



Midwifery Students' Perceptions of Spirituality and Spiritual Care: An Example from Western Turkey

Gulengul Mermer¹ · Mahide Demirelöz Akyüz² · Hafize Ozturk Can²

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Abstract

This cross-sectional study aimed to explore Turkish midwifery students' perceptions of spirituality and spiritual care and to investigate the factors affecting them. Data were collected from 271 students of the Midwifery Department of the High School of Health of a state university in the west of Turkey using the Spirituality and Spiritual Care Rating Scale. A significant difference was found between belief in the need for spiritual care and the practice of spiritual care during midwifery training and the total score on the Spirituality and Spiritual Care Rating Scale, but no significant difference was found between the students' year of class, whether they had heard about spiritual care, and their state of knowledge concerning spiritual care. An increase in awareness, knowledge and skills relating to spirituality and spiritual care on the part of midwifery students, who are the midwives of the future, will allow students to provide spiritual care to their patients after they qualify. For this reason, the education program of midwifery students should be seen from a holistic standpoint in order to develop spiritual care.

Keywords Midwifery students · Perceptions spirituality · Spiritual care Turkey

Introduction

According to the World Health Organization (WHO), health is a state of feeling well biopsychosocially and spiritually. The most inclusive accepted approach in the provision of health care is the holistic approach. According to this approach, the bodily, mental, emotional, sociocultural and spiritual aspects of an individual are a whole (Baldacchino

✉ Hafize Ozturk Can
hafize.ozturk@ege.edu.tr

Gulengul Mermer
gulengul.s.mermer@ege.edu.tr

Mahide Demirelöz Akyüz
mahide.demireloz@ege.edu.tr

¹ Faculty of Health Nursing, Department of Public Health Nursing, Ege University, 35100 Bornova, Izmir, Turkey

² Faculty of Health Sciences, Department of Midwifery, Ege University, 35100 Bornova, Izmir, Turkey

2006; Daştan and Buzlu 2010; McSherry and Jamieson 2011; Ramezani et al. 2014; Boztilki and Ardıç 2017). In order to maintain the wholeness of a person, there is a need for spiritual satisfaction as much as there is for other needs. In spiritual, medical and social services, it takes on a holistic and unifying role and is an important element in a person's return to health, or if this is not possible, in coming to terms with their current condition and retaining their connection to life. Spiritual care is a concept which has recently received attention in fields such as religious studies, sociology and psychology (Kavas and Kavas 2014). It is an important part of medical treatment, medical and social care, and psychosocial rehabilitation services. These are socially and people-focused care services, aimed at strengthening the spirituality (personal development, morale) of people dependent on care, increasing their connection to life, enabling them to come to terms with their inner (spiritual) world, and dealing with their spiritual deficiencies and fears. Once individuals began to be given health care from a holistic aspect, the person's spiritual dimension gained as much importance as other dimensions (Ergül and Bayık 2004; Öz 2004). The process of development of the concept of spiritual care is still under development, and the process of definition and classification in the area of health has not yet been completed.

Nevertheless, when a person's biological, psychological and social needs are taken into consideration in health care, the necessary importance is not accorded to the spiritual aspect, which has an important role in the process of coping and problem solving (Gallison et al. 2013; Govier 2000; Boztilki and Ardıç 2017). Also, holistic care is being ignored by health professionals (Baldacchino 2015). In this regard, providing care for a person's spiritual side should be an important part of the care process of health workers. Knowledge and awareness can be provided on these topics by health professionals by courses either in degree education or in in-service training programs on spirituality and spiritual care, taking into account the holistic care philosophy of the basic education of the health professions (Govier 2000; Ergül and Bayık 2007; Wong et al. 2008). For this reason, the role of health professionals and especially midwives working in health services is important in order to preserve and maintain the integral whole of a person. When practicing midwifery, it is important to meet spiritual needs and to give the related care at a professional level. For example, if the mother loses her baby and/or has a risk of pregnancy. The concept of spiritual care and holistic care in midwifery education in this country is aspects of a human need. From this angle, it is important to elucidate the views of students relating to the evaluation of perceptions and practice in education curricula from the viewpoint of midwives and midwifery students providing a holistic evaluation of the patients under their care, correctly assessing their spiritual needs and being able to plan midwifery interventions (Govier 2000; Ergül and Bayık 2007; Wong et al. 2008). According a place in the degree program to the topic of spiritual care from the viewpoint of holistic health and attracting the attention of graduate health professionals to the topic by means of in-service training programs is important from the point of view of the ability of present holistic health care. However, there is a need for evaluation of the topic and classes of spiritual care in the midwifery education curriculum (Boztilki and Ardıç 2017). It has been shown in other studies that the spiritual dimension has a clear effect on health, well-being and the quality of life (Kostak et al. 2010; Gallison et al. 2013; Hutchinson 1997; Eğlence and Şimşek 2014; Ozbasaran et al. 2011; Kavak et al. 2014; Çelik et al. 2014; Coyle 2002; Hall 2006; Wong et al. 2008). In Turkey, studies conducted with midwives on spirituality and spiritual care are very limited, and none were found conducted with midwifery students. For this reason, it is thought that determining the awareness of this topic on the part of midwifery students and their thoughts on spirituality and spiritual care will serve as a guide to basic midwifery education. The aim of this study was to examine the perceptions of

midwifery students regarding spirituality and spiritual care and the affecting factors. The questions which it aims to elucidate are: what are the perceptions of midwifery students concerning spiritual care, and what are the factors affecting this.

Methods

Design and Sample

The research was a cross-sectional study with the aim of determining the perceptions of midwifery students regarding spirituality and spiritual care, and the affective factors. Taking into consideration the accessibility of the universe in the survey, the selection of the sample was not made and the whole universe was tried to be reached. The population of the study consisted of the second-, third- and fourth-year courses of the midwifery department of the High School of Health of a public university in the west of Turkey in the academic year 2016–2017 ($n = 293$). The research population also formed the sample, and 32.1% of the study group consisted of students from the second year, 33.2% from the third year, and 34.7% from the fourth year. The mean age of the students participating in the study was 21.45 ± 1.74 (min = 19, max = 35) years. Of the students were 93.4% single and 61.6% were staying in government or private student hostels. The response rate was 92.5% ($n = 271$).

Data Collection and Instruments

Study data were obtained using self-administered paper-based questionnaires. A Description Form and Scale created by the researchers according to the literature (Baldacchino 2015; Çelik et al. 2014; Ozbasaran et al. 2011; Eğlence and Şimşek 2014) and the Spirituality and Spiritual Care Rating Scale were used for this purpose.

Description Form

The questionnaire about descriptive characteristics consisted of 20 items, of which 12 were about the socio-demographic characteristics of the midwifery students, while the other eight items concerned their individual perceptions of spirituality, the importance of spiritual care, the situation of receiving education about spiritual care, and practices of spiritual care (Baldacchino 2015; Ergül and Bayık 2007; Çelik et al. 2014; Ozbasaran et al. 2011; Kostak 2007; Daghan 2017; Eğlence and Şimşek 2014).

Spirituality and Spiritual Care Rating Scale (SSCRS)

This was a five-way Likert-type scale developed by McSherry et al. (2002) to evaluate the level of perception of the concept of spirituality and spiritual care. Its Cronbach alpha value is 0.64. Tests in Turkey for the validity and reliability of the scale were performed in 2007 by Ergül and Bayık, and its Cronbach alpha coefficient for internal consistency was found to be 0.76. The scale consists of a total of 17 questions, with subdimensions of spirituality and spiritual care, religiosity and individual care. The scoring of items ranged from 1—“I totally disagree”—to 5—“I totally agree.” The first 13 items are scored directly, and the last four are scored inversely. A high total mean score indicates a positive increase in perception of the concept of spirituality and spiritual care. Dividing item scores

by the number of questions gives the total score. When the total mean score approaches 5, the level of perception of the concepts of spirituality and spiritual care is shown to be high. When the Turkish form of the scale is used in Turkey, it is recommended that an evaluation should be based on the overall score and not on the subdimensions separately (Ergül and Bayık 2007). For this reason, the evaluation and interpretation in this study were performed using the overall mean score of the scale. In studies performed in Turkey, the Cronbach alpha coefficient was found to be between 0.72 and 0.84 (Ergül and Bayık 2007; Kostak et al. 2010; Daghan 2017; Kavak et al. 2014; Gönenç et al. 2016; Bakir et al. 2017; Sahin and Özdemir 2016). In this study performed with midwifery students, the Cronbach alpha coefficient was found to be 0.84.

Research Data

Total scores were taken in the study from year of class, obtaining information on spiritual care, hearing about it and belief in the necessity of spiritual care and the state of practice as independent variables and the SSCRS total score as a dependent variable.

Ethical Considerations

Before starting the study, written approval was obtained from the Scientific Ethics Committee of Ege University (approval dated June 23, 2017, issue: 217-2017) and from the institution where the data were to be collected. Written permission to use the scale was obtained by email from the writer, Ergül and Bayık. The purpose of the study and procedures were explained and questions taken. The participation of the midwifery students was voluntary, and anonymity and confidentiality were assured. Informed consent was obtained from all individual participants included in the study.

Statistical Analysis

Descriptive statistics were used to describe the midwifery students' demographic characteristics. Continuous variables were calculated as means, standard deviations, frequencies and percentages. Normality of the SSCRS score was examined by the Kolmogorov–Smirnov test, and the SSCRS score was demonstrated as a normal distribution (the Kolmogorov–Smirnov statistics = 0.98, $p > 0.05$). Also, one-way variance analysis (ANOVA) was used in the analysis of certain factors affecting the students' perceptions relating to spirituality and spiritual care, and t test analyses were used with independent groups. The significance level was taken as $p < 0.05$.

Results

Views of Midwifery Students Included on Spiritual Care

Of the students participating in the study, 77.1% stated that they had heard the expression spiritual care and 54.2% stated that they had heard it in their degree courses. Further, 93.4% of the students stated that they believed that spiritual care was necessary, 20.3% stated that they had received information on spiritual care, and one-third of these students stated that they had received this information from their degree courses. Also, 69% of the students stated that spiritual care was very important in midwifery care. The

proportion of those who had practiced spiritual care during their midwifery education was 65.3%, and the method which was thought to be most frequently applied at 31.2% was providing psychological support (Table 1).

Students' Perceptions of Spirituality and Spiritual Care

The mean score obtained from the SSCRS was 3.90 ± 0.50 . The maximum score on the scale obtained by the study group was 5, and the minimum value was 1.35 (Table 2). A significant difference was found in the statistical analysis between the students' year of class, belief in the need for spiritual care and practice of spiritual care during midwifery education and the total score on the SSCRS ($p < 0.05$). Also, higher mean scores were found with fourth-year students than with those in lower classes, and with those who

Table 1 Views of midwifery students included in the study on spiritual care

Variables relating to spiritual care	<i>n</i>	%
Hearing about spiritual care (<i>n</i> = 271)		
Yes	62	77.1
No	209	22.9
Having information about spiritual care (<i>n</i> = 271)		
Yes	55	20.3
No	216	79.7
Place or person from which information on spiritual care was obtained ^a (<i>n</i> = 59)		
Degree courses	32	54.2
Family	18	30.5
Friends and associates	6	10.2
The press and visual media	3	5.1
Belief in the necessity of spiritual care (<i>n</i> = 271)		
Yes	253	93.4
No	18	6.6
The importance of spiritual care in midwifery care (<i>n</i> = 271)		
Very important	187	69.0
Moderately important	76	28.0
Of little importance	8	3.0
Practice of spiritual care during midwifery education (<i>n</i> = 271)		
Yes	177	65.3
No	94	34.7
Type of spiritual intervention practiced during midwifery education ^a (<i>n</i> = 215)		
Providing psychological support	67	31.2
Empathic approach	34	15.8
Providing a calm environment	33	15.3
Preparing an environment for spiritual practices (religious practices, meditation, etc.)	17	8.0
Music and personal development books	7	3.2
Other	57	26.5

^aOnly answered

Table 2 SSCRS mean score

	No. of items	Mean \pm SD	Min–max	Lowest and highest scores on the scale
SSCRS total score	17	3.90 \pm 0.50	1.35–5.00	1–5

believed in the necessity of spiritual care than with those who did not believe in it. However, although no significant difference was found in the statistical analysis between students hearing about the topic of spiritual care and having received information on it and the total score on the SSCRS ($p > 0.05$), scores on the SSCRS were higher for those who had heard of the topic of spiritual care than for those who had not heard of it, and for those who had received information on spiritual care than for those who had not (Table 3).

Discussion

This is the first known study to examine the perception of spirituality and spiritual care in midwifery students in Turkey. In order for midwifery students to be able to establish the spiritual needs of an individual in the context of a holistic approach and to meet these needs when giving health care, it is important that they should be able to plan and execute correct interventions. However, even though a holistic approach is important in a health care system, it is overlooked by health professionals. Spirituality is a way of taking people away from feelings of hopelessness and helplessness, and of strengthening their ability to cope with situations. Therefore, it is important to assess individuals' spiritual needs and to

Table 3 Comparison of the mean total score on the SSCRS with certain variables

Variables	SSCRS	
	Mean \pm SD	Test
Year of class		
Second year	3.87 \pm 0.57	$F = 1.297$; $p = 0.04$
Third year	3.86 \pm 0.43	
Fourth year	3.97 \pm 0.48	
Hearing about spiritual care		
Yes	4.00 \pm 0.51	$t = -1.733$; $p = 0.08$
No	3.87 \pm 0.49	
Obtaining information about spiritual care		
Yes	4.01 \pm 0.49	$t = -1.704$; $p = 0.09$
No	3.88 \pm 0.50	
Belief in the necessity of spiritual care		
Yes	3.92 \pm 0.49	$t = 2.437$; $p = 0.01$
No	3.63 \pm 0.56	
Practice of spiritual care during midwifery education		
Yes	3.97 \pm 0.45	$t = -3.019$; $p = 0.00$
No	3.78 \pm 0.56	

provide the necessary care. Therefore, for midwives to be able to provide care for spiritual needs, it is necessary for them to know how to evaluate and how to use the nature of spirituality, its reflection in different individuals and individuals' coping strategies (McSherry and Jamieson 2011; Koren and Papamitriou 2013).

The mean score obtained by the midwifery students on the SSCRS was 3.90 ± 0.50 . As the total mean score increased, the level of perception of the concept of spirituality and spiritual care also increased in a positive direction. This result shows that the perceptions of midwifery students relating to the concepts of spirituality and spiritual care were high. In many studies in the literature conducted with nurses and nursing students, they were found to be similarly high (Ozbasaran et al. 2011; Ramezani et al. 2014; Sahin and Özdemir 2016; Bakir et al. 2017; Yılmaz and Okyay 2009; Çelik et al. 2014; Eğlence and Şimsek 2014). In Turkey, no studies conducted with midwifery students were found. However, when studies conducted with nursing students were considered, it was found that a similar conclusion had been reached in a study by İnce and Akhan in 2016 in the north of Turkey with 461 nursing students (İnce and Akhan 2016). Also, mean total SSCRS scores were found to be high in two studies conducted in the west of Turkey with nursing students (Daghan 2017). In contrast to our findings, there are studies which found a moderate mean score (Kiaei et al. 2015) or a low mean score (Kavak et al. 2014).

In a study by Tofghian and colleagues with nurses and nursing students, the total mean SSCRS scores of the nursing students were found to be higher than those of the nurses. No significant correlation was found between the total SSCRS scores and demographic variables. For this reason, it was recommended that further research should be carried out (Tofghian et al. 2017). It can be seen that the findings of studies assessing the views of nurses on spirituality and spiritual care are close and similar to the findings of this study with midwifery students. Further studies with midwifery students in different regions and with larger groups may make a contribution to the literature.

Along with the high level of perception of spirituality and spiritual care by the midwifery students in our study, a significant difference was found in the statistical analysis between total SSCRS scores and the students' year of class, their belief in the necessity of spiritual care and their practice of spiritual care during their midwifery education. However, no statistically significant difference was found between their total SSCRS scores and their having heard of the topic of spiritual care or their having received information on spiritual care.

It was reported in a study by Kostak et al. (2010) that scores obtained on the scale increased, influenced in the experiment by receiving information on spiritual care and giving spiritual care to patients. In our study, although the proportions of those who believed in the necessity of spiritual care (93.4%) and of those who had heard of spiritual care (77.1%) were very high, the proportion of those who had received information on spiritual care (20.3%) was low. These findings show clearly that although the midwifery students who took part in the study accorded importance to the topic of spiritual care, they also have a need for information on the topic.

A number of studies conducted in Turkey have reached similar conclusions (Kostak et al. 2010; Yılmaz and Okyay 2009; İnce and Akhan 2016). Also, many of the midwifery students in our study (22.9%) had never heard of the concept of spiritual care, and this is important in that it shows a deficiency in their education on this topic. However, as the students' years of study advanced, their SSCRS spiritual care scores also increased. It is thought that this may have a positive effect when students start to come across topics related to spiritual care in the course of their clinical practices and that their education may have a positive effect on their perceptions of spiritual care. This is because the scores of

those who had heard of the topic of spiritual care and of those who had received education on the topic were higher than the scores of those who had not. These findings show that the years of class and the information received on spiritual care were similar to the results of the study by İnce and Akhan (2016) with nursing students. In other studies too, the findings of studies assessing the views of nurses on spirituality and spiritual care were similar to the findings of our study (McSherry and Jamieson 2011; Ozbasaran et al. 2011; Kostak et al. 2010; Eğlence and Şimşek 2014). There are studies in which statistically significant differences have been found between mean SSCRS scores and receiving information on spirituality and spiritual care (Kostak et al. 2010). It would be expected that the knowledge and skills of university students regarding spiritual care would increase as they progressed from the first to the final year. In this study also, the students of higher years scored higher, and this shows that the curriculum created a difference in the perception of spiritual care in the midwifery students. It is emphasized in the literature that education programs are important in increasing individuals' spirituality and spiritual care service (Baldacchino 2015; Govier 2000; Attard et al. 2014; Burkhart and Schmidt 2012).

Although no significant difference was found between the SSCRS total scores of midwifery students and their having heard of the topic of spiritual care and their having received information on it, the mean scale scores of those who had received information on spiritual care were found to be high. Also, in the study by Kostak et al. (2010), the mean scale scores of nurses and midwives who had received information on spirituality and spiritual care and of those who provided spiritual care to their patients were found to be higher (Kostak et al. 2010).

During the course of midwifery education, included under basic health services in a holistic and humanistic sense in all approaches to health including education, the assessment of health, cultural perspectives as well as approaches dependent on skills and process have been adopted in the before-pregnancy, pregnancy, birth, and postpartum processes of all women in their fertile period, and in the assessment of the family of the newborn and the society in which they live (Higher Education Institution 2016). In this regard, the aim should be that the holistic care approach which includes midwifery practices be gained throughout the education period by midwifery students. Studies assessing the thoughts of midwifery students on spirituality and spiritual care and their practices are few. However, a similar situation holds for nursing and medical students (İnce and Akhan 2016; Kavas and Kavas 2015). In the study by Kavas and Kavas (2015) to determine perceptions of spiritual support in doctors, nurses and midwives, although mean scores were found to be higher for midwives, it was reported that there was no statistically significant difference between the groups. These results can be interpreted to show that the doctors, midwives and nurses may have been affected by their empathic approach to patients, by their religious beliefs or by cultural values. Students in the study also expressed an empathic approach as a kind of spiritual intervention. Aside from this, they stated that providing psychological support and providing a quiet environment were included in this care. Studies on the designation of spirituality and spiritual care by midwifery students from other cultures can contribute to developing a curriculum program for students to gain proficiency in spiritual care.

Conclusion and Recommendations

It was found in the study that the perception levels of midwifery students toward spirituality and spiritual care were high. According to their year of class, a significant difference was found between the students' SSCRS total scores and their belief in the necessity of

spiritual care and their practice of spiritual care during midwifery education, but no significant difference was found between students' having heard of the topic of spiritual care and having received information on it. Also, although the proportions of belief in the necessity of spiritual care by the midwifery students and having heard of spiritual care were very high, the rates of having received information about spiritual care were very low. It is known that spiritual care practices have a positive effect on the recovery process of patients. It is therefore recommended that more space be given to the topic of spiritual care in midwifery education and that studies be conducted to evaluate the knowledge and perceptions of spiritual care on the part of midwives and midwifery students in different cultures using different research methods.

In line with the results to be obtained from these studies, it is thought necessary to increase midwives' knowledge and experience of spiritual care by support with degree programs and in-service training after qualification. In this way, midwifery students, who are the midwives of the future, will be enabled to increase their awareness, knowledge and skills of concepts relating to spirituality and spiritual care, and thus to provide spiritual care to patients after they qualify.

Limitations

The possibility to generalize and make causal inferences from this study is limited because a convenience sample and a cross-sectional research design were used. This study collected data from only one Midwifery Department of the High School of Health of a state university in the west of Turkey; thus, its generalizability is limited. Random sampling from midwifery students in different areas is suggested for future studies.

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Author Contributions GM, HOC, and MD designed the study, collected and analyzed the data, and prepared the manuscript.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Standards All procedures in this research were performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Ethical Approval Before commencing the study, written approval was obtained from the Scientific Ethics Committee of Ege University (approval dated June 23, 2017, Issue: 217-2017) and from the institution where the data were collected. Written permission to use the scale was obtained by email from Ergül.

Informed Consent Informed consent was obtained from all those who participated in the study.

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