Hindawi
Perspectives in Psychiatric Care
Volume 2023, Article ID 1736608, 11 pages
https://doi.org/10.1155/2023/1736608

Research Article

The Relationship between Nurses' Perceptions of Spirituality and Spiritual Care and Perceived Professional Benefits: A Correlation Study

Xiaoying Zeng,[1] Jianhua Yang,[1] Yanjia Li,[1] Min Chen,[2] Jue Wu,[3] Yanli Hu,[4] Weinan Lu,[1] Jing Liu,[1] Qian Yang,[1] Wenqiong Guo,[1] and Limei Zhang[1]

[1]*School of Nursing, Chengdu Medical College, Chengdu 610500, Sichuan, China*
[2]*Pidu District People's Hospital, Chengdu 611730, Sichuan, China*
[3]*The Clinical Medical College and First Affiliated Hospital of Chengdu Medical College, Chengdu 610500, Sichuan, China*
[4]*School of Nursing, Jinan University, Guangzhou 510632, Guangdong, China*

Correspondence should be addressed to Wenqiong Guo; 29980872@qq.com and Limei Zhang; limeizh@163.com

Received 22 August 2022; Revised 18 October 2022; Accepted 5 November 2022; Published 11 February 2023

Academic Editor: Rhonda Wilson

Purpose. This study aimed to investigate nurses' perceptions of spirituality and spiritual care and perceived professional benefits in China and reveal the relationship between them. *Design and Methods*. In this study, 372 nurses (response rate: 93.47%) from a number of hospitals across China were surveyed using convenience sampling. The data were collected through online questionnaires, including a sociodemographic characteristics form, the Chinese version of the Spiritual Care-Giving Scale (C-SCGS), and the Nurses' Perceived Professional Benefits Questionnaire (NPPBQ). *Findings*. The total score of the NPPBQ was 136.88 ± 20.13. A statistically significant relationship was found between the total score and subscale score of the C-SCGS and the total score and subscale score of the NPPBQ ($R = 0.217–0.475$, $P < 0.01$). *Practice Implications*. Nursing managers and educators should pay attention to improving nurses' perceptions of spirituality and spiritual care in order to help nurses gain more perceived professional benefits.

1. Introduction

Clinical nurses often experience high occupational stress, burnout, anxiety, depression, and other negative feelings and emotions, which result from the combined action of internal factors (such as age and gender) and external factors (such as work environment and workload) [1–5]. Studies have shown that hospitals may be reluctant to increase the number of nurses, as they need to consider their operating costs while providing medical services, especially because China has not yet achieved universal health insurance [6]. Hospitals are understaffed in terms of clinical nurses, but people's demand for medical services is still increasing, which has a negative impact on the workload of nurses and further affects their job satisfaction [6, 7]. Too much clinical work makes Chinese nurses focus more on completing basic medical nursing operations, with relatively little communication with patients, resulting in a poor nurse-patient relationship [8, 9]. The development of nursing in China has occurred relatively recently and is influenced by traditional culture. Most people still think that nursing exists depending on clinical medicine, that nurses only follow doctors' instructions to complete their work, and that they do not know enough about the contribution and significance of nursing to human health. Therefore, the social status of nurses in China is still not high [10, 11]. The outbreak and persistence of COVID-19 also poses a significant threat to the health status and team building of nurses [12]. Research studies have shown that the prevalence among anxiety, depression, and turnover intention of nurses increased after the outbreak of COVID-19 [13–15]. In addition to coping with the pressure of nursing work itself [7] and the continuing impact of COVID-19

[12, 16], Chinese nurses are also faced with practical problems such as slightly strained nurse-patient relationships and their relatively low social status [17], which further leads to nurses' negative perceptions of the profession, which is not conducive to their mental health and may result in a loss of nursing talent. Thus, it is important to determine how to improve the experience of nurses and their willingness to stay on the job.

From the perspective of positive psychology, "perceived professional benefit" of nursing describes the nurse's perception of the gains and benefits brought by their occupation, as well as the feeling that the occupation of nursing can promote overall self-growth [18]. Research shows that the enhancement of nurses' sense of professional benefit contributes to the reduction of burnout and enables nurses to engage in work with a positive attitude and gain more positive feedback at work, which is conducive to relieving nurses' negative emotions and improving their willingness to stay on the job [19–22]. However, a number of recent investigations in China show that the scores on the perceived professional benefits questionnaire of Chinese nurses are between 2 and 4, which is at a medium level [22–24]. Previous studies have found that nurses' academic qualifications, monthly income, working environment, and other objective factors affect nurses' perceived professional benefits, but these factors do not seem to take into account nurses' subjective cognitive factors [25–27]. The cognitive adaptation theory (CAT) establishes that the adaptation, health, and happiness pursued by individuals are to a large extent the "psychological facts" of subjective experience. This subjective psychological fact is not only a reflection of the objective real situation but also a subjective construction of individual selective perception based on objective facts [28]. The "perceived professional benefit" describes all kinds of positive experiences experienced by nurses in the process of working, which can also be regarded as a subjective psychological fact based on an objective reality. Therefore, we can speculate that the level of nurses' perceived professional benefit is related to their own subjective cognition in addition to objective factors. Some scholars have pointed out that positive psychology emphasizes positive experiences, while spirituality is the source of positive experiences [29]. The unhappiness of nurses' professional perception may not be caused by insufficient positive experience but by a lack of spiritual perception [29].

"Spirituality" derives from the Latin word "spiritus" (being alive or life is supreme) and is an essential component of human well-being [30]. There is no uniform definition of spirituality in China, but it is generally accepted that spirituality is a force that is intrinsically connected with the meaning of life [31]. When nurses are experiencing the negative effects of high stress, anxiety, depression, and burnout caused by their work, spirituality as an internal strength may help nurses better cope with these problems and rebuild their confidence in the nursing profession. Spiritual care is about identifying and responding to human spiritual needs in the face of trauma, illness, or grief, including meeting individual needs for meaning of satisfaction, self-worth, self-expression, faith support, the practice of rituals, prayer, or sacraments, and conversation with sensitive listeners [32]. Spiritual care is an important aspect of care that nurses cannot ignore when giving holistic care to patients [33]. Optimal spiritual care depends on the nurse's perception of spirituality and spiritual care. Only when nurses are sensitive enough to them can they identify the spiritual needs of patients timely and accurately in their work and take corresponding measures to meet them [33]. At the same time, the successful implementation of spiritual care helps nurses gain job satisfaction, maintain a positive attitude toward their work, and affirm their personal and professional value [34, 35]. The improvement of nurses' perception of spirituality and spiritual care not only is conducive to the overall healthy development of patients but also may guide nurses to cope with trouble at work in a positive state so that nurses can improve the positive recognition of their own value and professional value and have a higher perceived professional benefit. Therefore, this study aimed to investigate the status quo of Chinese nurses' perceptions of spirituality and spiritual care and their perceived professional benefits and to explore the relationship between them.

2. Materials and Methods

2.1. Research Design. Cross-sectional research was conducted in 15 Chinese hospitals. The data were collected between February and March 2021. A total of 398 questionnaires were distributed and 372 were returned (a recovery rate of 93.47%).

2.2. Participants. In this study, the convenience sampling method was used to investigate in-service nurses in various hospitals in Chengdu, Baoding, Shenyang, and other cities through an online questionnaire. The inclusion criteria were as follows: (1) in-service contract nurses or staff nurses in hospitals at all levels and (2) those who were physically present in the hospitals during the investigation and participated in this study voluntarily. The exclusion criterion was the employee opting out during the investigation.

2.3. Measures

2.3.1. Demographics. The demographic survey was designed by the researchers themselves and included general demographic data and knowledge of spiritual care, such as gender, age, educational background, professional title, years of work, training in spiritual care, and the level of understanding of spiritual care.

2.3.2. Chinese Version of the Spiritual Care-Giving Scale (C-SCGS). The scale was developed by Tiew and Creedy [36] and translated and revised by Hu et al. [32] to understand the perception of Chinese nurses' spirituality and spiritual care. After revision, the scale contained 34 items in total, including four dimensions: attributes for spiritual care, defining spirituality and spiritual care, spiritual perspectives, and spirituality and spiritual care values. Items were rated on

a 6-point Likert scale, and the total score ranged from 34 to 206. The higher the score, the higher the spirituality and spiritual care perception. Cronbach's α coefficients of each dimension of the scale applied in this study ranged from 0.943 to 0.983, showing good reliability.

2.3.3. Nurses' Perceived Professional Benefits Questionnaire (NPPBQ). The questionnaire was compiled by Hu [37] to investigate the gains and benefits that nurses' perceived from their careers. The questionnaire contains 33 items across five dimensions: personal growth, good nurse-patient relationship, recognition from family and friends, positive occupational perception, and team belonging. Items are scored on a 5-point Likert scale, with the total score ranging from 33 to 165. The higher the score, the higher the nurses' sense of professional benefit. The average score of items <2 indicates a low level, 2–4 indicates a medium level, and >4 indicates a high level [38]. Cronbach's α coefficients of each dimension of the scale applied in this study ranged from 0.836 to 0.915, showing good reliability.

2.4. Data Collection and Analysis. In this study, data were collected in the form of electronic questionnaires. Respondents could access web pages for filling out the questionnaire by clicking on the network links we distributed (https://www.wjx.cn/vm/w7mUk0s.aspx). The questionnaires completed by each person were independent and did not interfere with each other. On the web page, we used uniform instructions to explain the purpose of the survey to the research subjects, who filled out the questionnaire anonymously under the premise of informed consent. To ensure the quality of the data, we adopted the online questionnaire design of compulsory answers and data logic control.

The collected data were analyzed using IBM SPSS 23.0 for Windows. Frequency count and percentage were used to describe the demographic characteristics of the nurses. Mean and standard deviation were used to describe the distribution of each dimension and the total C-SCGS and NPPBQ scores. Internal consistency reliability estimates were established for all tools (C-SCGS, NPPBQ). To measure the associations between the nurses' perceived professional benefits and categorical study variables, independent-group *t*-tests and one-way ANOVA were used; correlation analysis was used to clarify the correlation between nurses' spirituality and spiritual care perceptions and their perceived professional benefit. All statistical analyses were performed at the 0.05 level of significance.

3. Results

3.1. Participant Characteristics. Among the 372 nurses surveyed, 365 (98.1%) were female and 7 (1.9%) were male. Most of them were between 26 and 35 years old (59.1%). Most of them received a bachelor's degree (73.4%). There were 169 (45.4%) and 131 (35.2%) nurse practitioners and supervisor nurses, respectively, and 294 nurses (79.0%) had more than 6 years of working experience. Only 130 (34.9%) nurses had received spiritually related training, and only 83 nurses (22.3%) had different understandings of spiritual care (Table 1).

3.2. Total Score and Subscale Score of the NPPBQ. In this study, the total NPPBQ score was 136.88 ± 20.13, and the scores for the five dimensions were as follows: personal growth, 25.79 ± 3.87; good nurse-patient relationship, 24.32 ± 4.08; recognition from family and friends, 27.70 ± 4.77; positive occupational perception, 21.0 ± 3.23; team belonging, 20.66 ± 3.41. The total score and the dimension scores for the NPPBQ are given in Table 2. From the average score of the items, "good nurse-patient relationship had the highest score (4.29 ± 0.64), followed by personal growth (4.20 ± 0.66), team belonging" (4.13 ± 0.68), "recognition from family and friends" (4.08 ± 0.66), and positive occupational perception (3.89 ± 0.73).

Single-factor analysis revealed no significant differences in NPPBQ scores in terms of age, professional title, working years, or monthly income but did reveal differences based on gender, educational background, marital status, and the level of understanding of spiritual care (Table 1).

3.3. Total Score and Subscale Score of the C-SCGS. The overall potential score range for C-SCGS was 34–204. The total score of C-SCGS in this study was 168.64 ± 30.13. For the four dimensions, the scores were as follows: Attributes for spiritual care, 64.04 ± 12.13; defining spirituality and spiritual care, 38.96 ± 7.63; spiritual perspectives, 24.83 ± 4.73; spirituality and spiritual care values, 39.87 ± 7.41. The total mean score and dimension scores for the C-SCGS are given in Table 2. The three highest mean scores for the C-SCGS were obtained by items 7 "Spiritual well-being is important for one's emotional well-being" (5.18 ± 1.001); item 4, "Spirituality is an expression of one's inner feelings that affect behavior" (5.11 ± 1.034); and item 14, "Spiritual care is a process and not a one-time event or activity" (5.10 ± 0.981).

3.4. Relationship between the NPPBQ and the C-SCGS. Pearson's correlation coefficients were calculated to determine the relationship between spirituality and spiritual care perceptions and nurses' perceived professional benefits (Table 3). The results show that the total score and dimensions of the C-SCGS were significantly positively correlated with the total score and dimensions of the NPPBQ, with the correlation coefficients ranging from 0.217 to 0.475 ($P < 0.01$), as shown in Table 3.

4. Discussion

This study investigated the status of Chinese nurses' perceptions of spirituality and spiritual care and perceived professional benefit and the relationship between nurses' perceptions of spirituality and spiritual care and perceived professional benefits.

Table 1: Comparison of perceived professional benefit score of nurses with different social-demographic characteristics ($N = 372$).

Social-demographic characteristics	N (%)	$M \pm SD$	t/F	P	LSD method
Gender					
Male	7 (1.9)	111.57 ± 23.36	−3.406	**0.001**	
Female	365 (98.1)	137.37 ± 19.78			
Age					
≤25	39 (10.5)	136.44 ± 20.23			
26~35	220 (59.1)	137.39 ± 20.00	0.125	0.945	
36~45	88 (23.7)	136.19 ± 20.33			
46~55	25 (6.7)	135.52 ± 21.45			
Education degree					A < B
Technical secondary school degree (A)	3 (0.8)	104.00 ± 24.06			A < C
Junior college degree (B)	91 (24.5)	135.64 ± 21.04	3.621	**0.013**	
Bachelor's degree (C)	273 (73.4)	137.87 ± 19.38			
Master degree or above (D)	5 (1.3)	125.40 ± 26.78			
Marital status					A > D
Married (A)	286 (76.9)	137.50 ± 19.76			B > D
Single (B)	75 (20.2)	136.31 ± 19.42	5.838	**0.001**	C > D
Divorced (C)	8 (2.2)	137.63 ± 23.75			
Widowed (D)	3 (0.8)	89.67 ± 12.22			
Length of professional service (years)					
0~5	78 (21.0)	135.45 ± 19.75			
6~10	131 (35.2)	136.60 ± 20.41	1.372	0.251	
11~15	85 (22.8)	135.04 ± 21.64			
>15	78 (21.0)	140.81 ± 18.07			
Monthly income (CNY)					
<1000	4 (1.1)	120.50 ± 27.86			
1000–3999	62 (16.7)	133.15 ± 19.39	1.871	0.115	
4000–6999	240 (64.5)	137.02 ± 20.33			
7000–9999	48 (12.9)	141.06 ± 19.28			
≥10000	18 (4.8)	140.39 ± 18.47			
Professional title					
The nurse	47 (12.6)	139.28 ± 19.01			
Nurse practitioner	169 (45.4)	137.62 ± 18.90	1.722	0.144	
Nurse-in-charge	131 (35.2)	134.87 ± 21.74			
Deputy chief nurse or above	21 (5.6)	141.71 ± 18.50			
Others	4 (1.1)	118.25 ± 29.57			
In ways that have received spiritual training					
The meeting training	86 (23.1)	139.40 ± 18.89			
Study at school	19 (5.1)	129.26 ± 26.33	1.684	0.170	
Professional training (psychological counselors, hospital-related training, etc)	25 (6.7)	140.28 ± 19.02			
No	242 (65.1)	136.24 ± 20.04			
The understanding level of spiritual care					A < D; A < E; A < F
Do not understand at all (A)	137 (36.8)	133.47 ± 20.97			B < C; B < D; B < E; B < F
Do not understand (B)	73 (19.6)	132.52 ± 19.63			
A little (C)	79 (21.2)	138.82 ± 17.62	5.987	**0.000**	C < F
Have some (D)	55(14.8)	141.02 ± 18.05			D < F
Understand (E)	18(4.8)	146.33 ± 22.26			
Know very well (F)	10(2.7)	160.40 ± 11.48			

Table 2: Total scores and subdimension scores of NPPBQ and the C-SCGS ($N = 372$).

	Min	Max	$M \pm$ SD (item mean score)
The total score of the NPPBQ	46.0	165.0	136.88 ± 20.13 (4.15 ± 0.61)
Personal growth	7.0	30.0	25.79 ± 3.87 (4.20 ± 0.66)
Good nurse-patient relationship	9.0	30.0	24.32 ± 4.08 (4.29 ± 0.64)
Recognition from families and friends	9.0	35.0	27.70 ± 4.77 (4.08 ± 0.66)
Positive occupational perception	6.0	25.0	21.0 ± 3.23 (3.89 ± 0.73)
Team belonging	5.0	25.0	20.66 ± 3.41 (4.13 ± 0.68)
The total score of the C-SCGS	34.0	204.0	168.64 ± 30.13 (4.95 ± 0.89)
Attributes for spiritual care	13.0	78.0	64.04 ± 12.13 (4.92 ± 0.93)
Defining spirituality and spiritual care	8.0	48.0	38.96 ± 7.63 (4.87 ± 0.95)
Spiritual perspectives	5.0	30.0	24.83 ± 4.73 (5.09 ± 0.97)
Spirituality and spiritual care values	8.0	48.0	39.87 ± 7.41 $(5.02 \pm 0.91$

4.1. Nurses' Understanding of Spirituality and Spiritual Care. In this study, most of the nurses (77.6%) had a minimal understanding of spiritual care, and more than half (65.1%) had no training in spiritual care. Although spiritual care has been stressed in previous studies [39–41], most nurses have not been able to develop spiritual care conversations with patients, and the frequency of spiritual nursing in clinical practice is not high. The reason for this is that there is a lack of education and training related to spiritual care. Another study showed that nurses were aware of the role of spirituality and spiritual care in holistic care and willing to receive spirituality-related training [42]. However, the popularization and development of spirituality and spiritual care education in China are not presently balanced. While curriculum construction and research development in Taiwan and Hong Kong are relatively good, they are relatively poor on the mainland [34, 43], which indicates that our nursing educators need to pay attention to this situation so as to meet the needs of patients and promote the development of nurses' abilities.

4.2. Status of the Nurses' Perceived Professional Benefits. The survey results show that the total score of NPPBQ was 136.88 ± 20.13, and the item average score was 4.15 ± 0.61, indicating is generally a high level, consistent with the results of Hu et al. (138.45 ± 17.25) (2016).

It is worth noting that among the five subscales included in the NPPBQ, the mean scores of good nurse-patient relationship (4.29 ± 0.64), personal growth (4.20 ± 0.66), team belonging (4.13 ± 0.68), and recognition from families and friends (4.08 ± 0.66) were higher than those of positive occupational perception (3.89 ± 0.73). The results are similar to those of previous studies, with heavy workloads, a disproportionate amount of work compared to pay, and a relatively low social status all being likely contributing factors [17, 22, 26, 38, 44]. Nurses' lack of positive perception of their own profession suggests that nursing educators and clinical nursing managers should focus on the positive guidance of nurses and their professional attitudes and help nurses plan and develop their own profession better so that nurses can really benefit and thus improve their overall sense of benefit from this profession.

In our study, there were significant differences in NPPBQ scores between different genders, different educational backgrounds, different marital statuses, and different levels of understanding of spiritual care. Nurses with a bachelor's degree scored the highest (137.87 ± 19.38), followed by junior college, technical secondary school, and a master's degree or above. Highly educated nurses having lower NPPBQ scores were a result we did not expect, and there have been different discussions of this issue in previous studies. The research of Shi et al. [25] showed that nurses with lower academic qualifications could reap more benefits from a good nurse-patient relationship. A possible reason is that nurses with lower academic qualifications think that job opportunities are hard won, so they are more willing to actively contribute to patients, and at the same time, they will get more positive feedback. Meanwhile, Chai and Ouyang [45] found that nurses with undergraduate education had the lowest sense of professional benefits (126.99 ± 18.42). They thought the reason might be that nurses with different academic qualifications were all engaged in the same clinical work after entering the clinic, and nurses' stratification was unclear, which led undergraduates to think that their value could not be brought into play and made it difficult for them to perceive the benefits of their profession. In this study, nurses with bachelor's degrees accounted for more than 70%, and nurses with higher education had a higher understanding and application of professional values [46]. The results of this study show that compared with nurses with other education levels, nurses with a bachelor's degree had a higher perceived professional benefit. The possible reason is that with the continuous increase in the number of undergraduate nurses in China, this group's understanding and application of nursing's professional value have also improved accordingly. It is beneficial to grasp the overall nursing of patients and improve the quality of nursing, which is positive for the feedback of patients and nurses themselves. Moreover, nurses can also fully realize the value and significance of nursing behavior, which is conducive to the affirmation of the profession.

This study showed that there were differences in perceived professional benefits among nurses with different education levels. The educational level of nurses in China is constantly improving, and the range of academic degrees for nurses is continually widening [47]. How to foster a positive attitude toward the nursing industry in nurses with different educational backgrounds are an important issue. This suggests that nursing managers need to implement

Table 3: Correlation between the C-SCGS and NPPBQ ($N = 372$).

	The total score of the C-SCGS	Attributes for spiritual care	Defining spirituality and spiritual care	Spiritual perspectives	Spirituality and spiritual care values
The total score of the nurses' perceived professional benefit questionnaire	0.439**	0.475**	0.385**	0.362**	0.381**
Personal growth	0.435**	0.458**	0.394**	0.357**	0.385**
Good nurse-patient relationship	0.437**	0.456**	0.359**	0.405**	0.402**
Recognition from families and friends	0.396**	0.435**	0.348**	0.314**	0.337**
Positive occupational perception	0.327**	0.364**	0.310**	0.217**	0.277**
Team belonging	0.396**	0.438**	0.354**	0.329**	0.320**

**, $P < 0.01$.

corresponding management measures to improve the perceived professional benefit according to their educational level so that nursing talents with different educational levels can give full play to their advantages, realize their value, and eventually improve their perceived professional benefits.

4.3. Status of Nurses' Perception of Spirituality and Spiritual Care. Our findings indicate an upper middle level of spirituality and spiritual care perceptions among Chinese nurses, which was mainly manifested in the scores of the C-SCGS and its dimensions. This finding is consistent with the research results of Hu et al. [33] (total score of 168.49 ± 19.53).

Based on our survey of nurses' perceptions of spirituality and spiritual care, the most important items were identified as "Spiritual well-being is important for one's emotional well-being," "Spirituality is an expression of one's inner feelings that affect behavior," and "spiritual care is a process and not a one-time event or activity." When these items are considered, we can assume that nurses understand the value and meaning of spirituality and spiritual care, but Chinese nurses' perceptions of spirituality and spiritual care are different from those of nurses in many other places. For example, some non-Asian studies show that nurses are more likely to explain spirituality in terms of religion [48–50], while spirituality in the Chinese context may be more focused on the traditional Chinese cultural values, namely the cultural influences of Confucianism, Buddhism, and Taoism [51]. Confucianism attaches importance to personal cultivation and emphasizes individual social responsibility, Buddhism emphasizes "fate" and karma (a state of causality, a reaction to fate) and Taoism emphasizes harmony and unity with nature. These traditional thoughts have been passed down in China for thousands of years, and their influence on people is deeply rooted [51]. Although clinical nurses in China currently lack systematic education courses related to spiritual care [33], their perception of spirituality and spiritual care is not low and may also be influenced by Chinese traditional cultural values. The same cultural experience connects the nurse with the patient, allowing the nurse to be clinically aware of the spiritual needs of the patient as a result of their illness. Studies have shown that when patients experience physical diseases, their spiritual problems may become more prominent, which requires more attention from the outside world because Chinese people tend to regard spirituality as a body or an entity deep inside that is inherent in people, and the spirituality usually becomes a life-sustaining force when people's bodies are weak and provides motivation for people to overcome difficulties [52, 53]. Nurses have a high level of spiritual and spiritual care perception and can assess the spiritual needs of patients in a timely and accurate manner, which is conducive to the health recovery of patients.

Nurses' perception of spirituality affects their understanding of spiritual care and the provision of nursing measures, which is of great significance to the satisfaction of patients' spiritual needs and the recovery of their overall health [33]. Therefore, it is necessary to improve nurses' perceptions of spirituality and spiritual care. No matter the region, spirituality itself is a multidimensional and complex concept, and spirituality and spiritual care will be influenced by context, cultural background, and religious belief [53–55]. This suggests that our nursing managers should consider the different cultural backgrounds of each place in the training of nurse spirituality and spiritual care and thus develop more appropriate and effective programs.

4.4. The Relationship between Nurses' Perception of Spirituality and Spiritual Care and Perceived Professional Benefits. Our results show a significant positive correlation between nurses' perceptions of spirituality and spiritual care and their perceived professional benefits ($r = 0.439$, $P < 0.01$), which can be explained by the fact that the higher the level of nurses' perceptions of spirituality and spiritual care, the higher their perceived professional benefit is likely to be.

When analyzing nurses' perceptions of spirituality and spiritual care, previous studies have mostly focused on its impact on patients' health [56] or discussed the status quo [57], influencing factors [57–59], and effective interventions [60, 61]. Less attention has been paid to the changes in nurses' professional cognition and psychology under the influence of spiritual concepts. The results of this study prove that the improvement of nurses' perceptions of spirituality and spiritual care can also have positive psychological effects on nurses, namely, an improved sense of professional benefit. Understanding the attributes of spiritual care is beneficial to a nurse's personal growth. When nurses can understand the attributes of spiritual care—such as "Spiritual care is important because it gives a patient hope," "Spirituality helps when facing life's difficulties and problems," and "A trusting nurse–patient relationship and respecting the dignity of patients are needed to provide spiritual care," they may be able to take new measures to meet patients' spiritual needs. These include staying with patients, being compassionate, maintaining respect, listening patiently, and improving their spiritual awareness [35]. When this happens, nurses also feel happy and valuable for meeting the needs of patients, which is conducive to their growth of the nurses. Focusing on spirituality can also enable nurses to pay more attention to their inner emotional experience and enhance their ability to overcome discomfort so as to achieve better spiritual growth [35, 62]. Nurses' perception of spirituality can strengthen nurses' positive perception of their occupation. "Spirituality is an expression of one's inner feelings that affects behavior," and spiritual orientation can influence nurses' behavior to some extent. The self-regulation theory holds that individual behaviors are sometimes determined by mental values, and people do not engage in behaviors that they consider worthless [63]. When nurses have a spiritual attitude, they can further realize the value of nursing work and are willing to implement it. Moreover, nurses will feel proud and happy to identify with the beautiful image of nurses as "angels in white" and "healing the wounded and saving the dying."

The perceived professional benefit is the overall feeling of multiple positive experiences, including nurses' own growth

and positive professional perception. With the continuous improvement of the perceived professional benefit, nurses can develop a stronger sense of identity with their profession [22] and less burnout [20, 64, 65] and may be more willing to actively devote time and energy to work [22, 66, 67] rather than thinking about leaving the industry [21, 68, 69]. In this way, the quality of clinical nursing can be continually improved. At the same time, the improvement of the perceived professional benefit can also meet the psychological needs of nurses, make them realize their self-worth and professional value, and help them constantly receive positive feedback from the profession, which is conducive to the mental health development of nurses and the stable development of the nursing team [64, 70].

In the past, the improvement of the sense of professional benefit often depended on improving the incentive mechanism of nursing management through lecture teaching, case analysis, and discussion [19, 71, 72], but we found a correlation between the perceptions of spirituality and spiritual care and perceived professional benefit, which suggests that in addition to the previous intervention methods, it is advisable to enhance nurses' cognition of spirituality and spiritual care to influence their perceived professional benefits. These findings may help nursing managers gain new inspiration for ways to improve the perceived professional benefits of nurses.

5. Conclusion

This study investigated Chinese nurses' perceptions of spirituality and spiritual care and their perceived professional benefits. The perception of spirituality and spiritual care and the perceived professional benefits of Chinese nurses are at an upper-middle level, but there are obvious differences in the perceived professional benefits of nurses with different educational backgrounds the higher the educational background, the lower the perceived professional benefits of nurses. This suggests that nursing managers should pay more attention to the perceived professional benefits of highly educated nursing talent. At the same time, Chinese nurses' perceived level of spirituality and spiritual care are significantly positively correlated with their perceived professional benefits. This provides a new idea for nursing managers and educators to develop interventions to improve nurses' perceived professional benefits. The improvement of nurses' perceived professional benefits may be achieved by improving nurses' perception of spirituality and spiritual care.

6. Implications for Nursing Practice

The improvement of nurses' perceived professional benefit is of great significance to the development of nurses' mental health. In China, in addition to objective factors such as education background, monthly income, and working environment, the factors affecting nurses' perceived professional benefit are also closely related to nurses' perceptions of spirituality and spiritual care. Nursing managers and educators should consider the training and education related to spirituality and spiritual care in the process of training and reeducating Chinese clinical nurses so as to improve their perceived professional benefit and facilitate the development of their physical and mental health.

Data Availability

The raw data supporting the conclusions of this article will be made available by the authors without undue reservation.

Ethical Approval

The study protocol was approved by the research committee of the Medical Ethics Committee of People's Hospital of Chengdu's Pidu District (No. 231 (2021) of the Commission).

Conflicts of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflicts of interest.

Authors' Contributions

XY-Z and M-C performed data collation, statistical analysis, and manuscript writing. XY-Z, JH-Y, and YJ-L revised the manuscript and guided the writing. YJ-L, J-W, YL-H, Q-Y, WQ-G, and LM-Z performed data collection and writing guidance. YJ-L, WN-L, and J-L searched the literature. WQ-G and LM-Z handled project conception and methodology design. All authors contributed to the article and approved the submitted version. Xiaoying Zeng and Jianhua Yang contributed equally to this work.

Acknowledgments

The authors thank all the participants in this study. This study was funded by a special nursing project of the Joint scientific research fund of Chengdu Medical College and the People's Hospital of Chengdu's Pidu District (2021LHHL-08), an open project of Sichuan Applied Psychology Research Center and Key Research Base of Philosophy and Social Sciences in Sichuan Province (CSXL-212B06), and the National Key R&D Program of China (grant no. 2018YFC2002000).

References

[1] C. Dall Ora, J. Ball, M. Reinius, and P. Griffiths, "Burnout in nursing: a theoretical review," *Human Resources for Health*, vol. 18, no. 1, 2020.

[2] C. Delgado, M. Roche, J. Fethney, and K. Foster, "Mental health nurses' psychological well-being, mental distress, and workplace resilience: a cross-sectional survey," *International Journal of Mental Health Nursing*, vol. 30, no. 5, pp. 1234–1247, 2021.

[3] J. L. Gomez-Urquiza, C. Vargas, E. I. De la Fuente, R. Fernandez-Castillo, and L. F. G. Canadas-De, "Age as a risk factor for burnout syndrome in nursing professionals: a meta-

analytic study," *Research in Nursing and Health*, vol. 40, no. 2, pp. 99–110, 2017.

[4] C. L. Huang, M. Wu, C. Ho, and J. Wang, "Risks of treated anxiety, depression, and insomnia among nurses: a nationwide longitudinal cohort study," *PLoS One*, vol. 13, no. 9, Article ID e204224, 2018.

[5] H. Yu, A. Jiang, and J. Shen, "Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: a cross-sectional survey," *International Journal of Nursing Studies*, vol. 57, pp. 28–38, 2016.

[6] L. Ying, J. M. Fitzpatrick, J. Philippou, W. Huang, and A. M. Rafferty, "The organisational context of nursing practice in hospitals in China and its relationship with quality of care, and patient and nurse outcomes: a mixed-methods review," *Journal of Clinical Nursing*, vol. 30, no. 1-2, pp. 3–27, 2021.

[7] T. Yang, X. Jin, H. Shi et al., "Occupational stress, distributive justice and turnover intention among public hospital nurses in China: a cross-sectional study," *Applied Nursing Research*, vol. 61, Article ID 151481, 2021.

[8] C. Liu, H. Hu, Y. Hou, and Z. Zeng, "Questionnaire study on status quo of nurse-patient relationship and its influencing factors in Shenzhen," *Chinese General Practice Nursing*, vol. 15, no. 24, pp. 2956–2959, 2017.

[9] H. Zhuansun, L. Duan, G. Ma, and H. Lei, "Research progress on nurses' own factors of tension in nurse-patient relationship," *Journal of Nurses Training*, vol. 29, no. 11, pp. 984–986, 2014.

[10] M. Cao, L. Zou, B. Zhao, Y. Qiu, H. Liu, and G. Wei, "Reliability and validity of the Chinese version of the spiritual health scale," *Annals of Palliative Medicine*, vol. 11, no. 3, pp. 1058–1067, 2022.

[11] X. Zhen and M. Geng, "Comparison of the history of nursing in ancient China and Western countries," *Chinese Journal of Modern Nursing*, vol. 35, pp. 4373–4375, 2011.

[12] S. Turale and A. Nantsupawat, "Clinician mental health, nursing shortages and the COVID-19 pandemic: crises within crises," *International Nursing Review*, vol. 68, no. 1, pp. 12–14, 2021.

[13] L. J. Labrague and J. A. A. Santos, "Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses," *Journal of Nursing Management*, vol. 29, no. 3, pp. 395–403, 2021.

[14] S. Pappa, V. Ntella, T. Giannakas, V. G. Giannakoulis, E. Papoutsi, and P. Katsaounou, "Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis," *Brain, Behavior, and Immunity*, vol. 88, pp. 901–907, 2020.

[15] R. Zheng, Y. Zhou, Y. Fu et al., "Prevalence and associated factors of depression and anxiety among nurses during the outbreak of COVID-19 in China: a cross-sectional study," *International Journal of Nursing Studies*, vol. 114, Article ID 103809, 2021.

[16] M. J. Gonzalez Mendez, L. Ma, R. Alvarado et al., "A multicenter study on the negative psychological impact and associated factors in Chinese healthcare workers 1 year after the COVID-19 initial outbreak," *International Journal of Public Health*, vol. 67, Article ID 1604979, 2022.

[17] J. Xie, M. Liu, Z. Zhong et al., "Relationships among character strengths, self-efficacy, social support, depression, and psychological well-being of hospital nurses," *Asian Nursing Research*, vol. 14, no. 3, pp. 150–157, 2020.

[18] Y. Hu, J. Hu, L. Li, B. Zhao, X. Liu, and F. Li, "Development and preliminary validation of a brief nurses' perceived professional benefit questionnaire (NPPBQ)," *BMC Medical Research Methodology*, vol. 20, no. 1, 2020.

[19] B. Mao, Y. Hu, X. Liu, C. Chen, and Z. Liu, "Cognitive intervention research of nurses' perceived professional benefit," *Chinese Journal of Nursing*, vol. 51, no. 2, pp. 161–166, 2016.

[20] X. Xiao, Q. Hu, Y. Liu, D. Zhang, and M. Zhang, "Perceptions of benefits and its effects on job burnout in nurses," *Chinese Nursing Management*, vol. 14, no. 1, pp. 56–60, 2014.

[21] X. Xiao, D. Zhang, L. Xiong, and Y. Zeng, "A survey study of nurses' perceived benefits and intent to stay," *Chinese Nursing Management*, vol. 16, no. 4, pp. 468–472, 2016.

[22] X. Zhou, H. Yang, Y. Yang, Y. Zhang, and H. Yang, "Mediating effect of professional identity on professional benefit and work engagement among nurses," *Journal of Nursing Science*, vol. 34, no. 17, pp. 51–54, 2019.

[23] L. Cheng, Y. Cui, Q. Chen et al., "Paediatric nurses' general self-efficacy, perceived organizational support and perceived professional benefits from class A tertiary hospitals in Jilin province of China: the mediating effect of nursing practice environment," *BMC Health Services Research*, vol. 20, no. 1.

[24] L. Tan, Y. Lu, T. Tian, and Y. Liu, "Mediating effect of perceived career benefit between structural authorization and innovative behavior in infusion nurses," *Journal of Nursing (China)*, vol. 28, no. 23, pp. 58–62, 2021.

[25] J. Shi, G. Song, and W. Wang, "The level and influencing factors of nurses' perceived professional benefits in 3A-level hospitals," *The Journal of Nursing Administration*, vol. 16, no. 3, pp. 155–157, 2016.

[26] X. Wang, M. Chen, B. Gong et al., "Correlation study between nursing work enviroment and occupational benefit of nurses," *Chinese Nursing Research*, vol. 30, no. 02, pp. 167–171, 2016.

[27] B. Yuan, Y. Guo, C. He, and L. Lv, "Current status of nurses' perceived professional benefits and its influence factors," *Journal of Nursing (China)*, vol. 23, no. 05, pp. 19–23, 2016.

[28] J. Chen and S. Chen, "A new perspective of seeking health and happiness under extreme stress -- cognitive adaptation theory (CAT)," *Journal of Huazhong Normal University (Humanities and Social Sciences)*, vol. 48, no. 1, pp. 137–140, 2009.

[29] X. Wang, J. Meng, and B. Han, "Cultural and spiritual foundations of positive psychology and mental health," *Psychological Communications*, vol. 3, no. 3, pp. 176–185, 2020.

[30] Y. Li, X. Zeng, M. Chen et al., "Association between spiritual care competency and perceived professional benefit among nurses: a cross-sectional study," *Journal of Nursing Management*, 2022.

[31] H. Zhu, X. Lv, F. Lu, S. Ji, and H. Zeng, "Research progress of spiritual care for patients with advanced cancer," *Military Nursing*, vol. 32, no. 17, pp. 32–35, 2015.

[32] Y. Hu, L. H. Tiew, and F. Li, "Psychometric properties of the Chinese version of the spiritual care-giving scale (C-SCGS) in nursing practice," *BMC Medical Research Methodology*, vol. 19, no. 1, 2019.

[33] Y. Hu, R. V. Leeuwen, and F. Li, "Psychometric properties of the Chinese version of the spiritual care competency scale in nursing practice: a methodological study," *BMJ Open*, vol. 9, no. 10, Article ID e30497, 2019.

[34] Y. Jiang, G. Fang, and S. Ma, "Experience of nurses' spiritual care:a meta-synthesis of qualitative studies," *Chinese Journal of Nursing Education*, vol. 17, no. 6, pp. 539–545, 2020.

[35] K. F. Jones, P. Paal, X. Symons, and M. C. Best, "The content, teaching methods and effectiveness of spiritual care training for healthcare professionals: a mixed-methods systematic

review," *Journal of Pain and Symptom Management*, vol. 62, no. 3, pp. e261–e278, 2021.

[36] L. H. Tiew and D. K. Creedy, "Development and preliminary validation of a composite spiritual care-giving scale," *International Journal of Nursing Studies*, vol. 49, no. 6, pp. 682–690, 2012.

[37] J. Hu, *Study on Conceptual Framework and Evaluation Tool of Nurses' Perceived Professional Benefits*, The Second Military Medical University, Retrieved from https://kns.cnki.net/kcms/detail/detail.aspx?FileName=1013232699.nh&DbName=CMFD2014, 2013.

[38] W. Meng, X. Ma, Z. Huang, and H. Wu, "Present situation and correlation of clinical nurses' perceived professional benefits and organizational atmosphere," *Chinese Journal of Social Medicine*, vol. 38, no. 3, pp. 256–259, 2021.

[39] M. Ghorbani, E. Mohammadi, R. Aghabozorgi, and M. Ramezani, "The effect of applying spiritual care model on well-being and quality of care in cancer patients," *Supportive Care in Cancer*, vol. 29, no. 5, pp. 2749–2760, 2021.

[40] R. Gillilan, S. Qawi, A. J. Weymiller, and C. Puchalski, "Spiritual distress and spiritual care in advanced heart failure," *Heart Failure Reviews*, vol. 22, no. 5, pp. 581–591, 2017.

[41] J. R. Peteet and M. J. Balboni, "Spirituality and religion in oncology," *CA: A Cancer Journal for Clinicians*, vol. 63, no. 4, pp. 280–289, 2013.

[42] L. P. Lewinson, W. McSherry, and P. Kevern, "Spirituality in pre-registration nurse education and practice: a review of the literature," *Nurse Education Today*, vol. 35, no. 6, pp. 806–814, 2015.

[43] Y. Yin and M. Li, "Research progress of spiritual care in nursing education," *Modern Nursing*, vol. 25, no. 8, pp. 7–9, 2018.

[44] T. Zhan, H. Li, and X. Ding, "Can social support enhance sense of coherence and perceived professional benefits among Chinese registered nurses? A mediation model," *Journal of Nursing Management*, vol. 28, no. 3, pp. 488–494, 2020.

[45] B. Chai and H. Ouyang, "Influence of nurses' professional self-concept on perceived professional benefits," *Chinese Nursing Research*, vol. 31, no. 4, pp. 445–448, 2017.

[46] B. T. Sibandze and K. N. Scafide, "Among nurses, how does education level impact professional values? A systematic review," *International Nursing Review*, vol. 65, no. 1, pp. 65–77, 2018.

[47] Y. Chen, J. Li, and F. Tan, "Development status of nursing education in China during the 40 years of reform and opening up - literature data analysis from 1978 to 2018," *Health Vocational Education*, vol. 38, no. 13, pp. 83–85, 2020.

[48] B. W. Chew, L. H. Tiew, and D. K. Creedy, "Acute care nurses' perceptions of spirituality and spiritual care: an exploratory study in Singapore," *Journal of Clinical Nursing*, vol. 25, no. 17-18, pp. 2520–2527, 2016.

[49] H. Irmak and T. Sagkal Midilli, "The relationship between psychiatric nurses' spiritual care practices, perceptions and their competency," *Archives of Psychiatric Nursing*, vol. 35, no. 5, pp. 511–518, 2021.

[50] G. A. Melhem, R. S. Zeilani, O. A. Zaqqout, A. I. Aljwad, M. Q. Shawagfeh, and M. A. Al-Rahim, "Nurses' perceptions of spirituality and spiritual care giving: a comparison study among all health care sectors in Jordan," *Indian Journal of Palliative Care*, vol. 22, no. 1, pp. 42–49, 2016.

[51] S. Hsiao, M. Gau, C. Ingleton, T. Ryan, and F. Shih, "An exploration of spiritual needs of Taiwanese patients with advanced cancer during the therapeutic processes," *Journal of Clinical Nursing*, vol. 20, no. 7-8, pp. 950–959, 2011.

[52] Y. Niu, W. McSherry, and M. Partridge, "An understanding of spirituality and spiritual care among people from Chinese backgrounds: a grounded theory study," *Journal of Advanced Nursing*, vol. 76, no. 10, pp. 2648–2659, 2020.

[53] Y. Niu, W. McSherry, and M. Partridge, "Exploring the meaning of spirituality and spiritual care in Chinese contexts: a scoping review," *Journal of Religion and Health*, vol. 61, no. 4, pp. 2643–2662, 2022.

[54] V. C. Paul and J. V. Treschuk, "Critical literature review on the definition clarity of the concept of faith, religion, and spirituality," *Journal of Holistic Nursing*, vol. 38, no. 1, pp. 107–113, 2020.

[55] M. Ramezani, F. Ahmadi, E. Mohammadi, and A. Kazemnejad, "Spiritual care in nursing: a concept analysis," *International Nursing Review*, vol. 61, no. 2, pp. 211–219, 2014.

[56] I. Mamier, E. J. Taylor, and B. W. Winslow, "Nurse spiritual care: prevalence and correlates," *Western Journal of Nursing Research*, vol. 41, no. 4, pp. 537–554, 2019.

[57] R. Herlianita, M. Yen, C. Chen, S. J. Fetzer, and E. C. Lin, "Perception of spirituality and spiritual care among muslim nurses in Indonesia," *Journal of Religion and Health*, vol. 57, no. 2, pp. 762–773, 2018.

[58] Z. Akgün Şahin and F. Kardaş Özdemir, "Spirituality and spiritual care: a descriptive survey of nursing practices in Turkey," *Contemporary Nurse*, vol. 52, no. 4, pp. 454–461, 2016.

[59] L. Ross, T. Giske, R. van Leeuwen et al., "Factors contributing to student nurses'/midwives' perceived competency in spiritual care," *Nurse Education Today*, vol. 36, pp. 445–451, 2016.

[60] H. Amiri, J. Farokhzadian, and B. Tirgari, "Empowerment of nurses for integrating clients' religion/spirituality into clinical practice: outcomes of an online training program," *BMC Nursing*, vol. 20, no. 1, 2021.

[61] M. R. O'Brien, K. Kinloch, K. E. Groves, and B. A. Jack, "Meeting patients' spiritual needs during end-of-life care: a qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training," *Journal of Clinical Nursing*, vol. 28, no. 1-2, pp. 182–189, 2019.

[62] H. Daudt, M. D'Archangelo, and D. Duquette, "Spiritual care training in healthcare: does it really have an impact?" *Palliative and Supportive Care*, vol. 17, no. 2, pp. 129–137, 2019.

[63] A. Allahyari Bouzanjani, P. Bahadori, and P. Nikoonam, "Nurses' empathetic behaviors: the direct and indirect effect of their spiritual orientation," *Journal of Religion and Health*, vol. 60, no. 1, pp. 134–152, 2021.

[64] J. Hu and X. Liu, "Study on influence of occupational benefit on job burnout of nurse," *Chinese Nursing Research*, vol. 30, no. 2, pp. 160–163, 2016.

[65] Y. Zhu, B. Mao, and F. Zhang, "Status of nurses' sense of professional gain and its influence on job burnout," *Chinese General Practice Nursing*, vol. 18, no. 17, pp. 2159–2161, 2020.

[66] M. Wang, Y. Sun, J. Xing et al., "The relationship between doctor-nurse collaboration, perceived benefits and work engagement among ICU nurses," *Chinese Nursing Management*, vol. 17, no. 9, pp. 1186–1189, 2017.

[67] X. Xiao, D. Zhang, L. Xiong, and Y. Zeng, "Influence of nurses' perceived career benefit on their work engagement," *The Journal of Nursing Administration*, vol. 15, no. 6, pp. 386–388, 2015.

[68] M. Zhao, X. Ge, and M. Zhang, "Study of the correlation between nurses' perceived professional benefit and their turnover intention," *Hospital Administration Journal of Chinese People's Liberation Army*, vol. 25, no. 7, pp. 601–603, 2018.

[69] Y. Zheng and Q. Chen, "A correlation study between occupational benefit and turnover intention of nurses from a private hospital," *The Journal of Nursing Administration*, vol. 17, no. 7, pp. 479–481, 2017.

[70] C. He, Y. Wei, Y. Lu, and S. Chang, "The effects of the perceived stress and perceived professional benefits on mental health of nurses in departments of mammary oncology," *Chinese Journal of Nursing Education*, vol. 16, no. 11, pp. 867–871, 2019.

[71] W. Li, "Influence of humanized nursing management incentive mechanism on nurses' sense of professional gain and burnout," *Chinese General Practice Nursing*, vol. 16, no. 24, pp. 3041–3043, 2018.

[72] M. Xu and H. Wang, "Effect of benefit-finding education on perceived professional benefits among nurses," *Chinese Nursing Research*, vol. 33, no. 24, pp. 4363–4365, 2019.