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Titolo Tesi: Spirituality and Religious Diversity in Nursing: concept analysis, scoping review and development of an instrument.

ABSTRACT

Background: Spirituality has always been present in the history of nursing and continues to be a topic of interest in nursing. Spirituality has ancient roots. The term 'spirituality' is interpreted as spirit and translated as breath and soul. The spirit (immateriality) is of a spiritual nature. Historically, the term spirituality is associated with the term religiosity, a definition that persists today, and often the two terms are used interchangeably but are different.

By now, spirituality in the nursing literature is a common theme and, for the profession as a fundamental ethical requirement for nurses. Healthcare organisations and their nurse leaders and, nurses are aware that offering patients of different cultures and faiths to practice their religion and/or spirituality is conducive to improved care.

Furthermore, some work describes the impact of religious intervention on health outcomes. Some patients and healthcare professionals believe in the therapeutic power of prayer. Prayer can be successful in the recovery of patients in the hospital, in the acceptance of mandatory vaccinations, improves immune function, improves the course of rheumatoid arthritis, and reduces anxiety, can alleviate suffering and promote good health, can alleviate the suffering of children and their families can offer some hope together with other religious rituals when medical intervention no longer has a therapeutic effect. Despite this, it is often unclear how to engage in spiritual care in clinical nursing practice, especially in globalized day societies, in complex healthcare systems and the secular social context of religious pluralism. In response to the impact of religious intervention on health outcomes and the importance of documenting how nurses experience the spiritual need of hospitalised patients, mainly, this study aims to detecting whether the spiritual needs of patients, particularly those patients who have religious identities different from the most common in Italy (Christianity, Catholicism and Protestantism), are considered important for nurses to ensure holistic and therefore inclusive assistance in the spiritual aspect. Consequently, it is vital to provide the nursing profession with instruments to evaluate these spiritual aspects.

Methodology: In the first study, to clarify the concept of spirituality in nursing, spirituality was explored using the Rodgers evolutionary and inductive method of concept analysis. In the second study, Spirituality and Religious Diversity in Nursing, a scoping review was adopted, according to the methodology of

Arksey and O'Malley. Finally, in the third study, the development and validation of the **Nursing Care and Religious Diversity Scale-NCRDS** is described. A two-step design was used for NCRDS translation and psychometric validation. The tool design was developed in the first step, while the psychometric characteristics were tested in the second step. An inductive study was conducted to test the validity and reliability of the NCRDS tool. The overall sample consisted of 317 nurses. The final instrument comprised 25 items in five dimensions. The validity of the construct indicated five dimensions to evaluate the meaning of spirituality and individual belief, the religious healthcare environment, educational adequacy, spiritual and religious needs, and religious plurality.

Results: Spirituality is a significant concept for the discipline of nursing with profound consequences for caring patients and for work organizations, in Western and nonWestern contexts. Two main overarching themes emerged from our inductive analysis: (a) the intertwining of spirituality and spiritual care in diverse religious landscapes and (b) obstacles impeding the inclusion of spiritual care in plurireligious settings. According to our results, nurses consider that spirituality is interconnected with spiritual care for individuals from different religious backgrounds. Nurses attributed various meanings to spirituality and spiritual care, mostly centered on respecting personal, interpersonal, and relational aspects of religious and cultural beliefs and practises. Additionally, thus, nurses adopted a personal position based on their identity and responded to the challenge of integrating spiritual assistance into a spiritually diverse landscape according to their personal, organisational, and social positions, which were also shaped by their education, age, years of clinical experience, and the environment in which they work. Emerged obstacles impeding the inclusion of spiritual care in plurireligious settings: lack of organizational support, lack of training, insufficient time, presence of figures of spiritual assistance of Christian religion in Western countries regardless of the patient's religious belief, and consequently, the absence of other religiously different figures. This psychometric study developed and validated a 25-item tool to measure nursing care and religious diversity in nursing. The results highlighted internal consistency, reliability, content validity, and construction validity. However, it will be essential to test the validity of the **Nursing Care and Religious Diversity Scale-NCRDS** in a context other than the Italian one, which can be replicated in different languages and contexts.

Conclusions: The developed tool could be used to assess nursing care and religious diversity in different clinical contexts. Using this tool, nurses could improve the attitude of spirituality towards the patients they care for, while for nursing leaders they could gain a detailed understanding of assisting in religious diversity care. The results of this thesis highlighted the implications for nursing, graduate education, research, management, and clinical practice.



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