

Assessment of Knowledge and Attitude of Nursing Personnel regarding Integration of Body, Mind and Spirit in Nursing Care at Selected Hospital, Kolkata

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The current trends in Nursing have shifted the focus of its praxis towards a commitment to holistic care. It creates self-awareness through reflected action that contributes to increase in unity of body-mind-spirit with a resulting positive impact on the state of harmony and total wellbeing of the patient. Every individual is unique and should be cared for as an entity comprising of body, soul and spirit (Bamfo & Hagin, 2011; O'Brien 2011 et al, 2014). It encourages nurses to integrate self-care, self-responsibility, spirituality and reflection in their lives (Dossy et al, 2013). If nurses have a desirable attitude and knowledge of holistic care then this will contribute to the application of an integrated approach and thus increase the quality of care.

Need and Significance in Nursing

We live in a world of dichotomies: right or wrong; left or right; guilty or innocent; science or art; mind or body. As we have discovered through the influence of postmodern philosophy, there are times when the answer often does not lie in either of the perspectives but rather in the discreet confluence of both. Certainly this is true with understanding how the mind and body interact to facilitate nursing efforts towards health and growth, as well as our ability to cope with trauma and loss. Integrating Nursing mind and body in clinical practice is materialising as a viable and enduring practice for helping both clients and clinicians maintain healthy and adaptive functioning.

Objectives

The study had following objectives.

1. To assess the knowledge of nursing personnel regarding integration of body, mind and spirit in nursing care; 2. To measure the attitude regarding integration of body, mind and spirit in nursing care among nursing personnel; 3. To identify relationship between knowledge and attitude of nursing personnel;

4. To find out association between attitude and selected demographic variables.

Operational Definitions

Knowledge: It refers to the correctness of the responses of nursing personnel to questions regarding integration of body, mind and spirit in nursing care on a structured knowledge questionnaire and is expressed as knowledge score.

Attitude: A way of feeling and thinking about integration of body, mind and spirit in nursing care. In this study it will be measured by the response of the subjects either positively or negatively to a structured - 5 point Likert scale.

Nursing Care: Body-mind-spirit integrated nursing care emphasises the inseparable concept of body, mind, and spirit and caring for the holistic needs of the patient. Physical health is sustained through proper nutrition, physical relaxation and healthy environment; psychological health emphasises on peace and harmony in interpersonal relationships; and spiritual health refers to an optimistic and meaningful life.

Nursing personnel: Registered nurses working in hospital and possessing diploma/graduation/post-graduation degree in nursing.

Literature Review

□ In March 2015, Marvat Ebrahim Aly El Dashan, Gehan Mohammad Diab conducted a study in Menofiya University with the aim of exploring and describing nurses perception of the meaning of holistic nursing care in wards and critical care units. Majority (80%) of the studied nurses had high perception regarding holistic nursing care while a fifth (20%) of them had low perception in both departments.

□ In September 2008, Chun-Ju Liu, Yu-Fen Liu conducted a study to understand the effects of culturally enriched body-mind-spirit group therapy on anxiety, depression and holistic wellbeing among women with

breast cancer and to examine patient's views on what aspects of group therapy worked to enhance their health. The results indicated that after two months trial, there was a similarity between the experimental and control groups in reducing the scores of Beck depression inventory and increasing the scores of body-mind-spirit wellbeing. However, subjects in the experimental group had a better reduction of the scores of state anxiety inventory than subjects in the control group.

□ In January 2018, Colleen Delancy, MC Caffrey, Cynthia Barrere conducted a study on contemporary holistic nursing research (HNR) published nationally. Data for this study came from a consecutive sample of 579 studies published in 6 journals determined as most consistent with the scope of holistic nursing from 2010-2015. Of the studies, 275 were considered HNR, and included in the analysis.

Assumptions

1. Knowledge and attitude of nursing personnel regarding integration of body, mind and spirit in nursing care is measurable; 2. Nursing personnel may have some knowledge regarding integration of body, mind and spirit in nursing care; 3. Attitude varies from one person to another.

Methodology

The study adopted a survey research approach and descriptive research design.

Variables

Research variables: (1) Knowledge of nursing personnel regarding integration of body, mind and spirit in nursing care, (2) Attitude of nursing personnel regarding integration of body, mind and spirit in nursing care.

Demographic variables: Age, marital status, academic qualification, professional qualification, years of experience. Its setting was IGME&R and SSKM Hospital, Kolkata and the nursing personnel constituted the study population. The sample was made of 100 nursing personnel working in selected units.

Inclusion criteria: Respondents willing to participate in the study, and present during the period of data collection was included. The sampling technique used was Non-probability convenient sampling technique.

Ethical consideration: Informed consent from the participants and administrative approval from Director, IPGME & R, SSKM hospital, Nursing Superintendent, IPGME & R, SSKM hospital, and Sister in-charge respective units was obtained.

Data collection: Data collection was done from 15 to 28 March 2019 at different units of IPGME & R and SSKM Hospital. Data were collected from the participant during the time of shift-changing in Nursing Superintendent's office. Comfortable seating arrangement was provided to them. The participants were explained about the aim, objectives of the study. Confidentiality and anonymity of the data was assured to them. Data were collected from them by paper-pencil method. Each of the respondents took 15 minutes to complete the questionnaire.

Demographic characteristics of the sample

It is evident from Table 1 that most of participant, (42%) were in the age group of 20-29 years. Maximum (50%) number of participants were married. Majority (70%) of the nursing personnel were higher secondary passed. Most (50%) of them were GNM qualified and 32 percent of them had 1-7 years of working experience.

Knowledge score of nursing personnel regarding integration body, mind and spirit in nursing care in mean, median, standard deviation and frequency and percentage distribution.

Table 2 shows that the knowledge score of nursing personnel varied from 9-20. Mean score of attitude was 15.78, median 16 and Standard deviation 2.45 which signified that the scores of knowledge were mildly dispersed.

Most of the respondents (54%) had excellent knowledge regarding integration of body, mind and spirit in nursing care (Table 3); 22 percent of them had very good, 14 percent had good and 8 percent had average knowledge. Only 2 percent of them had poor knowledge.

Attitude score of nursing personnel regarding integration body, mind and spirit in nursing care in mean, median, standard deviation and frequency and percentage distribution.

The attitude score of nursing personnel varied from 66-96. Mean score of attitude was 78.58, median 79 and Standard deviation 5.57 which signified that the scores of attitude were moderately dispersed (Table 4).

Table 5 depicts that most (73%) of the nursing personnel had unfavourable attitude towards integration of body, mind and spirit in nursing care. Only 15 percent of them had favourable attitude.

Relationship between knowledge and attitude score of nursing personnel regarding integration of body, mind and spirit in nursing care in terms of Pearson Co-relation co-efficient.

Table 1: Frequency and percentage distribution of respondent according to sample characteristics (n=100)

Sample characteristics	f	%
<i>Age in years</i>		
20-29	42	42
30-39	25	25
40-49	15	15
>50	18	18
<i>Marital status</i>		
Married	50	50
Unmarried	30	30
Widow	08	08
Divorced	02	02
<i>Academic qualification</i>		
Higher secondary	70	70
Graduation	20	20
Post-graduation	10	10
<i>Professional qualification</i>		
GNM	50	50
BSc Nursing	38	38
MSc Nursing	12	12
<i>Years of experience</i>		
1-7	32	32
8-14	25	25
15-21	20	20
22-28	15	15
>28	08	08

Table 2: Range, mean, median and standard deviation knowledge score of nursing personnel regarding integration of body, mind and spirit in nursing care (n=100)

Variable	Range	Mean	Median	SD
Knowledge	9-20	15.78	16	2.45

Maximum possible score =20, Minimum possible score = 0

It is evident from Table 6 that there was no relationship between knowledge and attitude of nursing personnel regarding integration of body, mind and spirit in nursing care as evident from the 'r' value of -0.10.

This section describes the association of knowledge and attitude of nursing personnel with selected demographic variables in terms of chi-square test of association

Table 7 shows that knowledge of nursing personnel regarding integration of body, mind and spirit in nursing care was not dependent on their age, mari-

tal status, professional and academic qualification and years of experience.

Attitude of nursing personnel regarding integration of body, mind and spirit in nursing care was not dependent on their age, marital status, professional and academic qualification and years of experience (Table 8).

Discussion

Most of the respondents (42%) were between the age group of 20-29 years, maximum (50%) were married. Most (50%) of them were GNM qualified and Most (32%) of them had 1-7 years of working experience. Maximum (54%) respondent had excellent knowledge regarding integration of body, mind and spirit in nursing care, thought majority (73%) of them had unfavourable attitude towards that and only 14 percent respondent had favourable attitude. No relationship ($r=-0.010$) was found between knowledge and

Table 3: Frequency and percentage distribution according to knowledge score of respondents (n=100)

Level of knowledge	Frequency	Percentage
Excellent (80-100%)	54	54
Very good (71-79%)	22	22
Good (61-70%)	14	14
Average (51-60%)	08	08
Poor ($\leq 50\%$)	02	02

Table 4: Range, mean, median and standard deviation of attitude score of nursing personnel regarding integration of body, mind and spirit in nursing care (n=100)

Variable	Range	Mean	Median	SD
Attitude	66-96	78.58	79	5.57

Maximum possible score = 100, Minimum possible score = 20

Table 5: Frequency and percentage distribution of attitude score of nursing personnel regarding integration of body, mind and spirit in nursing care (n=100)

Level of attitude	Frequency	Percentage
Favourable (>84)	14	14
Moderately favourable (73-84)	13	13
Unfavourable (<73)	73	73

Table 6: Co-relation coefficient showing relationship between knowledge and attitude score of nursing personnel regarding integration of body, mind and spirit in nursing care (n=100)

Variables	Co-relation coefficient (r)
Knowledge vs Attitude	-0.010

Table 7: Chi-square showing association between knowledge and selected demographic variable (n=100)

Selected variables	Knowledge score		χ^2
	≤ Median	> Median	
Age in years			
20-40	41	29	0.0313
41-60	17	13	
Marital status			
Married	35	25	1.2726
Unmarried	16	14	
Widow	06	02	
Divorce	01	01	
Professional qualification			
GNM	25	25	1.5885
BSc	24	14	
MSc	09	03	
Educational Qualification			
H.S	40	30	1.5192
Graduation	15	06	
Post-Graduation	06	03	
Years of experience			
1-30	58	36	0.3246
31-60	03	03	

χ^2 at $df(1)=3.84$, $p>0.05$

Table 8: Chi-square values showing association between attitude and selected demographic variable (n=100)

Selected variables	Attitude score		χ^2
	≤ Median	> Median	
Age in years			
20-40	41	29	0.0050
41-60	20	10	
Marital status			
Married	37	23	0.773
Unmarried	17	13	
Widow	06	02	
Divorce	01	01	
Professional qualification			
GNM	29	21	0.082
BSc	24	14	
MSc	09	03	
Educational qualification			
H.S	41	30	0.102
Graduation	15	06	
Post-Graduation	06	02	
Years of experience			
1-30	58	35	0.628
31-60	04	03	

χ^2 at $df(1)=3.84$, $p>0.05$

attitude of the nursing personnel. Knowledge and attitude of nursing personnel were not dependent on their age, marital status, educational and professional qualification and years of experience.

The findings of the study is supported by the study done by Dashan MEAE, Diab GM where they find that majority (80%) of the studied nurses had high perception regarding holistic nursing care while (20%) of them had low perception.

Limitation: The study was limited to a small group of respondent, and short period of time.

Implications: Nursing curriculum must give more emphasis on importance of holistic health in nursing care. The unfavourable attitude of nurses can be corrected by arranging motivational training and organising in-service classes.

Recommendation: A longitudinal interventional study may be conducted where the nurses can be given motivational counselling to increase their attitude towards holistic health care. A comparative study can be conducted to compare the knowledge and attitude regarding holistic health care between nursing and other health care personnel. A descriptive study may be conducted to find out factors hindering holistic health care among health care professionals.

Conclusion

The study found that maximum respondents had excellent knowledge regarding integration of body, mind and spirit in nursing care, though majority of them had unfavourable attitude towards that. No relationship was found between knowledge and attitude of the nursing personnel. Knowledge and attitude of nursing personnel were not dependent on their age, marital status, educational and professional qualification and years of experience.

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