

Study of Caring Behaviour of Nursing staff regarding their spiritual intelligence and education

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Abstract

The present research has examined the relationship between the spiritual intelligence of the nursing staff in several hospitals in Darbhanga town and their caring behaviours. As a sample for the study, 320 nursing staff members were chosen by a purposive-cum-incident strategy. There were nurses from both public and private institutions in the sample. The study's objectives also included evaluating the impact of participants' age and education on their capacity to show caring behaviour. The Personal Data Sheet, Caring Behaviour Scale, and Spiritual Intelligence Scale were employed in the study to collect the demographic data and gauge the participants' levels of spiritual intelligence and caring behaviour, respectively. The 24 components that make up the Caring behaviour scale were created by Wu, Larrabee, and Putman (2006). By Kumar and Mehta (2011), the Spiritual Intelligence Scale (SSI) was developed. Both measures demonstrate acceptable levels of validity and reliability. Some aspects of caring behaviour and spiritual intelligence have been proven to have a positive and substantial association. All aspects of caring behaviour are influenced by age. Caregiving behaviour is not determined by education.

Keywords: Emotional intelligence, Caring behaviour, Nursing staff, Darbhanga.

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Introduction

Indian society's support system is comprised primarily of government and private hospitals. One of the major categories of healthcare professionals is the paramedical workforce. They speak with patients more often than other medical professionals. According to Khademian and Vizesfar (2008), nurses play a big part in providing care. Compared to other healthcare professionals, nurses spend more time with hospitalised patients. They, therefore, have a significant effect on how patients feel about their hospital experience. No matter the physical environment at a hospital, they are there constantly (Nussbaum, 2003). As a result, the compassionate actions of nursing personnel improve patient happiness and well-being, improving healthcare organisations' performance. Much research has not been done on the nursing staff's compassion (Kaur et al., 2013; Wu et al., 2006). Caregiving behaviours are "acts, conduct, and mannerisms enacted by professional nursing staffs that convey concern, safety, and attention to the patient," according to Greenhalgh, Vanhanen, and Kyngas (1998). Nursing practices are based on spirituality (Van Leeuwen & Cusveller, 2004). However, only a few research (Kaur et al., 2013; King & DeCicco, 2009) identified a relationship between spirituality and nurses' compassionate practises. The idea of spiritual intelligence is novel and somewhat enigmatic. International academics have only recently understood spiritual factors' significance in human growth and conduct. All people exhibit spiritual tendencies in their behaviours. Some people have an intense spirituality, whereas others don't. It is described as the capacity to apply spirituality for societal success and personal insight (Manghrani, 2001).

Hypotheses

The following hypotheses have been formulated in the present research:

Hypothesis 1: There will be a positive relationship between spiritual intelligence and the caring behaviour of nursing personnel.

Hypothesis 2: Age will play a significant role in the caring behaviour of nursing staff.

Hypothesis 3: The caring behaviour of the nursing staff will be affected by the education level of the nursing staff.

Methodology

The hospitals in Darbhanga town, where this research was done, included public and private facilities. Personal contacts were made with 320 nursing staff members from public and private institutions while on the job. After receiving the appropriate approval from the relevant authorities, they were given a questionnaire. Three constructs—SI, EI, and caring behaviour of nurses—and their dimensions were included in this questionnaire for nurses.

The following assessments were used in the study:

1. Personal Data Sheet—Information about a person's demographics was entered in this area.
2. The 24 item Caring Behaviour Scale was developed by Wu, Larrabee, and Putman in 2006. It encompasses four main areas: assurance, expertise, respect, and connectivity. At least 97% of the variance is reproduced, exhibiting internal consistency ($r=.96$) and convergent validity ($r=.62$).
3. The Scale for Spiritual Intelligence (SSI), created by Kumar and Mehta (2011), is used to measure spiritual intelligence. Adolescents self-report on a scale of 20 items that measure their spiritual savvy. With the collectivist culture rooted in our Eastern philosophy in mind, this scale was created to produce and evaluate the idea of spiritual intelligence. Likert type with a 5-point rating system, the SSI.

Statistical tools

The study employed product-moment correlation (r) to quantify the relationship between spiritual intelligence and the nursing staff's caring behaviour. A t-ratio test was employed to determine the significance of the mean difference due to age and education.

Result and Discussion

Spiritual intelligence and caring behaviour

The link between spiritual intelligence and caring behaviour was the subject of the first hypothesis. The idea was that spiritual intelligence and caring behaviour would be positively correlated. The correlation between participants' spiritual intelligence and caring behaviour was measured using Pearson correlation to test this hypothesis. In Table 1 below, the association has been noted.

Table 1: Correlation between spiritual intelligence and dimensions of caring behaviour

| | | SI |
|--------------|---------------------|--------|
| CB_ASSURANCE | Pearson Correlation | .118* |
| | Sig. (2-tailed) | .034 |
| CB_KS | Pearson Correlation | .314** |
| | Sig. (2-tailed) | .000 |
| CB_RESPECT | Pearson Correlation | .055 |
| | Sig. (2-tailed) | .331 |
| CB_CONNECTED | Pearson Correlation | .208** |
| | Sig. (2-tailed) | .000 |
| CB | Pearson Correlation | .255** |
| | Sig. (2-tailed) | .000 |
| | N | 320 |

Abbreviations:

CB_ASSURANCE – Assurance dimension of Caring Behaviour

CB_KS – Knowledge and Skill dimension of Caring behaviour

CB_RESPECT – Respect dimension of Caring behaviour

CB_CONNECTED – connected dimension of Caring behaviour

CB – Caring behaviour

SI – Spiritual Intelligence

The Pearson correlation coefficient between spiritual intelligence (SI) and caring behaviour (CB), based on the data in Table 1, is 0.255. A statistically significant association exists between caring behaviours and spiritual intelligence, as shown by the P value 0.000. Besides the Respect dimension, the sample's CB dimensions positively correlated with SI. P values were 0.118, 0.314, 0.000, and 0.208, respectively, for the correlations between the

Assurance dimension of CB and SI, the Knowledge and skill dimension of CB and SI, the Respectful dimension of CB and SI, and the Connected dimension of CB and SI. At the 0.000 and 0.05 levels, these correlations were statistically significant. As a result, hypothesis 1, which states "there is a positive relationship between spiritual intelligence and dimensions of caring behaviour," is partially accepted. Regarding the correlation between research participants' caring behaviour and spiritual intelligence, Kaur et al. (2013) observed a similar finding.

Age and caring behaviour

The next hypothesis was connected to how age (young and elderly) affected nurses' caring behaviour. Age was predicted to have a substantial impact on caring behaviour. First, the sample was split into two groups of young and elderly nursing personnel according to their ages. The participants were split into two groups based on their median age of 32. The young group included individuals under 32, whereas the old group included people over 32. T-tests have been computed for both groups concerning caring behaviour and its dimensions to examine the hypothesis. Tables 2 and 3 provide the outcomes that were obtained.

| upto 32 - Young, above 32 - Old | | N | Mean | Std. Deviation | Std. Error Mean |
|---------------------------------|-------|-----|-------|----------------|-----------------|
| CB_ASSURANCE | Young | 173 | 31.53 | 1.710 | .130 |
| | Old | 147 | 32.33 | 2.007 | .166 |
| CB_KS | Young | 173 | 20.99 | 1.500 | .114 |
| | Old | 147 | 21.95 | 1.482 | .122 |
| CB_RESPECT | Young | 173 | 23.61 | 1.616 | .123 |
| | Old | 147 | 23.01 | 1.800 | .148 |
| CB_CONNECTED | Young | 173 | 20.60 | 1.430 | .109 |
| | Old | 147 | 20.17 | 1.878 | .155 |
| CB | Young | 173 | 96.73 | 3.776 | .287 |
| | Old | 147 | 97.46 | 5.268 | .435 |

Abbreviations;

CB_ASSURANCE – Assurance dimension of Caring behaviour

CB_KS – Knowledge and skill dimension of Caring behaviour

CB_RESPECT – Respectful dimension of Caring behaviour

CB_CONNECTED – Connected dimension of Caring behaviour

CB – Caring Behaviour

Table 3: t-ratio showing the difference between young and old participants on account of the caring behaviour

| | t-test for Equality of Means | | | | | | |
|--------------|------------------------------|-----|-----------------|-----------------|-----------------------|---|-------|
| | t | Df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | Lower | Upper |
| CB_ASSURANCE | -3.824 | 318 | .000 | -.795 | .208 | -1.204 | -.386 |
| CB_KS | -5.726 | 318 | .000 | -.958 | .167 | -1.287 | -.629 |
| CB_RESPECT | 3.142 | 318 | .002 | .600 | .191 | .224 | .976 |
| CB_CONNECTED | 2.328 | 318 | .021 | .431 | .185 | .067 | .795 |
| CB | -1.423 | 318 | .156 | -.722 | .507 | -1.720 | .276 |

Abbreviations:

CB_ASSURANCE – Assurance dimension of Caring behaviour

CB_KS – Knowledge and skill dimension of Caring behaviour

CB_RESPECT – Respectful dimension of Caring behaviour

CB_CONNECTED – Connected dimension of Caring behaviour

CB – Caring Behaviour

Comparing the aspects of caring behaviour between young and elderly people is shown in

Tables 2 and 3. It's interesting to note that age significantly impacts all aspects of caring

behaviour, but that caring behaviour itself is unaffected by age. Statistics show a substantial difference in the assurance, knowledge and skill, respect, and connectedness of caring behaviour between the young and elderly participant groups. Compared to the older group, the young participants' mean scores on the assurance, knowledge and skill components of caring behaviour were greater. The elderly group, however, outperformed the young group regarding mean values for the caring behaviour characteristics of respect and connectedness. Considering this, it is partially accepted that "there will be significant differences in caring behaviour because of their age."

Education and Caring Behaviour

The influence of the level of education (intermediate and graduate) on compassionate behaviour was the subject of the next hypothesis. It was proposed that the level of education of nursing personnel had a major impact on their caring behaviour. The mean difference between the caring behaviour scores of intermediate and graduate nursing staff was calculated using the t-test/t-ratio to determine whether this difference is statistically significant. Tables 4 and 5 provide the outcomes that were obtained.

| | Edu | N | Mean | Std. Deviation | Std. Error Mean |
|--------------|--------------|-----|-------|----------------|-----------------|
| CB_ASSURANCE | Intermediate | 155 | 31.88 | 1.671 | .134 |
| | Graduate | 165 | 31.91 | 2.083 | .162 |
| CB_KS | Intermediate | 155 | 21.51 | 1.383 | .111 |
| | Graduate | 165 | 21.36 | 1.718 | .134 |
| CB_RESPECT | Intermediate | 155 | 23.29 | 1.798 | .144 |
| | Graduate | 165 | 23.37 | 1.661 | .129 |
| CB_CONNECTED | Intermediate | 155 | 20.41 | 1.570 | .126 |
| | Graduate | 165 | 20.40 | 1.749 | .136 |
| CB | Intermediate | 155 | 97.09 | 4.667 | .375 |
| | Graduate | 165 | 97.04 | 4.411 | .343 |

Abbreviations

CB_ASSURANCE – Assurance dimension of Caring behaviour

CB_KS – Knowledge and skill dimension of Caring behaviour
 CB_RESPECT – Respectful dimension of Caring behaviour
 CB_CONNECTED – Connected dimension of Caring behaviour
 CB – Caring Behaviour

Table 5: t-ratio showing the difference between married and un-married participants on account of Openness

| | t-test for Equality of Means | | | | | | |
|--------------|------------------------------|-----|-----------------|-----------------|-----------------------|---|-------|
| | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | Lower | Upper |
| CB_ASSURANCE | -.119 | 318 | .905 | -.025 | .212 | -.442 | .392 |
| CB_KS | .834 | 318 | .405 | .146 | .175 | -.198 | .490 |
| CB_RESPECT | -.410 | 318 | .682 | -.079 | .193 | -.460 | .301 |
| CB_CONNECTED | .035 | 318 | .972 | .006 | .186 | -.360 | .373 |
| CB | .094 | 318 | .925 | .048 | .507 | -.951 | 1.046 |

Abbreviations

CB_ASSURANCE – Assurance dimension of Caring behaviour
 CB_KS – Knowledge and skill dimension of Caring behaviour
 CB_RESPECT – Respectful dimension of Caring behaviour
 CB_CONNECTED – Connected dimension of Caring behaviour
 CB – Caring Behaviour

The significance of the mean difference between the caring behaviour scores of the intermediate and graduate participant groups is displayed in Tables 4 and 5. The two tables above show no statistically significant mean differences in caring behaviour or its dimensions between intermediate and graduate nursing professionals. As a result, there are no significant differences between intermediate and graduate participants regarding caring behaviour or its aspects. Therefore, the hypothesis "education will play a significant role in caring behaviour" is not accepted.

Conclusion

After the completion of the study, the conclusion has been enumerated as follows:

1. Besides the Respect dimension, the sample's caring behaviour (CB) dimensions positively correlated with spiritual intelligence (SI).

2. Age significantly impacts all aspects of caring behaviour, but that behaviour is unaffected by age.
3. There are no significant differences between intermediate and graduate participants regarding caring behaviour or its aspects.

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