated sample in which characteristics relating to some sociodemographic variables are observed. Out of the 49 interviewed teachers, 53% were men and 47% women, with age varying between 30 and 71 years old. As for the profession, 47% were doctors, 18% were nurses, and 35% were represented by other professionals, teachers at basic disciplines. A total of 90% of the teachers profess some religion; the most cited religions were Catholicism (50%), Spiritualism (30%), and Evangelical (16%) (Table 1).

Table 1. Characteristics of teachers from Medicine and Nursing at the University of Marília. Marília-SP, 2012.

Characteristics	Specifications	N = 49	%
Gender	Female	23	47
	Male	26	53
Age	30-40 years	19	39
	41-50 years	19	39
	51-60 years	08	16
	> 60 years	03	06
Profession	Doctor	23	47
	Nurse	09	18
	Other	17	35
Religion	Yes	44	90
	No	05	10
Religion	Catholic	22	50
	Spiritualist	13	30
	Evangelical	07	16
	Other	02	04

Table 2 shows the positive scores for spiritual well-being from the Faculty from Medicine and Nursing courses in all terms/concepts evaluated by the Spiritual

Assessment Scale: Personal faith 90%, Religious practice 74%, and Spiritual peace 88%.

Table 2. Spiritual well-being of medicine and nursing teachers at the University of Marília. Marília-SP, 2012.

Spiritual Wellness	Evaluation	N = 49	%
Personal Faith	Positive	44	90
	Negative	05	10
Religious practice	Positive	36	74
	Negative	13	26
Spiritual Peace	Positive	43	88
	Negative	06	12

Most of the 43 teachers (88%) answered affirmatively when asked about the importance of a doctor and nurse to offer spiritual assistance to patients.

A total of 45 teachers (92%) reported not having received any training during the graduation period when asked about providing spiritual assistance to patients.

DISCUSSION

Spirituality is regarded as a set of all emotions and convictions of non-material nature, with the assumption that there is more to life than what can be perceived or fully understood, referring to issues such as the significance and meaning of life, not limiting oneself to any specific type of belief or religious practice, and spiritual well-being being one of the ways to evaluate spirituality regarded as the subjective perception of well-being of the subject in relation to his belief.⁶

In the present investigation, we found that most teachers from Medicine and Nursing courses at the University of Marília presented positive scores in all terms/concepts evaluated by the Spiritual Assessment Scale: spiritual faith, religious practice, and spiritual peace.

A study assessing the spiritual well-being of medical and law students showed that all students evaluated spiritual well-being positively (90%)⁶.

Another study assessed the well-being of nurses who worked in a hospital unit and showed that most nurses assessed (77%) spiritual well-being positively¹³.

However, a study conducted with Psychology students at the Catholic University of Pelotas, RS, showed that 85% of students evaluated spiritual well-being negatively.⁵

As for the teachers' opinions about the importance of offering spiritual assistance to patients, the majority (88%) answered affirmatively. This result is superior to that of another study conducted with teachers from the Nursing School at the University of São Paulo in which the majority (66%) stated considering the teaching of spiritual assistance in undergraduate classes important.¹⁴

The fact that most teachers considered important to offer spiritual assistance to patients may be related to a current trend in the health area of having the vision of the human being within a holistic perspective (body, mind, and spirit). These dimensions interact, and therefore, the treatment of one benefits the others. Thus, the spiritual dimension is considered as an integral part of the individual being and requires that doctors

and nurses make an evaluation of the patient's spiritual dimension and intervene when necessary.¹⁴

This opinion conforms to the multidimensional health concept advocated by WHO in which the spiritual well-being has been considered a health dimension along the body, social, and psychological dimensions.¹

In our study, the majority of teachers (92%) reported not having received any training on spiritual assistance to patients during their graduation period. This result is very similar to that reported in a study conducted among teachers from the Medical School at a University located in the city of Botucatu, SP in which 90% of teachers said that the University does not prepare medical students enough to provide spiritual assistance to patients.¹⁵

In a study performed to evaluate the spiritual dimension of care in the nursing practice, students underscored the importance of knowledge on spiritual dimension for the practice; however, they stated that this matter had an insufficient approach during the graduation training.¹⁶

In another study assessing the knowledge and attitudes of nursing teachers and students in relation to spirituality, the authors concluded that most teachers (74%) believe that their students should be prepared to address this dimension with patients and that courses on health and spirituality should be incorporated into curricular grids.¹⁷

CONCLUSION

Faculty from Medicine and Nursing courses at the University of Marília presented positive scores in all terms/concepts evaluated by the Spiritual Assessment Scale: personal faith, religious practice, and spiritual peace.

Most of the teachers in this University profess some religion and consider important to offer spiritual assistance to patients; however, they report not having received training during their graduation period.

This study showed that despite not having received training for spiritual assistance during graduation, teachers from this University consider it important and most have faith, conduct religious practice, and presents spiritual peace.

Although we believe that our study objectives were achieved, we do not intend to make generalizations out of the universe in which the study was developed.

The *Spiritual Assessment Scale* proved to be a sensitive instrument to evaluate spiritual well-being; we consider the possibility of

conducting other studies to complement and compare the results obtained on spiritual well-being with other groups of teachers and professionals in other sociodemographic and cultural regions. We assume that qualitative studies can contribute with more information about spiritual well-being because we realized that the assessment of spiritual well-being provides a broad and general opinion about a person's faith, the spiritual support that he/she receives from religious practices, and the type and degree of peace/spiritual anguish that can be experienced.

REFERENCES

1. World Health Organization. Division of mental health and prevention of substance abuse. WHOQOL and spirituality, religiousness and personal beliefs (SRPB). Genève: WHO; 1998.
2. Sousa PLR, Tillmann IA, Horta CL, Oliveira FM. A religiosidade e suas interfaces com a medicina, a psicologia e a educação: o estado de arte. *Psiquiatr Med* [Internet]. 2001 [cited 2013 June 15];34(4): 112-7. Available from: <http://www2.unifesp.br/dpsiq/polbr/ppm/especial07.htm>.
3. Fehring R, Miller J, Shaw C. Spiritual well-being, religiosity, hope, depression, and other mood states on elderly people with cancer. *Oncol Nurs Forum* [Internet]. 1997 [cited 2013 June 15];24: 663-71. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/9159782>
4. Fering RJ, Brennan PF, Keller ML. Psychological and spiritual well-being in college students. *Res Nurs Health* [Internet]. 1987 [cited 2013 June 15];10:391-8. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/nur.4770100607/abstract>.
5. Marques LF, Sarriera JC, Dell'Aglia DD. Adaptação e validação da Escala de Bem-estar Espiritual (EBE). *Avaliação Psicológica* [Internet]. 2009 [cited 2013 June 15];8(2):179-86. Available from: http://pepsic.bvsalud.org/scielo.php?pid=S1677-04712009000200004&script=sci_arttext
6. Volcan SM, Sousa PL, Mari JJ, Horta B. Relação entre bem-estar espiritual e transtornos psiquiátricos menores: estudo transversal. *Rev Saúde Pública* [Internet]. 2003 [cited 2013 June 15];37(4):440-5. Available from: http://www.scielo.br/scielo.php?pid=S0034-89102003000400008&script=sci_arttext.
7. Marques LF. A saúde e o bem-estar espiritual em adultos porto-alegrenses. *Psicol Cienc Prof* [Internet]. 2011 [cited 2003 June 15];23(2):56-65. Available from:
8. O'Brien ME. Spirituality in nursing - standing on holy ground. Massachusetts: Jones and Bartlett Publishers; 1999.
9. Rego ACMC. A atenção ao espiritual [dissertação] Porto (PT): Programa de Pós-Graduação em Enfermagem do Instituto de Ciências da Saúde, Universidade Católica Portuguesa; 2007.
10. Coelho JCQ. Sofrimento e espiritualidade em pessoas com esclerose múltipla [Tese]. Lisboa (PT): Programa de Pós-Graduação em Enfermagem do Instituto de Ciências da Saúde, Universidade Católica Portuguesa on line [Internet]. 2011 [cited 2013 June 15]. Available from: <http://repositorio.ucp.pt/handle/10400.14/10570>
11. Castelo Branco MZ. O bem estar espiritual da pessoa doente hospitalizada [Tese]. Lisboa (PT): Programa de Pós-Graduação em Enfermagem do Instituto de Ciências da Saúde, Universidade Católica Portuguesa; 2013.
12. Freitas EO. O Olhar do enfermeiro à luz da espiritualidade e na qualidade de vida do paciente oncológico: uma reflexão bioética [Dissertação]. São Paulo (SP): Programa de Pós-Graduação em Bioética, Centro Universitário São Camilo; 2012.
13. Pedrão BR, Beresin R. O enfermeiro frente à questão da espiritualidade. *Rev Einstein* [Internet]. 2010 [cited 2013 June 15];8:86-91. Available from: http://www.scielo.br/scielo.php?pid=S0104-11692011000500019&script=sci_arttext&tlng=pt.
14. Benko M, Silva M. Pensando a espiritualidade no ensino de graduação. *Rev Latino-Am Enfermagem* [Internet]. 1996 [cited 2013 June 15];4:71-85. Available from: http://www.scielo.br/scielo.php?pid=S0104-11691996000100007&script=sci_arttext.
15. Mariotti L, Lucchetti G, Dantas M, Banin V, Fumelli F, Padula N. Spirituality and Medicine: views and opinions of teachers in a Brazilian Medical School. *Med Teacher* [Internet]. 2011 [cited 2013 June 15];33:339-40. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3502099/>.
16. Oliveira AMM, Lopes MEL, Evangelista CB, Gouveia EML, Costa SFG, Alves AMPM. The spiritual dimension of care in nursing practice: student's opinion. *J Nurs UFPE on line* [Internet]. 2012 Sept [cited 2013 June 15];6(9): 2037-44. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/3113/pdf_1422

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17. Tomasso, CS, Beltrame IL, Lucchetti G. Conhecimentos e atitudes de docentes e alunos em enfermagem na interface espiritualidade, religiosidade e saúde. Rev Latino-Am Enfermagem [Internet]. 2011 [cited 2013 June 15];19(5):205-13. Available from: http://www.scielo.br/scielo.php?pid=S0104-11692011000500019&script=sci_arttext&tlng=pt.

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