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ДУХОВНОСТЬ И НРАВСТВЕННОЕ СОСТОЯНИЕ ЛИЧНОСТИ МЕДИЦИНСКОЙ СЕСТРЫ

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В статье изложены результаты исследования духовности и нравственного состояния личности медицинской сестры как условия формирования партнерских отношений в медицине в диадах: медицинская сестра – пациент, медицинская сестра – врач, медицинская сестра – медицинская сестра. Полученные данные позволили утверждать, что медицинские сестры являются зрелыми, духовно развитыми личностями. Они ощущают себя принадлежащими к православной культуре (87,2 %) и признают необходимость сохранения в России традиционных религиозных ценностей (86,5 %). Однако 23,3 % медицинских сестер считают медицину, находящейся вне морали, а 6,3 % – даже противоречащей ей. Возможность вмешательства религии в медицину допускает очень малое число (6,6 %) медицинских сестер. Поддержание высокой духовной и нравственной культуры как условия формирования биоэтического мировоззрения в эпоху цифровой медицины требует непрерывного изучения биомедицинской этики на всех этапах профессиональной подготовки сестринских кадров.

Ключевые слова: духовность, религиозность, медицинские сестры, биомедицинская этика.

SPIRITUALITY AND MORAL PERSONAL STATE OF A NURSE

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The article presents the results of the research in spirituality and the moral personal state of a nurse as a condition for the formation of partnership relations in the medicine in dyads, these being: a) a nurse – a patient, b) a nurse – a doctor, and c) a nurse – to another nurse. The received data allowed to ascertain that nurses are mature, spiritually developed personalities. They feel themselves belonging to the Orthodox culture (87,2 %) and admit the necessity of preserving the traditional religious values in Russia (86,5 %). However, 23,3 % of the nurses consider medicine being beyond moral, and 6,3 % – even contradicting it. The possibility of interference of religion into medicine is allowed for by a very small number (6,6 %) of nurses. Keeping up with the high spiritual and moral culture as a condition of formation of bioethical outlook in the epoch of digital medicine demands a continuous study of biomedical ethics at all stages of professional training of nurse personnel.

Key words: spirituality, religiousness, nurses, biomedical methods

In the modern culture based on the post-modern system of thinking, negating the verity of philosophical theories and the universal nature of moral and cultural principles, a person not only stops being the highest value, but in general loses any phenomenological value [8]. As a result, in Russia, as well as in other countries, one can observe a negative trend towards de-humanization of a personality being accompanied by the loss of such essential mental values as spirituality and commonality. Under the conditions of a widespread violence in the society, criminality, immorality and drug addiction are the consequences of the fall in spirituality of the human being; not only the values common to humanity are being devalued, but also the human life itself. With the decrease of the spiritual level of the population, many social institutions are destroyed within society. Simultaneously, there is devaluation of the significance of the ethical regulators in the professional activity in the medicine. Such personal traits as ‘delicacy’, ‘mercy’, ‘tolerance’ and ‘the ability to establish a psychological contact’ are important only for 33 % of the students at a medical university [4]. At the same time, the ability to conduct professional activity in the medicine presupposes presence of a ‘spiritually developed personality’ among representatives of medical professions, as it was provided by a questionnaire [7].

The authentic author’s methodology was modified and validated during the pilot research. The questionnaire consisted of three main parts and the final (passport) part, characterising the status of the respondents (5 questions). The first part of the questionnaire is devoted to the definition of religious and confessional belonging of the medical employees (2 questions), the second – to their moral characteristics (15 questions),

the third – to the attitude to biomedical technologies (18 questions). In total, there were 40 questions.

To study the moral representations of the paramedical personnel, by the sampling method in March 2016, the questioning of nurses was conducted, with the nurses working in ten state medical organisations providing primary healthcare and who provided voluntary informed consent to participate in the study. The inclusion of the research participants into the sampling population was done by the method of quota sample, based on two statistical parameters: gender and age. The collection of statistical material was conducted by independent interviewers having incomplete higher medical education. After checking the fullness and quality of filling all items of the program, 288 questionnaires were included into the research.

The gender composition of those participating in the research, is represented by women (95,6 %) being in the most active period of their working career (the average age – 43 years old (95 % CI 30-54). The total years of service in the medicine made up 23,8 years.

During the statistical processing of the digital material, the qualitative and quantitative indicators were being calculated. The critical level of significance was accepted to be equal 0,05. The calculation of 95 % of confidence interval (CI) was done by Fisher’s exact test. The processing of statistical data was done with the help of the package of Excel application programs.

Results and their discussion. Spirituality is the phenomenon of human existence and the main condition of the moral rebirth of the people. The need for cognition refers to the category of spirituality relates – that of the world, of oneself, and the meaning and purpose of one’s life. The person is spiritual to the extent

that they reflect upon such questions and are aiming to receive answers to them.

The phenomenon of spirituality arouses interest among 64,5 % (95 % CI 52.1-75.3) of nurses. The majority (60,0 %; 95 % CI 42.3-75.4) of them correctly understand the meaning of the concept 'spirituality'. Of their total amount, for 61,1 % of nurses, the spirituality is comprised in the 'internal world' of the person manifesting in the «indifferent attitude to the people around». More deeply, the concept of spirituality is understood by 38,9 % of nurses: 27,8 % perceive it in the sense of 'love to the person' based on 'divine commandments' and 'principles of religious morale', and 11,1 % – as 'prevailing of moral values over material ones. To the manifestation of spirituality, most (71,0 %; 95 % CI 52.1-75.3) of nurses refer visiting museums, concerts of classical music and exhibitions. This is not true for 16,1 % (95 % CI 9.0-27.2), and 19,4 % (95 % CI 11.4-30.9) got difficulty in answering this question.

In the structure of value orientations, spirituality is perceived by the majority (74,2 %) of nurses as a never devalued advantage. Approximately the same meaning is attributed by them to the family values (67,7 %), significantly less – to intellectual achievements (22,6 %) and vanishingly small – to monetary and material richness (1,6 %). This confirms the statement that the «objective usefulness of spiritual activity of a person is combined dialectically with the subjective self-forgetfulness» [3]. As per the data of E. B. Alexeyeva [2], who was studying the structure of value orientations of nurses, based on the methodology suggested by S. S. Bubnova, the first place is taken by the value 'health' (5,8 points), second – 'love' (5,6 points) and third – 'high material well-being' (5,1 points).

Significantly fewer number of nurses have an idea about soullessness as an antonym for spirituality, – only 36,7 % (95 % CI 21.9-54.5). From their total amount, 70 % relate spirituality to the negative qualities of a personality – vengefulness, greed, lethargy of thought, selfishness, indifference etc. However, for 30 % of nurses, the non-spirituality is related to the absence of belief. The features of non-spirituality, as per the nurses, are as follows: vengefulness (71,0 %), consumer attitude to other people (64,5 %), indifference (53,2 %), lethargy of thought (32,3 %), pursuit of profits (32,2 %), ignorance of deep feelings (29,0 %), will to power (29,0 %), disdain for intellect (24,2 %), pursuit of wealth (24,2 %), wish of glory (19,4 %), hedonism (17,7 %).

The concept of spirituality is only limited to the concept of religiousness, as religiousness is only one of the ways of spiritual life. Only 41,0 % (95 % CI 35.5-46.7) of nurses admitted themselves to be religious people. At the same time, most of them positively views religion (80,6 %; 95 % CI 69.1-88.6) and are regular in church attendance (72,6 %; 95 % CI 60.4-82.1). However, fast is observed only by few (8,1 %; 95 % CI 3.5-17.5). The overwhelming majority of nurses consider the basis of their world outlook views to be Orthodox Christianity (87,2 %; 95 % CI 82.8-90.5)

and advocate the necessity of preserving traditional religious values in the country (86,5 %; 95 % CI 82.0-89.9).

Almost all nurses reflect upon the moral issues (95,1 %; 95 % CI 92.0-97.1). Whereby one in two (52,4 %; 95 % CI 46.7-58.1) consider moral and religion closely related to each other and mutually conditioned, and only 30,6 % (95 % CI 25.5-36.1) perceive moral autonomous phenomenon, not related to religion. One in two nurses (52,8 %; 95 % CI 47.0-58.5) see the nature of origin for the moral in the human and nature activity, and only 12,5 % (95 % CI 9,2016,8) admit their divine origins.

Dependence of the medicine on the moral stances in the society is only admitted by 44,4 % (95 % CI 38.8-50.2) of nurses. One in every four or five people (23,3 %; 95 % CI 18.8-28.5) consider medicine to be beyond moral, whereas 6,3 % (95 % CI 4.0-9.7) – even contradicting the moral laws. Only 25,0 % (95 % CI 20.4-30.3) of nurses, whilst resolving the issues related to providing medical services, are guided by their religious views. And only 6,6 % (95 % CI 4.3-10.1) consider that religion should interfere into the healthcare issues.

Whilst assessing the main reasons for the adverse situation in the domestic healthcare, the majority (61,1 %; 95 % CI 55.4-66.6) see them in the lack of material resources, whereas 47,6 % (95 % CI 41.9-53.3) – in the spiritual-moral crisis of the Russian society. And approximately the same amount (45,1 %; 95 % CI 39.5-50.9) consider that the mass media outlets started a propaganda campaign in the society with regards to consumption and hedonist values.

Together with this, the overwhelming majority (82,3 %; 95 % CI 77.5-86.3) of nurses agree with the statement that medical professionalism includes moral stature and presupposes acquisition of ethical knowledge.

The nurses in general succeeded in their professional and personal life. The majority of them are content with the chosen profession (80,6 %; 95 % CI 68.1-88.6) and their family (85,5 %; 95 % CI 74.7-92.2). However, only one in two (46,8 %; 95 % CI: 34.9-59.0) is absolutely happy with their own professional and personal fate. The considerable part (33,8 %; 95 % CI 23.3-46.3) found it hard to respond to this question, whereas at the same time, 'the project of life' of 19,4 % (95 % CI 11.4-30.9) remained, in their opinion, unimplemented. The majority (65,3 %; 95 % CI 59.6-70.4), upon being given the opportunity to choose a place of work in Russia or abroad, would remain to work in their native country. However, one in five (18,1 %; 95 % CI 14.0-22.9) would prefer to work in another country, and 16,6 % (95 % CI 12.8-21.4) found it hard to respond to this question.

The idea of teaching a number of topics related to biomedical ethics (life as a value and death) by clergymen is supported by 33,0 % (95 % CI 27.8-38.6) of the nurses. Approximately the same part is opposed to it (32,6 %; 95 % CI 27.5-38.3) and the same

amount (34,4 %; 95 % CI: 29.1-40.0) do not have an answer to this question.

Conclusion. Thus, summing up the conducted research, special emphasis should be paid to correct understanding by the nurses of the meaning of the phenomenon of spirituality in the context of concepts 'humaneness' and 'belief'. The semantical closeness of these fundamental concepts is in the fact that the moral origins of humaneness are in the religious consciousness. Nurses, not possessing systematized scientific bioethical and religious knowledge and experience, cognize the meaning of the phenomenon of spirituality intuitively correctly. In their majority, nurses are mature, spiritually developed personalities. They perceive spirituality as «the highest level of development and self-regulation of a mature personality, based on which the main motivational-significant regulators become the highest human values» [6]. This is contributed by the constant keeping up of the nurses with the intensive professional communication with patients, in the highly-charged emotional atmosphere of existential problems relating to start and end of life of a person: birth, illness, ageing, dying and death, being the main reason of spirituality of all people [1].

With that, this fact makes it uneasy that 23,3 % of the nurses consider medicine being beyond moral, and 6,3 % – even contradicting it. Bearing in mind that the professional activity of the nurses is conducted during the period of digital medicine, the transition to which is accompanied by major structural sociocultural transformations in the Russian society, a significant renewal of the content for the curricula and syllabi is needed for the nursing education (both for vocational and higher education). Their meaning and significance are largely defined by the condition and prospects of the spiritual and moral development of nurses-to-be. The negotiation of the modern «crisis of medicinal humanitaristics» [9] might be achieved by inclusion into the curricula and syllabi of vocational training for nurses of the subject 'biomedical ethics', the studying of which, as well as whilst training medical personnel, is be continuous throughout the professional career of this, the most numerous categories of medical professionals.

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