

**COMPARING THE SPIRITUAL CARE VIEW POINT OF NURSES AND FAMILIES OF KIDS ADMITTED TO PEDIATRIC HOSPITALS IN KERMANSHAH**

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**Abstract:**

**Introduction:** spiritual care, to create a sensation of wellbeing and calming the patient and his family, is essential for nurses to understanding of spirituality; it can be efficient in the handling of their interaction with patients and families. The present work aimed to compare spiritual care from the perspective of nurses and families of pediatric patients in the hospitals of Kermanshah University of Medical Sciences in 2014-15.

**Methods:** This field is a comparative study, and purposive sampling methods are usable. The study population included 216 (86 nurses and 130 families of hospitalized children) Hospital in Kermanshah were selected. The two-part questionnaire, which includes demographic information and view pastoral care. The content validity and test-retest reliability measured. Data analysis using SPSS 22 statistical software, independent t-tests, ANOVA, Tukey and Pearson correlation test performed.

**Results:** The main view of pastoral care for nurses and families of hospitalized children by 87/48 and 92/35 respectively. There was no substantial divergence between the two groups ( $P < 0/000$ ) and average view of pastoral care in the families of the nurses was higher ( $P < 0/000$ ).

**Conclusion:** These results indicated that the views of families of hospitalized children were higher than nurses in public health advice to its significant role in the central importance of pastoral concern. That nurses provide pastoral care in the clinical performance. Consequently, planning and execution of training policies pastoral care staff, should be part of the educational goals.

**Keywords** Spiritual care, Nurse, Family, Children

**Introduction:** Spirituality is a universal human phenomenon that all the people and

their relationship with a higher human being to identify the integrating agent in the search

for meaning and determination in life (1) Spiritual believes associated with all aspects of health and disease, daily living habits to guide and source of financial backing and strength and recuperation. Later on, one of the four dimensions of spiritual and holistic care, such as biological aspects, psychological and social human being is important (2) Smith believes that the intense interest in spirituality in today's postmodern culture is easily known, this pastime is not merely restricted to popular culture, but also of scientific interest to consider the effects on human health, spirituality and religion is considered 1980 (3). Historically nurse's job is to integrate spirituality. Religious orders, nurses prepared to care for the ill and perishing as a kindly service. Since nursing discipline rose, the teaching spirituality and its related research in academic centers has not been enough attention (4). Granting to the Ross spiritual dimension of nursing care, nurses are poorly defined and perceived. His lack of conceptual clarity and stressed the need to determine the spiritual dimension. Thither are many causes for the pastoral care nursing responsibilities. Since nannies are responsible for the task of comprehensive care of patients, should also be responsive to patients' spiritual needs (5). Karimollahi and colleagues believe that the health care field is responsible for providing spiritual care and wellness maintenance providers to offer pastoral care responsibility and moral obligation (6). Mauk and Schmidt in his script as "pastoral concern in nursing writes: The road of life is frequently full of crooks and turns, ups and downs and dangerous drop. People with chronic or debilitating diseases became an acute health crisis or grief experienced and suffered from a lack of religion and their spirituality evaluated. In such crisis, unique nurse's duty is responsible for the upkeep of these patients. Granting to the perspective of holistic nursing care, nurses have each person with

physical, mental, societal and spiritual essence, see every detail of integration with other dimensions and involves them. Nurses should review after the spiritual dimension with other facets of human existence (7) Spiritual issues from the burden of life in patients with chronic disease (8) Mc Sherry and Smith believe that sharing with different crises in adults and children on the basis of past experience and religious opinions and spiritual. Spirituality creates value and beliefs in children's lives, and thus their lives meaning, and it guides (10). So, when the kid gets sick, their spiritual growth accelerates (11) Mentioned when people need meaning and purpose to deal with crisis and distress and crisis that after these events occurs, the termination of the inability of a soul to see the substance and function of life. Entries referred to ill children and their parents is very important for parents, sick kids and hospital admission it always raises severe stresses (12). If this is too much stress can lead to disease. The crisis caused by the disease and hospitalization of children in hospital affect on the entire family (13). Thus, harmonizing to the patient's family is one of the mainstays of the family's important role in patient care, nursing care plan should be considered equally important disease (14). One of those ways is spiritual care, Pastoral care, relaxing and getting rid of stress and related mental disease and adjustment and indirectly helps the healing procedure and improve his circumstance. (15) Due to the aftercare also would increase the ability to adapt and disease prevention and overall wellness and well-being affect (17). Various surveys have been carried on in this respect. Reynolds said during his study to investigate the pastoral concern and spiritual charge that the patient's ability to make do with acute illness and speed recovery increases up (18). Patients also believe that spirituality has

an important role in your life a positive relationship with the improvement process (19) In spite of considerable importance in recent years, the spirituality of pastoral care in the field of health and especially that of nurses is considered necessary tasks and given the vital role of the family in the upbringing and development of the society's religious beliefs, the nurses and families of patients is essential. And since it appears to be still between nurses and families of patients there is a connection with the spiritual tutelage. And then the researchers decided to conduct this survey in order to compare spiritual-care nurses and families of patients in pediatric hospitals in the urban center of Kermanshah in 94-93's.

**Method:** This research is a comparative study, to appraise and compare the viewpoints regarding the nurses' spiritual care of the kids and families of patients admitted to hospitals in Kermanshah University of Medical Sciences 93-94 years were led. The researcher gets to two hospitals of Kermanshah University of Medical Sciences (Imam Reza, Mohammad Kermanshahi) for three days a week, every week for three months, 18 families of the nurses sampling with the questionnaire data gathered in person and in case of inability to answer interview data collected. The minimum sample of 86 nurses and 110 patients were calculated for families. The sample of the written report, which was performed in 2012 Mr. Jafari obtained (20). In this study, 216 samples (86 nurses, 130 families of hospitalized children) in pediatric hospitals in Kermanshah University of Medical Sciences (Imam Reza, Mohammad Kermanshahi) met the inclusion criteria, were formed Inclusion criteria for nurses: a bachelor's degree and higher (2) to participate in research, and for the families of patients include: complete consciousness samples have to answer questions 2 - wherein samples of aural abilities acceptable

to have to answer questions desire to cooperate in research and companies have their children age 3 to 15 years Unit of the children were hospitalized for at least twenty-four hours. Exclusion criteria: The reported dissatisfaction to continue working, those who responded to the questionnaires were incomplete explanation or parents that researchers are able to understand the subject matter were not exclusion criteria of this study are component The research instrument was a questionnaire is split in two forms. The first form families of patients, the first part of the demographic families patient and the second part with 27 statements that include the perspective of families, children, spiritual care is a second form of nurses consisted of demographic information nurses and the second with 27 statements about the views of caregivers to care is spiritual .Every 27 words in both parts of the questionnaire responses by 5 score ,According to a Likert scale of 1 to 5 degrees completely disagree (1 point), Disagree (2 points), I'm not sure(3 points), agree(4 points), totally agree(5 points) set is the method of questionnaire, interview within 3 months .And for validity of Comments professors of Tehran and Kermanshah were used, as well the reliability  $\alpha=91\%$  Was obtained. statistical analysis of (spss22) and for statistical tests (t-test, Tukey test, coefficient Pearson, ANOVA) were used.

**Results:** The main view of pastoral care in nursing (78/48 SD  $\pm$  10/7) respectively. The lowest score and the highest score were 100, the average score of 78/52 pastoral care perspective view of pastoral care at the hospital nurses Mohammad Kermanshah (87/20 to  $\pm$ 7 / 55) standard deviation and the mean Imam Reza was (87/ 94 $\pm$  6/38). A significant difference between mean scores of two groups in view of pastoral care nurses at Imam Reza Hospital of Kermanshah was Muhammad ( $p>0/644$ ). No significant

difference was found between mean scores of view of pastoral care and educational situation ( $p>0/136$ ). A significant difference between mean scores of view of pastoral care is the type of shift work ( $p<0/043$ ) and nurses working shifts of pastoral care were higher. A significant difference between the mean score of spiritual care with their views ( $P<0/000$ ). Comments regarding the pastoral care nurse are significantly based on employment status. Due to this, the average is higher in nurses who spend their plan period, it can be said that the higher spiritual care nurse ( $P<0/035$ ). No significant differences in spiritual care, number of children and age of the subjects were in there ( $p>0/109$ ). Comments regarding the pastoral care and nurse meaningful work experience ( $P<0/000$ ).

Given that correlation coefficient positive value of pastoral care, so we can say with increasing service record, also increased (Table 1). Comment families of sick children in hospital pastoral care ( $P<0/046$ ), the patient's location ( $P<0/040$ ), hospitalized

patient record ( $P<0/000$ ), hospitalized ( $P<0/000$ ) and how to transport the patient to the hospital ( $P<0/002$ ) is statistically significant, Points were also significant differences in the views of the pastoral care of families of hospitalized children in different sectors ( $P<0/000$ ). The highest score assigned to the oncology ward and the lowest domestic sector. (Table 4). No significant differences in the views of the pastoral care of the family caregiver were observed in ( $p>0/877$ ). Relationship View pastoral care of families of hospitalized children based on marital status, education level, employment status, is not meaningful and spiritual care at all similar groups (table 2). The main view of pastoral care for nurses and families of hospitalized children, respectively ( $87/48$  and  $92/35$   $SD\pm 7/10$  and  $\pm 5/59$ ), respectively. There was no significant difference between the two groups in view of pastoral care ( $P<0/000$ ) and average view of pastoral care for families of hospitalized children of nurses were significant (Table 3).

**Table 1** - distributive perspective of pastoral care nurses with some demographic characteristics in children

Variable	Category	Average	Standard deviation	p-value
Age	21-48	33/99	5/09	$p>0/109$
marital status	Single	89/05	7/67	$P<0/049$
	Married	86/04	6/29	
Education	licensee	87/13	7/09	$p>0/136$
	Masters	91/32	6/45	
Workplace	Mohammad Kermanshahi	87/20	7/55	$p>0/644$
	Imam Reza	87/94	6/38	
Shift work	Morning	82/96	4/11	$P<0/043$
	Shift	88/03	7/21	
The workplace	Internal	83/56	4/72	
	Surgery	88/81	7/37	

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	Oncology	94/98	8/24	P<0/000
	ICU	84/84	5/17	
	pediatric	90/14	5/94	
Employment Status	Official	84/98	5/74	P<0/035
	Contractual	88/12	7/18	
	Projective	92/46	8/96	
work experience	1-21	9/51	5/08	P<0/000

**Table 2-** Distributive perspective, pastoral care of families of hospitalized children with certain demographic characteristics

Variable	Category	Average	Standard deviation	p-value
marital status	Single	95/64	5/84	p>0/068
	Married	92/19	5/52	
	Truce	92/35	7/24	
	Widow	100	0	
Education	High school	92/67	5/06	p>0/437
	diploma	<b>92/43</b>	<b>5/74</b>	
	Associate Degree	<b>90/69</b>	<b>6/39</b>	
	licensee	<b>91/98</b>	<b>6/23</b>	
Hospital location	Mohammad Kermanshahi	<b>91/88</b>	<b>6/35</b>	P<0/046
	Imam Reza	<b>93/07</b>	<b>4/02</b>	
Ward	Internal	<b>88/95</b>	<b>6/08</b>	P<0/000
	Surgery	<b>89/75</b>	<b>4/92</b>	
	Oncology	<b>97/25</b>	<b>0/78</b>	
	ICU	<b>94/31</b>	<b>5/41</b>	
	pediatric	<b>92/96</b>	<b>4/18</b>	
Transmission Type	Emergency	<b>90/96</b>	<b>5/88</b>	P<0/002
	Transition from other centers	<b>92/97</b>	<b>5/30</b>	
	Hospital offices	<b>87/78</b>	<b>8/15</b>	
	clinic	<b>93/37</b>	<b>5/11</b>	

**Table 3-** Compares the rating outlook pastoral care nurses and families of hospitalized children

	Group	Category	Average	p-value
	Nurses	<b>87/48</b>	<b>7/10</b>	P<0/000
	Family	<b>92/35</b>	<b>5/59</b>	

**Discussion and conclusion:** In relation to the first objective study "to determine the viewpoints of nurses about spiritual care in the hospitals of Kermanshah in pediatric sections showed: Spiritual care average in nursing was 87/48 with a standard deviation 7/10. In a study done mazaheri Showed that Scores are lower than the results of this study (21). Jafferi research showed that Point of view nurses toward nursing students is lower (22). Cetinkaya study showed those nurses' lower rating scores of nurses in this study (23). In a study Borjalilu showed that nurses' perception of the care, everyday experiences and spiritual well-being is high ( $p < 0.001$ ) (24). In this study, no statistically significant difference between mean scores of two groups of spiritual care in nursing (Imam Reza (AS) and Mohammad Kermanshahi) did not exist ( $p = 0.644$ ). In relation to the second objective research "to determine the view points off amilies of children admitted to pediatric hospitals in the pastoral care shows: The average score 92/35 pastoral care of families of hospitalized children with a standard deviation of 5/59 is obtained. No significant difference in pastoral care with hospital type ( $p = 0.046$ ). Spiritual care is similar in all levels of education ( $p = 0.437$ ). The study Bamdad and Taheri corresponded with this study (25-26). In relation to the third objective study "comparing spiritual care from the perspective of children, family admitted to pediatric and nurse shows: The average pastoral care nurses and family 87/48 and 92/35 with a standard deviation of 7/10 and 5/59 respectively. There was no significant difference between the two groups in view of pastoral care ( $p = 0.000$ ) and view pastoral care in Family Children is higher than nurses. The study Rahnama showed that all spiritual needs care participant scan not be resolved by nurses, This finding corresponded with these results

(27). But Philips Research nurses, share more than other groups (28). In Vlasbvlm study Nurses and patients were similar in the provision of pastoral care (29) The results of this study contrast with the results. This may be due to the attention that other countries are intelligible spiritual care. In Research Balboni the patients Point of view were more positive and better than the other two group study ( $p = 0.83$ ) (30). In Research Dhamani a participant of spirituality and spiritual care nurses with other countries is similar (31). In a study Sabzevari significant difference between the two groups of nurses were within the competence of pastoral care ( $p < 0.05$ ) (32). Rahimi study showed that the mean spiritual health and attitude to spirituality and spiritual care nursing and midwifery students remains moderate (33). At tard study nurses achieved higher scores on the pastoral care, competence of the midwives and also there was a significant difference between the professional and pastoral care knowledge ( $p = 0.054$ ) (34). Ronaldson study showed that spirituality and spiritual care in palliative care nurses was higher than acute care. There was a significant relationship between the two groups of nurses past oral care and spiritual perspective ( $p < 0.01$ ) (35). The results of all three studies were at variance with the results of this study could be due to a difference in the community.

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