

The Correlation between the Perceptions of Nursing Students on Spirituality and Spiritual Care and Their Professional Values in the Process of the COVID-19 Pandemic

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ABSTRACT:

Purpose: This study was conducted for the purpose of investigating the correlation between the perceptions of nursing students on spirituality and spiritual care and their professional values in the process of the COVID-19 pandemic.

Material and Methods: The study was carried out with nursing students at the School of Health at a state university in the Mediterranean Region of Turkey between 1 and 14 July 2020. The sample consisted of 279 students. The question forms for the data were prepared on Google Forms, and the data were collected by connection addresses sent to the students. In data collection, a "Personal Information Form", the "Spirituality and Spiritual Care Rating Scale (SSCRS)" and the "Nurses Professional Values Scale-Revised (NPVS-R)" were used.

Results: The students' mean total score in the "NPVS-R" was 102.22 ± 24.34 , while their mean total score in the "SSCRS" was 3.79 ± 0.61 . There was a significant, positive and weak correlation between the total score and subscale scores of the "NPVS-R" and the score of the "SSCRS".

Conclusion: This study concluded that the perceptions of the nursing students regarding spirituality and spiritual care and their professional values in the COVID-19 pandemic process were on a good level, and as their professional values increased, their spirituality and spiritual care perceptions increased.

Keywords: Nursing Student, Professional Values, Spirituality, Care

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INTRODUCTION

COVID-19, which came into the agenda with pneumonia cases with unknown etiology on 31 December 2019 in the city of Wuhan in the Chinese province of Hubei, has began to spread to the entire world fast, and related deaths have increased fastly (Aktuğ et al., 2020). COVID-19 caused the deaths of many patients, loss-related pain, fear, concerns and psychological crises (Turkish Academy of Sciences, 2020). In this process, spiritual care is a vital component of holistic health management, particularly in terms of coping, illness, suffering, and ultimately acceptance of death (Roman et al., 2020). Providing spiritual care leads to positive outcomes

like recovering for patients and developing spiritual awareness for nurses (Ramezani et al., 2014). There are many factors that affect the spiritual care of nurses. One of the effective factors in nursing care is the nurse's perception of spiritual needs and care (Ergül and Bayık, 2004). When nursing students, who are the nurses of the future, cannot determine the spiritual needs of the patient correctly, they may not be able to provide holistic care, and thus, the outcomes of the recovery process and patient care are negatively affected (Daghan, 2018). According to the holistic care approach, the dimensions of the individual should not be considered separately from each other and should be handled as a whole (Korkut

Bayındır and Biçer, 2019). Sagkal Midilli et al. (2017) found that 94.1% of students thought it is necessary to ensure the individual/patient with spiritual care, while 69.9% stated that they did not see themselves adequate in terms of ensuring spiritual care to their patients. Kobya Bulut and Meral (2019) reported that student nurses had heard of spiritual care, however the students' knowledge and practices regarding this issue were not enough. Brandstötter et al. (2021) found that nursing students suffered from low spiritual well-being during the COVID-19 lockdown.

Some of the important factors that affect the behaviors of the individual are the values they have (Karaöz, 2000). Values are generally beliefs and attitudes about a goal, object, principle, or behavior (Acaroğlu, 2014). Every individual has personal, social/societal/cultural and professional values that provide meaning for, shape and direct their life (Acaroğlu, 2014). Professional nursing values have been described as important professional nursing principles such as altruism, fairness, human dignity, and integrity that serve as a framework for standards, professional implementation, and assessment (Schmidt and McArthur, 2018). A previous study revealed that the professional behaviors of nursing students were loaded with ethical principles and values (Kaya et al., 2012). While the professional values of nurses guide their application of care behaviors, make decisions and solve ethical problems, they also guide their interactions with health/patient persons, colleagues, other team members and society (Acaroğlu, 2014). Internalization of professional values starts in periods of studentship and continues to develop in the professional socializing process after graduation. For this reason, developing professional values in nursing students should not be neglected (Arkan et al., 2019). No study has been found in the literature examining the correlation between nursing students' perception of spirituality and spiritual care, and their professional values. Cici and Yilmazel (2021) determined that the perspectives of the profession among nurse candidates show a negative trend due to the COVID-19 pandemic. Therefore, it is thought that perceptions of nursing students on spirituality and spiritual care and their professional values will

be affected during COVID-19 pandemic. Brandstötter et al. (2021) reported that even though students in 2020 and earlier rated their proficiency in providing spiritual care as high, their caregiving may be affected if their own spiritual well-being remains low for an extended period of time. Among healthcare personnel, the professionals that most frequently interact with patients and spend time with them are nurses (Karasu and Öztürk Çopur, 2020). Since the health status of people may be adversely affected during the Covid-19 pandemic process, it is thought that there is a greater need for the application of spiritual care and professional values in this process, so it was considered necessary to know about the correlation between the perceptions of students who would become nurses on spirituality and spiritual care and their professional values in the COVID-19 pandemic process, this study was performed.

MATERIAL and METHODS

Purpose and Type of the Study

This study was performed for the aim of investigating the correlation between the perceptions of nursing students on spirituality and spiritual care and their professional values in the process of the COVID-19 pandemic. This was a descriptive study.

Sampling and Participant

The population of the study consisted of all students of a nursing department at a School of Health at a state university located in the Mediterranean Region of Turkey in the period of 1-14 July 2020 (n=584). The research was completed with 279 students who agreed to participate in the research.

Data Collection Tools

The "Personal Information Form", the "Spirituality and Spiritual Care Rating Scale" and the "Nurses Professional Values Scale-Revised" were utilized.

Personal Information Form

It was created as a result of a review of the literature. It included questions regarding the descriptive characteristics of the students, spiritual care and coronavirus. It consisted of 15 questions, such as seeing education on spiritual care necessary, reason

of choosing the profession of nursing, having coronavirus disease in their environment, and having coronavirus disease in their relatives (Caner et al., 2019; Akın and Yılmaz, 2020; Çelik et al., 2014; Çelik İnce and Utaş Akhan, 2016).

Nurses Professional Values Scale-Revised (NPVS-R)

The Nurses Professional Values Scale was developed by Weis and Schank (2000). It was adopted for the Turkish society by Orak and Alpar (2012). The NPVS-R is a 26-item, 5-point Likert-type (1-not important, 5-most important) scale developed by Weis and Schank (2009). The Turkish validity and reliability study of the NPVS-R was carried out by Acaroğlu in 2014. In the Turkish adaptation study by Acaroğlu (2014), the Cronbach's alpha coefficient of the scale was found as 0.96. The Turkish version of the scale has a 3-factor structure called Care, Professionalism and Trust. There is no inversely scored item in the scale. The score range of the scale is between 26-130. A high score shows strong compliance with professional values (Acaroğlu, 2014). In this study, the Cronbach's alpha coefficient of the total NPVS-R was found as 0.98, whereas those of its care, professionalism and trust subscales were found respectively as 0.98, 0.94 and 0.87.

Spirituality and Spiritual Care Rating Scale (SSCRS)

The scale was developed by McSherry et al. (2002). Its validity and reliability study in Turkish was carried out by Ergül and Bayık Temel (2007). It is a five-point Likert type scale consisting of 17 items. The items are scored from 1 suitable to "absolutely disagree" and 5 corresponding to "absolutely agree". Thirteen items are scored directly, while four items are scored reversely. The score range of the scale is between 17-85 points. Item average scores closer to 5 demonstrate high levels of perception of spirituality and spiritual care. Its Cronbach's alpha coefficient was reported as 0.76. (Ergül and Bayık Temel, 2007). In this study, this coefficient was calculated as 0.82.

Implementation

After obtaining the necessary legal permissions, an "online questionnaire" was applied on the students at the school in the scope of the study. The questions were organized by using Google Forms, and the data

were collected by a link sent to the students. Preliminary information about the study was provided to the students in the online questionnaire. Informed consent was included in the online questionnaire. The students filled out the questionnaire after they stated that they agreed to participate in the study.

Statistical Analysis

Data Analysis SPSS version 22 was used for data analysis. In data analysis, frequencies, percentages, minimum and maximum, means and standard deviations were utilized.

In the normally distributed measurements, independent-samples t-test, One-Way ANOVA test (as further analysis, LSD test was used in the case where the variances were homogenous, while Dunnet C test was used otherwise) were used. In the non-normally distributed measurements, Mann Whitney U test, Kruskal Wallis test (Mann Whitney U as further analysis) and Spearman's correlation analysis were used. The Cronbach's alpha coefficient was used. Kurtosis and Skewness values were checked to evaluate the normality of the distribution of the data.

Ethical Approval

For the study to be conducted, written permissions were received from the Atatürk University Nursing Faculty Ethics Committee (Approval Dated: 05/06/2020, Decision Number: 2020-4/13) and the institution where the research was performed. The students were informed regarding the topic of the study. An informed consent page was presented to the participants at the beginning of the questionnaire, and those who agreed continued to fill out the form.

RESULTS

Sample Characteristics

In the study, 72% of the students were 21 years old or younger, 78.5% were female, 30.1% were 1st-year students, and 98.2% was single. 95% of the students were not working at a clinic as a nurse, 44.8% had gotten information regarding spirituality and spiritual care, 42.4% of those who had seen the received information adequate, 92.5% thought

education regarding spiritual care is necessary. 90% of the students did not have any chronic diseases, 53.4% had chronic diseases in their family, 88.2% did not have any dependents, and 44.1% chose nursing as they like helping people. The novel coronavirus

disease was present in the environment of 20.8% of the students and in the relatives of 5.7%, while the relatives of 52.7% were psychologically affected by the coronavirus (Table 1).

Table 1. Nursing students’ descriptive characteristics and statuses of receiving information on spirituality and spiritual care (n=279)

Variables		n	%
Age	≤21 years	201	72.0
	≥22 years	78	28.0
Gender	Female	219	78.5
	Male	60	21.5
Class	1st	84	30.1
	2nd	79	28.3
	3rd	72	25.8
	4th	44	15.8
Marital status	Married	5	1.8
	Single	274	98.2
Working at the clinic as a nurse	Yes	14	5.0
	No	265	95.0
Getting information regarding spirituality and spiritual care	Yes	125	44.8
	No	154	55.2
Seeing the received information adequate	Yes	53	42.4
	No	72	57.6
Seeing education on spiritual care necessary	Yes	258	92.5
	No	21	7.5
Presence of chronic diseases	Yes	28	10.0
	No	251	90.0
Presence of chronic diseases among family	Yes	149	53.4
	No	130	46.6
Having a dependent relative	Yes	33	11.8
	No	246	88.2
Reason of choosing the profession of nursing	Family's request	29	10.4
	Easy to find a job	83	29.7
	Exam scores to be sufficient	34	12.2
	Liking to help people	123	44.1
	Other*	10	3.6
Having coronavirus disease in their environment	Yes	58	20.8
	No	221	79.2
Having coronavirus disease in their relatives	Yes	16	5.7
	No	263	94.3
Being psychologically affected in their relatives by the coronavirus pandemic	Yes	147	52.7
	No	132	47.3

*Willing to work in the field of health, dreaming of becoming a nurse, seeing the profession suitable for him, liking nursing profession

Students’ Scores of the SSCRS and NPVS-R

Considering the distribution of the scores of the scales and their dimensions, the mean scores of the students were 60.13±14.64 in the Care subscale,

30.80±7.55 in the Professionalism subscale, 11.29±2.92 in the Trust subscale and 102.22±24.34 in the total NPVS-R. The mean score of the SSCRS was 3.79±0.61 (Table 2).

Table 2. The mean scores of SSCRS and NPVS-R (n=279)

Scale and Subscales	Min-Max	Mean± Standard Deviation
Care	15-75	60.13±14.64
Professionalism	8-40	30.80±7.55
Trust	3-15	11.29±2.92
NPVS-R total	26-130	102.22±24.34
SSCRS total	1.24-4.76	3.79±0.61

Table 3. Assessment of their mean total scores for NPVS-R according to some descriptive characteristics of students (n=279)

Variables	n	NPVS-R (Mean± Standard Deviation)
Age		
≤21 years	201	102.25±23.54
≥22 years	78	102.13±26.45
Significance		t=0.039 p=0.969
Gender		
Female	219	103.04±22.46
Male	60	99.23±30.27
Significance		t=0.907 p=0.367
Class		
1st	84	103.69±20.95
2nd	79	99.67±22.02
3rd	72	104.56±27.93
4th	44	100.16±28.05
Significance		F=0.715 p=0.544
Marital status		
Married	5	98.00±39.25
Single	274	102.30±24.09
Significance		t=-0.244 p=0.819
Working at the clinic as a nurse		
Yes	14	107.64±27.87
No	265	101.93±24.17
Significance		t=0.855 p=0.393
Getting information regarding spirituality and spiritual care		
Yes	125	99.18±28.70
No	154	104.69±19.88
Significance		t=-1.822 p=0.070
Seeing the received information adequate		
Yes	53	96.58±30.51
No	72	101.08±27.35
Significance		t=-0.865 p=0.389
Seeing education on spiritual care necessary		
Yes	258	103.43±24.04
No	21	87.33±23.64
Significance		t=2.954 p=0.003
Presence of chronic diseases		
Yes	28	106.39±23.38
No	251	101.75±24.45
Significance		t=0.957 p=0.340
Presence of chronic diseases among family		
Yes	149	102.32±24.23
No	130	102.11±24.57
Significance		t=0.071 p=0.943
Having a dependent relative		
Yes	33	102.61±24.14
No	246	102.17±24.42
Significance		t=0.097 p=0.923
Reason of choosing the profession of nursing		
Family's request	29	95.93±22.78
Easy to find a job	83	97.07±27.96
Exam scores to be sufficient	34	104.44±23.41
Liking to help people	123	106.41±21.91
Other*	10	104.10±20.33
Significance		F=2.458 p=0.046

* Willing to work in the field of health, dreaming of becoming a nurse, seeing the profession suitable for him, liking nursing profession

Table 3. (continued)

Variables	n	NPVS-R (Mean± Standard Deviation)
Having coronavirus disease in their environment		
Yes	58	99.98±26.10
No	221	102.81±23.89
Significance		t=-0.785 p=0.433
Having coronavirus disease in their relatives		
Yes	16	104.81±28.75
No	263	102.06±24.10
Significance		t=0.438 p=0.661
Being psychologically affected in their relatives by the coronavirus pandemic		
Yes	147	104.31±22.70
No	132	99.89±25.94
Significance		t=1.515 p=0.131

*Willing to work in the field of health, dreaming of becoming a nurse, seeing the profession suitable for him, liking nursing profession

Assessment of Their Mean Total Scores for NPVS-R According to Some Descriptive Characteristics of Students

The difference in the mean total NPVS-R score based on the students' status of seeing education on spiritual care necessary ($p=0.003$) and their reason of choosing the profession of nursing was statistically significant ($p=0.046$). The scores of those who saw education on spiritual care necessary were higher. In the analysis conducted to identify which group the difference was caused by based on reasons of choosing nursing (LSD), the scores of those who responded to have selected the profession as they liked helping people were higher than those who selected it as their family wanted so and those who selected it as it was easier to find a job. This difference was not statistically significant based on the students' age ($p=0.969$), gender ($p=0.367$), class ($p=0.544$), marital status ($p=0.819$), status of working at the clinic as a nurse ($p=0.393$), status of getting information regarding spirituality and spiritual care ($p=0.070$), status of seeing the received information adequate ($p=0.389$), presence of chronic disease ($p=0.340$), presence of chronic disease in the family ($p=0.943$), status of having a dependent relative ($p=0.923$), status of having coronavirus disease in their environment ($p=0.433$), status of having coronavirus disease in their relatives ($p=0.661$) and their relatives being psychologically affected by the coronavirus pandemic ($p=0.131$) (Table 3).

Assessment of Their Mean Total Scores for SSCRS According to Some Descriptive Characteristics of Students

The difference in the mean total SSCRS score based on the students' status of having coronavirus disease in their environment ($p=0.036$) and status of having coronavirus disease in their relatives was statistically significant ($p=0.037$). Those who did not have coronavirus disease in their environment or relatives had higher mean scores. This difference was not statistically significant based on the students' age ($p=0.609$), gender ($p=0.871$), class ($p=0.609$), marital status ($p=0.818$), status of working at the clinic as a nurse ($p=0.809$), status of getting information regarding spirituality and spiritual care ($p=0.882$), status of seeing the received information adequate ($p=0.631$), status of seeing education on spiritual care necessary ($p=0.080$), presence of chronic disease ($p=0.143$), presence of chronic disease in the family ($p=0.973$), status of having a dependent relative ($p=0.072$), reason of choosing the profession of nursing ($p=0.751$) and their relatives being psychologically affected by the coronavirus pandemic ($p=0.963$) (Table 4).

Correlation between SSCRS and NPVS-R scores

As seen in Table 5, there was a statistically significant, positive and weak correlation between the care, trust and professionalism subscale and the NPVS-R total scores and the SSCRS scores. As the students' scores in the care, trust and professionalism subscales and the total NPVS-R increased, their SSCRS scores also increased ($p=0.000$).

Table 4. Assessment of their mean total scores for SSCRS according to some descriptive characteristics of students (n=279)

Variables		n	SSCRS		
			Mean± Standard Deviation	Test	p
Age	≤21 years	201	3.80±0.61	U=7530.000	0.609
	≥22 years	78	3.76±0.60		
Gender	Female	219	3.81±0.58	U=6480.000	0.871
	Male	60	3.73±0.71		
Class	1st	84	3.79±0.64	KW=1.828	0.609
	2nd	79	3.78±0.62		
	3rd	72	3.73±0.64		
	4th	44	3.91±0.47		
Marital status	Married	5	3.52±1.09	U=644.000	0.818
	Single	274	3.79±0.60		
Working at the clinic as a nurse	Yes	14	3.71±0.68	U=1784.000	0.809
	No	265	3.79±0.61		
Getting information regarding spirituality and spiritual care	Yes	125	3.77±0.65	U=9526.000	0.882
	No	154	3.80±0.57		
Seeing the received information adequate	Yes	53	3.77±0.56	U=1812.000	0.631
	No	72	3.77±0.72		
Seeing education on spiritual care necessary	Yes	258	3.81±0.60	U=2088.000	0.080
	No	21	3.59±0.64		
Presence of chronic diseases	Yes	28	3.54±0.80	U=2921.500	0.143
	No	251	3.82±0.58		
Presence of chronic diseases among family	Yes	149	3.80±0.59	U=9662.000	0.973
	No	130	3.78±0.63		
Having a dependent relative	Yes	33	3.57±0.75	U=3277.000	0.072
	No	246	3.82±0.58		
Reason of choosing the profession of nursing	Family's request	29	3.78±0.67	KW=1.918	0.751
	Easy to find a job	83	3.77±0.60		
	Exam scores to be sufficient	34	3.69±0.80		
	Liking to help people	123	3.82±0.56		
	Other*	10	4.01±0.27		
Having coronavirus disease in their environment	Yes	58	3.57±0.79	U=5261.000	0.036
	No	221	3.85±0.54		
Having coronavirus disease in their relatives	Yes	16	3.24±0.86	U=1265.000	0.037
	No	263	3.82±0.58		
Being psychologically affected in their relatives by the coronavirus pandemic	Yes	147	3.75±0.70	U=9671.000	0.963
	No	132	3.84±0.49		

*Willing to work in the field of health, dreaming of becoming a nurse, seeing the profession suitable for him, liking nursing profession

Table 5. Correlation between SSCRS and NPVS-R scores

		SSCRS
Care	r	0.220
	p	0.000
	n	279
Professionalism	r	0.228
	p	0.000
	n	279
Trust	r	0.257
	p	0.000
	n	279
NPVS-R total	r	0.239
	p	0.000
	N	279

DISCUSSION

In our study, the mean score obtained from the total NPVS-R was approximately 102. Considering that the highest possible NPVS-R score is 130, it may be

stated that the professional value perceptions of the students were good. The highest perceptions were related to the Care factor (60.13±14.64) which emphasizes values such as humanitarianism, justice

and altruism. The results of some studies show that the students have a high perception of professional value (Arkan et al., 2019; Çulha, 2018; Donmez and Ozsoy, 2016; Peksoy et al., 2020). Some studies found that the highest perceptions were regarding "care" (Çulha, 2018; Donmez and Ozsoy, 2016; Lin et al., 2016; Poorchangizi et al., 2019). The results of this study were in agreement with the previous studies. According to this results, it may be stated that, as the "care" perceptions among the professional values of the nursing students were high, the care, which is the main function of a nurse, perceived well.

In our study, the mean score obtained from the total SSCRS was approximately 3.80. Considering that scores close to 5 on this scale indicate higher levels of perception of the concepts of spirituality and spiritual care, it can be said that nursing students' perceptions of the concepts of spirituality and spiritual care are at a high level. Some studies have found that the students have low perceptions of spirituality and spiritual care (Folami and Onanuga, 2018; Mankan et al., 2014). Some studies have determined high (Akin and Yılmaz, 2020; Köktürk Dalcali and Erden Melikoğlu, 2021; Pour et al., 2017). It may be stated that, some of the previous studies have not supported our findings, as the patient and hospital situations that nursing students encounter throughout their education may be different from each other. It is a positive finding that the level of perception of spirituality and spiritual care, whose importance has emerged once again, especially during the coronavirus process, are high in nursing students in this study.

In this study, significant differences were found among professional values of students based on the students' seeing education on spiritual care necessary and their reason for choosing nursing as a profession. Bang et al. (2011) determined that there was a significant difference in the students' professional values according to the reasons for entering nursing school. The results of this study were in agreement with the previous study. It may be stated that their reason for choosing nursing and seeing education regarding spiritual care necessary affected the students' professional values. It is thought that these characteristics should be taken

into account in order for students to gain professional values.

When we examined the students' professional values and perception of spirituality and spiritual care according to factors related to spirituality and spiritual care in this study, in addition to the previous finding, no significant differences were found among professional values of students based on the students' getting information regarding spirituality and spiritual care and seeing the received information adequate. In addition, no significant differences were found in the mean scores of the SSCRS of students based on the students' seeing education on spiritual care necessary, getting information regarding spirituality and spiritual care and seeing the received information adequate. Çelik İnce and Utaş Akhan (2016) reported that nursing students' status of getting information regarding spirituality and spiritual care, whether the state of seeing the information received as sufficient or not, do not affect their level of perception of spirituality and spiritual care. Contrary to our findings, Kobya Bulut and Meral (2019) reported that nursing students who know the concepts of spirituality and spiritual care and take spirituality and spiritual care as course content had higher level of perception of spirituality and spiritual care than for those who had not. In this study, it is thought that the sources from which nursing students receive information on this subject and the quality of the information they receive are not sufficient. In addition, in this study, the majority of the students seen education on spiritual care necessary; but, since nearly half of them have gotten information regarding spirituality and spiritual care and seen the received information adequate, it makes us think that these students have a lack of knowledge regarding spirituality and spiritual care, and that students' approaches to this subject should be known in order for them to be able to practice holistic care.

This study found that students who did not have coronavirus disease in their environment or relatives had higher mean SSCRS score than those who did. According to this result, it may be stated that the status of having coronavirus disease around affects nursing students' spirituality and spiritual care perceptions. It is thought that the reason for the

students who did not have coronavirus disease in their environment or relatives to have higher spirituality and spiritual care perceptions could have been the concern or thought of catching the disease themselves or their relatives catching the disease.

This study found that as the professional values of the nursing students increased, their perceptions on spirituality and spiritual care also increased. Köktürk Dalcalı and Erden Melikoğlu (2021) found that there was a correlation between the personal values of nursing students and their perceptions of spiritual care. The results of this study were in agreement with the previous study. In this study, it is thought that supporting students' professional values will increase spirituality and spiritual care.

CONCLUSION

Spiritual care and professional values are important in nursing. Spiritual care is an integral part of holistic nursing care. In this study, it was determined that the spirituality and spiritual care perceptions and nursing students' professional values in the COVID-19 pandemic process were on a good level, and as their professional values increased, their spirituality and spiritual care perceptions increased. It may be recommended to pay importance to trainings towards increasing the awareness and knowledge levels of nursing students concerning professional values, spirituality and spiritual care and to conduct more comprehensive studies on this subject.

Conflict of Interest

None declared.

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