

## SPIRITUAL WELL-BEING AND CAPACITY FOR COMPASSION AS PREDICTORS OF CARING BEHAVIOR OF NURSING STUDENTS IN SELECTED PRIVATE SCHOOL IN DAVAO CITY

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### ABSTRACT

This study determines the influence of spiritual well-being and capacity compassion on the caring behavior of nursing students. The descriptive-correlational design was utilized in this study. Data were gathered through survey questionnaire from 200 nursing students in selected private school. Mean was employed in analyzing the level of spiritual well-being, level of capacity compassion, and level of caring behavior. Pearson-product moment correlation was used to analyze the relationships that exist between the variables. Further, the multiple regression analysis was used to measure the influence of spiritual well-being and capacity compassion, and level of caring behavior of nursing students. The results disclosed that the levels of significant relationship between spiritual wellbeing and capacity of compassion. This implied that spiritual well-being of nursing students considering the four domain and capacity compassion considering the healthcare professionals can improve better, the caring behavior of nursing students considered two aspects further explains that spiritual wellbeing and capacity of compassion has significant relationship, therefore the hypothesis was rejected. Lastly, compassion is an important contributor to caring behavior, it is recommended that healthcare professionals need to further increase since they have got the high level, but still there is room for the highest level may the nursing students practically aware and adopt.

**Keywords:** *Spiritual Well-Being, Capacity for Compassion, and Caring Behavior of Nursing*

### INTRODUCTION

#### Background of the Study

Holistic nursing, which is grounded in caring, relationships, and interconnectedness, is based on a philosophy of living. A holistic nurse takes a mind-body-spirit-emotion-environment approach to nursing practice and recognizes and integrates the modalities and principles of holistic healing into both professional practice and daily life (Dominick Flarey et al., 2024). Caring behavior involves practicing love-based attitudes that are woven into an individual's daily life. Spirituality, in this context, is seen as the capacity to find meaning through intrapersonal, interpersonal, and transpersonal relationships, empowering the individual to transcend beyond themselves.

Supported by the studies of Bickford et al. (2019), Pehlivan and Güner (2020), and Salvador Zaragoza et al. (2021), compassion is recognized as an essential element in ensuring the delivery of quality and patient-centered care. Providing such care requires qualities like empathy, compassion, and a sense of closeness with patients and their families (Ortega-Galán et al., 2019; Ruiz-Fernández, Ramos-Pichardo, et al., 2020). The importance of compassion is widely acknowledged, and in recent years, it has gained increasing emphasis in health care. Nurse educators face the challenge of balancing the need to equip students with complex knowledge and skills while also nurturing the qualities essential for them to become compassionate and caring nurses.

In the global context, spiritual well-being refers to the practice of love-based attitudes that are integrated into an individual's daily life. Kurus (2019) describes spirituality as the process of creating meaning through intrapersonal, interpersonal, and transpersonal relationships, which empowers individuals to transcend. Spiritual care is defined as the support nurses provide to address patients' spiritual needs or concerns. However, it is often not included as a central element in holistic and multidisciplinary care. Historically, spiritual care was a key component of holistic nursing practice. Unfortunately, many major medical and educational programs have yet to incorporate spiritual care into their standardized or core curricula (Shih, Gau, Man, Chen, & Lo, 2021).

In the national context, Pesut, 2001; van Leeuwen, Tiesinga, Middel, Post, Jochimsen, (2020), that nurses Code acknowledges the spiritual aspect of nursing and offers spiritual care to all nurses as an important duty. Health care professionals accept the role of spiritual health care in the overall health and well-being of clients Nurses regularly perform nursing assessments, but typically no examination of spiritual needs is performed which often results in lack spiritual care. (Pesut, 2021).

In local context. A study was carried out by Kimmot, Caranto & David, (2019) exploring how student nurses conceptualize and provide spiritual care. They found out that providing clients with basic spiritual nursing care does not require consent or agreement, but consent may be necessary in providing spiritual nursing care involving belief systems, theological worldviews or doctrinal practices.

In a study carried out in Philippine, obstacle to the provision of spirituality treatment such as lack of time, inadequate awareness and different beliefs of both patients and nurses were discovered. A study was carried out by Kimmot, Caranto & David, (2021) exploring how student nurses conceptualize and provide spiritual care.

In contrast to the study by Sinclair, Kondejewski, et al. (2021), which found that compassion is associated with lower healthcare costs, reduced absenteeism, and fewer negligence claims and medical errors, the benefits of compassion from healthcare professionals were less clear in terms of enhancing professional-patient relationships. Additionally, improvements in well-being and job satisfaction were not definitively reported. Kimmot, Caranto, and David (2019) highlighted several constraints in providing spiritual care, including a lack of time, insufficient guidance, and the absence of spiritual principles in their educational experiences and lectures.

### Statement of the Problem

This study determined the relationship between spiritual well-being and capacity of compassion on caring behavior of nursing students in selected private school in Davao City. Specifically, this sought answers to the following questions:

1. What is the level of spiritual well-being of nursing students in terms of:
  - 1.1 personal
  - 1.2 communal
  - 1.3 environmental
  - 1.4 transcendental?
2. What is the level of capacity for compassion among nursing students in the healthcare professionals?
3. What is the level of caring behavior of nursing students in terms of:
  - 3.1 verbal caring behavior
  - 3.2 non- verbal caring behavior
4. Is there any significant relationship between
  - 4.1 spiritual well-being and capacity of compassion?
  - 4.2 caring behavior and capacity of compassion?
5. Do spiritual wellbeing and capacity of compassion significantly influence the caring behavior of nursing students?

### FRAMEWORK

The study anchored on the theory of spiritual care by Hsiao, Chiang & Chien, (2010), posit that spiritual care is a holistic type of care and is therefore designed to reach the deep but intangible human needs that are vital for the promotion of good health, such as inner strength and peace. The theory of Johnson (2013) emphasized the impact of spiritual care education on preparing undergraduate nursing students to provide spiritual care (Nurse Education Today). Therefore, if nurses are able to assess patients' spiritual needs and implement appropriate interventions to help meet those needs, they can promote quality of life and reduce patient distress (Barber, 2008). Meanwhile, the theory of Reed, P.G. (1987). Spirituality and well-being in terminally ill hospitalized adults. Vaillot M.C. (1970) The spiritual factors in nursing. Journal of Practical Nursing. The effectiveness of an educational programs for nursing students on developing competence in the provision of spiritual care. The third variable anchored with the Swanson's (2013). Theory of Caring Caring Behavior Coding Scheme (the CBCS), contains seventeen verbal and eight nonverbal behavioral codes, categorized as caring and non-caring in accordance with Swanson's Theory of Caring. Content and face validity were assessed. Timed-event sequential continuous coding was performed in INTERACT software. Meanwhile, CBCS is a theory-based instrument that contributes to research on healthcare providers' behavioral encounters. It uses verbal and nonverbal caring and non-caring behavioral codes to assess the alignment of both the theory and practice of caring.

### METHODS

#### Research Design

This study utilized the descriptive-correlational research design. Descriptive research design is used to obtain information concerning the status of the phenomena to describe (Shuttleworth, 2008). Moreover, it is a fact-finding study that allow the researcher to examine characteristics, behaviors and experiences of study participants (Calmorin, 2007). Descriptive research design is used to obtain information concerning the current status of the phenomena to describe (Shuttleworth, 2008). Moreover, it is a fact-finding study that allowed the researcher to examine characteristics, behaviors, and experiences of study participants (Calmorin, 2007). Furthermore, the correlational design is used to identify the strength and nature of association between two or more variables (Creswell, 2003). In this the study, it determined the levels of spiritual well-being, capacity for compassion and caring behavior of nursing students. Moreover, the study investigated the relationship between spiritual well-being and capacity of compassion in relation to caring behavior among nursing students.

#### Research Respondents

The study focused on private hospitals as clinical settings and private schools where the nursing students were enrolled. The inclusion criteria for respondents required that they be bona fide third-year nursing students. To determine the appropriate sample size, Slovin's formula was used, as it is effective for calculating the number of samples needed when the population is too large to survey in its entirety. Slovin's formula is suitable for simple random sampling; however, if the population consists of distinct subgroups, the formula can be applied separately to each subgroup to achieve more accurate results. If all 1,000 nursing students were included, the survey results would likely reflect the needs of the entire group. However, if only 700 students were surveyed while the other 300 were not included, the needs of those excluded may differ. In this case, conducting a single survey might not provide the necessary data, whereas sampling each subgroup separately would yield more accurate and representative results.

#### Research Instrument

The study employed the questionnaires adapted from different studies and considered fit to the context of the respondents of this study. The instrument was divided into three parts such as spiritual well-being, capacity for compassion and caring behavior. The first tool is spiritual well-being. This tool was adapted from Paloutzian and Ellison (1982) (consisting of Existential Wellbeing and Religious Wellbeing) along with Moberg's instrument. This tool consists of four indicators: personal, communal, environmental and transcendental.

#### Statistical Tools

The data were analyzed using the mean, Pearson product-moment correlation, and multiple regression analysis.

## RESULTS AND DISCUSSION

**Level of Spiritual Well-Being of Nursing Students**

Table 1 shows the level of spiritual well-being of nursing students. The spiritual well-being contains contains of four indicators, namely: personal, communal, environmental, and transcendental. It garnered an overall mean rating of 3.90 and a standard deviation of .354. The SD results range from .794-.855 which denotes that the respondent's scores are not so dispersed from one another.

In terms of the personal aspect, the category mean is 3.89, likewise described as high. This indicates that the nursing students often exhibited spiritual well-being in the personal aspect.

**Table 1 . Level of Spiritual Well-Being**

Spiritual Well-Being Items	Mean	Std. Deviation	Description
PERSONAL	3.89	.488	High
COMMUNAL	3.89	.488	High
ENVIRONMENTAL	3.89	.488	High
TRANSCENDENTAL	3.95	.338	High
Overall Mean	3.90	.354	High

In the category of communal, the results show that the nursing students exhibit a highest mean of 3.89 which is described as high. This means that the nursing students oftentimes exhibits spiritual well-being in terms of communal. This support the study of the study of Chandramoha and Bhagwan, (2023). Spiritual Wellbeing which is grounded on caring, relationship and interconnectedness is founded on a philosophy of living. A nurse who is holistic takes a mind-body -spirit-emotion- environment approach into the practice of nursing and recognizes and integrate the modalities and principles of holistic healing into practice and daily life.

In terms of environmental, the category mean is 3.89. This means that the nursing students oftentimes exhibits spiritual well-being in terms of environmental.

In the transcendental category, the category mean is 3.89, described as high. This indicates that the nursing students oftentimes exhibits spiritual well-being in terms of transcendental. Supported by the study of Pesut, Leeuwen, Tiesinga, Middel, Post, Jochemsen, (2020), that nurses Code acknowledges the spiritual aspect of nursing and offers spiritual care to all nurses as an important duty. Health care professionals accept the role of spiritual health care in the overall health and well-being of client's nurses regularly perform nursing assessments, but typically no examination of spiritual needs is performed which often results in lack spiritual care personally.

The overall mean of 3.90, which described as high. This denotes that the nursing students oftentimes exhibits spiritual well-being. Supported the study Vaillot (2020), Spirituality is "the quality of those forces which activate us or are the essential principle influencing us.

**Level of Capacity for Compassion**

Table 2 shows the level capacity for compassion in terms of health professionals. The overall mean is 3.89. while the standard deviation is .476 which ranges from .723-.774. This denotes that respondent's answers are clustered to the mean.

The overall mean of 3.89 which described as high. This denotes that the nursing students oftentimes exhibits capacity for compassion in terms of healthcare professionals. Supported with the idea of Baguley et al., (2020)., despite evidence of its centrality to effective clinical care, research has focused on compassion fatigue or barriers to compassion and neglected to study the fact that most healthcare professionals maintain compassion for their patients.

**Table 2. Level of Capacity for Compassion**

		Mean	Std. Deviation	Description
<b>Capacity for Compassion in terms of Healthcare Professionals</b>				
1	I feel a great desire to prevent suffering, alleviate it and/or avoid it	3.88	.774	High
2	I have always felt the need to help others	3.91	.724	High
3	I feel strong and courageous to deal with suffering	3.87	.772	High
4	I can listen attentively without my mind wandering	3.90	.723	High
5	I can observe my thoughts and emotions with curiosity and not judge them.	3.88	.774	High
6	I can stay physically and emotionally with the patient and don't escape	3.91	.724	High
7	If anything distracts me, I take a deep breath and concentrate again	3.88	.771	High
8	I recognize that, like this person, I too can suffer	3.89	.724	High
9	I understand that all human beings want to be free from suffering and we want to be happy	3.88	.774	High
10	I feel that we all are connected and need each other	3.91	.724	High
11	The ability to understand and appreciate the person who is suffering arises in me	3.87	.772	High
12	I feel involved with the suffering of this person	3.90	.723	High
13	I do everything possible to alleviate suffering	3.88	.774	High

14	Faced with a defenseless situation, I can mobilize all resources possible to protect it	3.90	.724	High
15	If I feel weak, I can care for myself with affection	3.88	.771	High
16	If I'm wrong, I try not to judge myself and treat myself kindly	3.89	.724	High
17	If I'm feeling down, I can provide myself with comfort and understanding	3.88	.774	High
<b>Overall Mean</b>		<b>3.89</b>	<b>.476</b>	<b>High</b>

In contributing to this understudied area, the present report provides an exploratory investigation into how healthcare professionals report trying to maintain compassion. On the one hand, providing care based on compassion has shown benefits in patients such as greater satisfaction with health care, reduced anxiety, greater pain tolerance and better stress response, a decrease in symptoms, and improved quality.

In addition, to the study of Fernando et al., (2022), stated that the health professionals from a range of specialties employ when seeking to maintain compassion as well as the breadth of strategies employed. Although it represents a useful beginning to work in an area with almost no research, there are several limitations that should be borne in mind and both social desirability and self-presentational biases may be important.

#### Level of Caring Behavior

Table 3 shows the level of caring behavior of the nursing students. The caring behavior has two indicators, namely verbal and nonverbal behavior. The overall mean is 3.89 while the standard deviation is .499 which ranges from .543-.772. This denotes that respondent's answers are clustered to the mean.

**Table 3**  
**Level of Caring Behavior**

	<b>Caring Behavior Items</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Description</b>
<b>Verbal behavior (Verbal communication)</b>				
1	Patient-centered	3.87	.772	High
2	Exploring both disease and illness experience	3.90	.723	High
3	Understanding of the whole person	3.88	.774	High
4	Finding common ground	3.91	.727	High
5	Contextualizing communication	3.88	.767	High
	<b>Category Mean</b>	<b>3.89</b>	<b>.479</b>	<b>High</b>
<b>Non-verbal behavior (Verbal behavior communication)</b>				
1	Smiles	3.88	.776	High
2	Supportive facial expressions	3.91	.724	High
3	Head nods	3.87	.772	High
4	Looking at patient	3.90	.723	High
5	Looking at computer	3.88	.774	High
	<b>Category Mean</b>	<b>3.89</b>	<b>.543</b>	<b>High</b>
	<b>Overall Mean</b>	<b>3.89</b>	<b>.499</b>	<b>High</b>

In terms of verbal behavior, the aspect of *finding common ground* is the highest mean with a value of 3.89 described as high. On the hand, the lowest mean is 3.87 also described as high in the aspect of *patient-centered*. he category mean is 3.89 which is described as high. This indicates that the the nursing student oftentimes manifest caring behavior in terms of verbal behavior. Supported with the study of Inocian et al., (2022). Caring is considered a core learning objective for nursing students, and it must be taught and fostered during nursing undergraduate degree, however, teaching caring is not always straightforward.

However, research on the more behavioral outcomes of increased self-awareness tends to be fragmented and focus on one or two outcomes at a time. If self-awareness is to be promoted as of direct value to individuals, organizations and society, it is important to assess the full range of potential outcomes. A comprehensive measure of the outcomes and effects of self-awareness would not only give researchers a concise way of evaluating the wide impact of self-awareness interventions but would also help to elaborate the nature of the relationships between different conceptualizations of self-awareness (Sutton, 2020).

In non-verbal behavior, the results show that the item *supportive facial expressions* has the highest mean with a value of 3.89 described as high. On the other hand, the lowest mean is 3.87 described as high in the item *head nods*. The category mean is 3.89 described as high. This means that the the nursing student oftentimes manifest caring behavior in terms of non-verbal behavior. Supported by the study Riedi (2022) defines Caring behavior as the ability to recognize and understand one's own emotions. People with this competence are able to identify subtle differences in their emotions and know how their emotions affect their behavior, decisions, and performance. Moreover, someone should be able to have their own radar by identifying, recognizing and understanding every circumstance that will happen and make the right responses.

Shows the caring behavior in terms of non-verbal behavior, healthcare providers engage in caring behaviors. Yet, every year patient boards receive an increasing number of complaints from patients and significant others regarding healthcare providers' non-caring behaviors. Defining and measuring both verbal and non-verbal caring behavior in healthcare delivery is vital to address such complaints (Scand J Caring Sci. 2024).

The overall mean of 3.89 described as high. This denotes that the the nursing student oftentimes manifest caring behavior. However, not all studies were found that incorporated a comprehensive theory of caring to code encounters between healthcare providers and patients for more effective in nonverbal caring behavior for those patients with special needs. Generally, the students' development of caring behaviors increased while participating in

the CBC. Using a structured observational behavioral coding scheme can assist educators in assessing caring behavior both in education and in practice, supporting caring as the universal foundation of nursing and a key to patient safety (Scand J Caring Sci. 2024).

This implied that becoming a professional caring nurse is seen as an ongoing movement toward a deeper understanding of oneself and one's being and bearing. This movement is enabled when nursing students have a sense of caring behavior, courage to stand in their vulnerability, and reflect on their responsibility, caring attitude, and inner values and ethics, the indicators got a mean rating of 3.89 which means that the indicators have the same high descriptive equivalent, and the statement oftentimes embodied.

#### Relationship Between Spiritual Well-being and Capacity for Compassion on caring behavior

Table 4 shows relationship between spiritual well-being, capacity for compassion and caring behavior. The results show that all the independent variables have significant relationship with the caring behavior of the students ( $p < .05$ ).

**Table 4**  
**Relationship Between the Variables**

INDEPENDENT VARIABLES	Caring Behavior		
	R	p-value	Remarks
Spiritual Well-Being	.156	.028	Significant
Capacity for Compassion	.976	.000	Significant

In particular, there is a significant relationship between spiritual well-being and caring behavior of the nursing students ( $r = .156$ ,  $p < .05$ ). The strength of correlation between the two variables is weak and has a directly proportional relationship as revealed by the coefficient of .156. This suggests that the increase of spiritual well-being would essentially increase the caring behavior of the nursing students. This finding is supported of Ozbasaran et al. (2011) found that nursing students with higher levels of spiritual well-being demonstrated stronger caring behaviors in clinical practice. Similarly, Tiew et al. (2013) concluded that spiritual values and beliefs positively influence the development of empathy and compassion in nursing students, which are essential components of caring behavior.

Similarly, there is a significant and strong relationship between capacity for compassion and the caring behavior of nursing students ( $r = .976$ ,  $p < .05$ ). This indicates that as the capacity for compassion increases, the caring behavior of nursing students is also likely to increase. A strong correlation such as this suggests that compassion is not only relevant but may be a key determinant of caring behavior in future nurses. This aligns with the findings of Sinclair et al. (2016), who emphasized that compassion is central to high-quality nursing care and is positively associated with patient satisfaction, therapeutic relationships, and ethical practice. Furthermore, Porr et al. (2020) argue that the cultivation of compassion in nursing education enhances students' empathy, active listening, and respect for patient dignity—all of which are vital components of caring behavior.

#### Influence of Spiritual Well-being and Capacity for Compassion on the Caring Behavior

Table 5 presents the results of regression analysis which purpose is to show the significant predictors of caring behavior. The results indicate that among the two independent variables, only capacity for compassion was found to be significant predictor of caring behavior.

**Table 5**  
**Influence of Spiritual well-being and Capacity Compassion on Caring Behavior**

			Standardized Coefficients Beta	t	p-value	Remarks
Spiritual Well-Being	between		.005	300	.764	Not Significant
Capacity Compassion						
Capacity Compassion & Caring Behavior			.977	61.945	.000	Significant

**Note:  $R = .976$ ,  $R \text{ Square} = .952$ ,  $F = 1968.767$ ,  $p \text{ value} = .000$**

In particular, capacity for compassion has a significant direct effect on the caring behavior of nursing students ( $\beta = .977$ ,  $p < .05$ ). This means that the regression weight for capacity for compassion in the prediction of caring behavior is significantly different from zero at the 0.05 level (two-tailed). Thus, for every unit increase in capacity for compassion, there is a corresponding increase in the caring behavior by .977. This result is consistent with prior research emphasizing the central role of compassion in nursing practice. According to Tierney et al. (2017) emphasize that nursing students who demonstrate higher levels of compassion are more likely to exhibit caring behaviors in clinical settings, contributing to better patient experiences and outcomes. The study of Salvador Zaragozá et al., (2021), that spiritual well-being behavior has a direct effect on the capacity compassion of caring behavior of nursing students in the workplace.

On the other hand, the influence of spiritual performance has a p-value greater than .05. This means that innovative work behavior does not significantly predict the work performance on a singular capacity but it needs the support of the other variable. This conforms to the findings of Kimmot, Caranto & David, (2019). The spiritual care constraints highlighted include lack of time, and guidance or not provided with the spiritual principles during their learning experiences and lecture They found out that providing clients with basic spiritual nursing care does not



require consent or agreement, but consent may be necessary in providing spiritual nursing care involving belief systems, theological worldviews or doctrinal practices.

Lastly, the findings were apparent in the results of the regression analysis in which 95.2 percent of the variance of caring behavior can be explained by the model as indicated by  $R^2 = .952$ . This would mean that 4.8 percent of the variation of caring behavior can be attributed to other factors aside from the independent variables in the regression model.

### CONCLUSION

Based on the findings, the following conclusions were drawn:

1. The level of spiritual well-being has a weak significant direct effect on the capacity compassion of nursing students though has high level of mean but weak significant relationship.
2. The capacity of compassion has high level, specifically, exhibits the high level in terms of healthcare professional.
3. The level of caring behavior is got the high level in terms of verbal aspect and non-verbal aspect.
4. There is a weak significant relationship between spiritual well-being, and capacity compassion, On the other hand, for the spiritual wellbeing and capacity compassion has direct effect to the caring behavior of nursing students.
5. Spiritual well-being and capacity compassion significantly predict the caring behavior of nursing students.
6. This implied that spiritual well-being of nursing students considering the four domain and capacity compassion considering the healthcare professionals can improve better the caring behavior of nursing students based on the results of the study was conducted and participated by 200 nursing student respondents.

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