ORİJİNAL MAKALE / ORIGINAL ARTICLE
Balıkesir Sağlık Bilimleri Dergisi / BAUN Sağ Bil Derg
Balıkesir Health Sciences Journal / BAUN Health Sci J
ISSN: 2146-9601- e ISSN: 2147-2238
Doi: https://doi.org/10.53424/balikesirsbd.1171096

Determination of Factors Affecting Students' Awareness of Spiritual Care in a Faculty of Health Sciences

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Geliş Tarihi / Received: *05.09.2022,* ***Kabul Tarihi / Accepted:*** *04.02.2023*

ABSTRACT
Objective: This research was carried out using a cross-sectional and descriptive design in order to determine the factors affecting the awareness of spiritual care in students studying in the Faculty of Health Sciences. **Materials and Methods**: The population of the research consisted of a total of 802 nursing students in the 2018-2019 academic year. The research sample consisted of 453 (56.48%) nursing students who completed the research forms. The research data were collected using a Sociodemographic Data Collection Form and Spiritual Care Awareness Scale. In evaluation of the data the Shapiro-wilk test was used. The Mann Whitney U test was used in paired group comparisons and the Kruskal Wallis test in multiple group comparisons. **Results:** The students' average spiritual care awareness score was found to be 51.36±8.96, which was high. It was determined that there was a statistically significant correlation between students' age, sex and type of high school they graduated from and their score average of spiritual care awareness ($p<0.05$). **Conclusion:** As a result, it was determined that nursing students had a higher total score average of spiritual care awareness. This result shows that nursing students have a certain level of positive morale and spiritual care perception.
Keywords: Nursing, Care, Spiritual, Awareness, Nursing Student.

Sağlık Bilimleri Fakültesi'nde Öğrenim Gören Öğrencilerin Manevi Destek Algısını Etkileyen Etmenlerin Belirlenmesi

ÖZ
Amaç: Çalışma Sağlık Bilimleri Fakültesi'nde öğrenim gören öğrencilerin manevi destek algılarını etkileyen etmenlerin belirlenmesi amacıyla kesitsel ve tanımlayıcı türde yapılmıştır. **Gereç ve Yöntem:** Çalışmanın evrenini 2018-2019 yılında Bursa Uludağ Üniversitesi Sağlık Bilimleri Fakültesi'nde öğrenim gören 802 öğrenci oluşturmuştur. Araştırmanın örneklemini ise araştırmaya katılmayı kabul eden 453 (%56.48) hemşirelik öğrencisi oluşturmuştur. Araştırma verileri toplanırken 'Sosyodemografik Veri Toplama Formu' ve 'Manevi Destek Algısı Tespit Ölçeği' kullanılmıştır. Verilerin değerlendirilmesinde Shapiro-wilk testi iki grup karşılaştırmasında Mann Whitney U testi ve ikiden fazla grup karşılaştırmasında Kruskal Wallis testi kullanılmıştır. **Bulgular:** Öğrencilerin manevi destek algı puan ortalaması 51.36±8.96 olup yüksek bulunmuştur. Öğrencilerin yaşı, cinsiyeti ve hangi liseden mezun oldukları ile manevi destek algı puanları arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur ($p<0.05$). Sonuç: Sonuç olarak hemşirelik öğrencilerinin Manevi Destek Algısı toplam puan ortalaması düzeyinin yüksek olduğu tespit edilmiştir. Bu sonuç hemşirelik öğrencilerinin belirli oranda olumlu maneviyat ve manevi bakım algısına sahip olduklarını göstermektedir.
Anahtar Kelimeler: Hemşirelik, Bakım, Manevi, Algı, Hemşirelik Öğrencisi.

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Bu makaleye atıf yapmak için / Cite this article: Kaplan, F., & Arkan, B. (2023). Determination of factors affecting students' awareness of spiritual care in a faculty of health sciences. *BAUN Health Sci J, 12(1): 29-38.* https://doi.org/10.53424/balikesirsbd.1171096

INTRODUCTION

Spirituality, which can be thought of as something that goes beyond organized religion and religious activities, is part of an individual's attempt to come to terms with life and death, accept their own place in the universe, and come to understand the purpose of their lives (Arslan & Şener, 2009). Spiritual needs are fundamental in all humans. Examining the relevant literature, it is seen that a sense of spirituality has positive effects on well-being and health (Balboni et.al. 2017). In systematic studies and meta-analyses, it has been reported that spiritual care increased life quality and well-being, facilitated care in the latter periods of life, and decreased depression and anxiety (Balboni et.al. 2010; Oh & Kim, 2014). In one study it was stated that elderly Buddhists experienced less pain during illness and had an increased quality of life owing to their strong spiritual beliefs. The basic components of spirituality are an individual's sense of the purpose of life and other factors which he/she finds to be meaningful (Arslan & Şener, 2009). In that sense, a person's spirituality, which plays a role in the quality of life and well-being of individuals, can also affect the concepts of illness and health. Additionally, having a sense of spirituality increases someone's ability to find something meaningful in his or her illness and to maintain hope, and affects his or her ability to cope with important problems (Wong et al., 2008).

Although "spiritual care", a significant part of holistic nursing, is a relatively recent concept, theorists of nursing began to become increasingly interested in their patients' spirituality around the close of the 1960's. Shortly thereafter, Travelbee (1971) emphasized the significance of every stage of the caring process, stating that, "A nurse not only gives care to individuals to diminish their physical pain or in physical sense, but gives holistic care to them." (Kavas & Kavas, 2014). Furthermore, the World Health Organization (WHO) has emphasized that the spiritual aspects of care should be integrated into nursing in order for the care provided to be holistic (Herlianita et al., 2018). The literature has found that spiritual care often begins with "an affectionate approach" and that this type of care is uniquely able to understand and react to human spiritual needs. In cases of illness or trauma, this type of support is provided by helping individuals when they want to pray or participate in any kind of religious activity, or by simply engaging in active listening when this is required (Herlianita et al., 2018; Tirgari et al., 2013). One study conducted with nurses about spiritual care revealed that the nurses did not have an adequate awareness of the spiritual needs of their patients. In another study it was emphasized that the equipment needed for spiritual care was insufficient when nursing care was being planned, and that during their training nurses were not well enough informed about caring spiritually for their patients. Indeed, although spiritual care is a core value in nursing practices, its full scope, content and the competences it requires have not yet been completely developed (Ross et.al., 2018). There has been a growing number of studies focusing on the significance of spiritual care for both patients and health professionals; nevertheless, these research findings have not been implemented or applied in practice in sufficient levels (Balboni et al., 2010; Ross et al., 2018; Selman et al., 2018). Nurses should provide holistic healthcare by identifying the moral and spiritual values and practices of the patients in their charge. In addition, various studies have emphasized that nurses should also explore their own spirituality, in order to gain awareness of the needs others in this area, and be able to care for them accordingly (Timmins, 2015). Nurses should be trained in the knowledge and practices needed to provide spiritual care before they graduate.

Evaluating both the positive and negative aspects of spirituality in human life and in health services, it is seen that providing spiritual care in healthcare institutions is extremely important. Spiritual care can be thought of as the activity of providing spiritual and religious support with the aim of meeting the spiritual needs of patients. Spiritual care is thus a human-oriented social service that aims to increase the commitment of people in need of nursing to life, strengthen their spirituality, help them make peace with themselves, and reduce their fears and any anti-social feelings they may have (Akay & Şahin, 2018). Many health institutions in the world use religious leaders to respond to patients' spiritual needs (Reed, 1992). However, spiritual care should not only be thought of as the duty of religious leaders; it should be an area in which all employees providing health services, especially nurses, should take responsibility, because spirituality is an inseparable and fundamental part of nursing. It is, broadly speaking, "a part of the ontological base of nursing care and an important humanistic dimension in human health and prosperity" (Reed, 1992).

Many different factors have an impact on the spiritual care that nurses provide. Those with the greatest impact are the sensitivity of the nursing employee to the subject in general, his/her voluntary work, his/her own life prospects, his/her awareness of care, his/her spiritual needs and, especially, his/her individual belief system. In addition, the patient's openness to communication, the nurse's communication with other staff caring for the patient, the working conditions, working environment, and other similar elements, also affect spiritual care (Çelik et al., 2014) In providing spiritual support to the patient, a nurse may view this as part of "the job". However, giving such care is not just a job. A nurse knows that a patient has spiritual feelings, and by listening to his/her anxiety and thoughts they are able to combine each piece of the puzzle and see their patient's world as a whole (Wong et al., 2008). Nursing is a profession that has to make appropriate determinations of each patient's spiritual needs, make

and implement plans to satisfy those needs, and work closely with multidisciplinary teams to fulfill the responsibilities of the profession in this context. Today, spiritual care is a vital topic in nursing. Providing it successfully can only be achieved with a compassionate approach and by recognizing the values that all people are endowed with (Dyson et al., 1997).

The number of studies in Turkey regarding spiritual care is limited. When they are evaluated, they demonstrate that nurses' knowledge of spiritual care is lacking, that this care has not been practiced at an adequate level and that the spiritual needs of patients have been ignored (Yılmaz & Okyay, 2009; Kostak, 2007; Çelik et al., 2014; Gönenç, 2016; Ergül & Temel, 2007; McSherry & Jamieson, 2011). Research on this topic shows that the nurses consider themselves insufficient in providing spiritual care and suggests that the reasons for this situation are as follows: not having enough time, difficult working conditions and not getting enough information during related training (Baldacchino, 2006). There are very few studies about spiritual care among nursing students. This study is intended to fill the gap in the literature by emphasizing spirituality as part of holistic care and assessing the 'awareness of spiritual care' among nursing undergraduates.

MATERIALS AND METHODS

Study type

This research was carried out using a cross-sectional and descriptive design with the aim of determining the factors affecting awareness of spiritual care in students in a Faculty of Health Sciences.

The research was carried out with undergraduates in a Department of Nursing at a Faculty of Health Sciences, between February 4 and April 4, 2019.

Study group

The population of the research was made up of 802 nursing students in the 1styear (180), 2ndyear (224), 3rdyear (169), and 4th year (229) at the Faculty of Health Sciences at Bursa Uludag University in 2019. The research sample comprised 453 (56.48%) nursing students who agreed to participate in the research after it had been explained to them and filled out the research forms fully. No sampling method was applied to the research population. The students were distributed as follows:1styear (n=119), 2ndyear (n=128), 3rdyear (n=120) and 4thyear (n=86).

In determining the contributors affecting the awareness of spiritual support of the Faculty of Health Sciences students, a sample size of 453 was found necessary for 80% power, an effect size of 0.11 and a significance level of α=0.05.

The study aimed to reach the entire population, so no sampling method was used for the students who made up the universe. After the students were informed about the research and verbally consented to take part, they were requested to provide answers to the questions in the forms distributed by the researcher. Care was taken to ensure that filling in the surveys did not take place during the students' course hours. It was explained to the students that their answers would not affect their academic marks and that all the data obtained would be used for scientific study. The students were allowed a maximum of 15 minutes to answer the questions. Completed forms were collected and evaluated.

Dependent and independent variables

The independent variables of this research are gender, age, number of siblings, number of people living in the family, educational status, voluntarily choosing a department, currently living status, income status, working status, longest place of residence, educational status of family, parental employment status and training about spiritual care. The dependent variable is spiritual care awareness.

Procedures

The research questionnaire was made up of two sections. The first section included the Sociodemographic Data Collection Form, and the second section included the Spiritual Care Awareness Scale (SCAS). The data were collected using the survey method.

Sociodemographic Data Collection Form: This was developed by the researcher after reviewing the literature. This form contains 15 questions related to class, age, gender, school attended, whether the department had been voluntarily chosen, income status, current residence, place of longest residence, whether they had training about spiritual care, employment status, and parental employment status.

Spiritual Care Awareness Scale (SCAS)): The study used the SCAS which was developed by Kavas & Kavas in 2014. The SCAS is a five-point Likert-type scale. The scale was developed to determine the thoughts of nurses, midwives and doctors about spiritual care. The Cronbach's alpha value of the scale was determined to be 0.940. The scale, which has a single dimension and contains a total of 15 questions, is scored by choosing "strongly disagree", "disagree", "unsure", "agree", "totally agree", with points given from 0 to 4 respectively. The scale's total score is determined by adding up the score for each item. The highest obtainable score is 60. According to Kavas & Kavas (2014), awareness about spiritual care increases in line with an increase in the average total score. The results are interpreted as 0-20 (low), 21-40 (medium), 41-60 (high). The reliability of the scale was determined to be 0.944, while the Cronbach's alpha coefficient was found to be 0.947 (Kavas and Kavas, 2014). The Cronbach alpha was 0.894 in this study.

Statistical analysis

The IBM SPSS (Statistical Package for Social Science) 23.0 was used for the statistical analysis of the research data. The Shapiro-Wilk test was used to determine if the data showed normal distribution. The Kruskal-Wallis test was applied for non-normally distributed data to compare more than two groups,

and the Mann- Whitney test was used for comparison of two groups. The Bonferroni test was employed in binary comparisons when significance was found. The significance level was determined to be $\alpha = 0.05$.

Ethical considerations

Ethics committee approval was received from the Bursa Uludag University Health Research and Publication Ethics Committee prior to the research (Decision No: 2019-02). It was stated that the information received from the students included in the study before the questionnaire forms were distributed would not be used for any other purpose, and that their names would be kept confidential; the questionnaires were filled in after the students 'verbal consent was obtained.

RESULTS

26.2% (n=119) of the students were in the 1st year, 28.3% (n=128) were in the 2nd year, 26.5% (n=120) were in the 3rd year and 19.0% (n = 86) of them were in the 4th year. 94.5% (n=428) of the students were between the ages of 18 and 23. 82.3% (n=373) of the students were female. The average number of siblings was 3.0221±3.0000, while the average number of people living in the family was 4.7925±4.0000. 67.3% (n=305) of the students were graduates of Anatolian science high schools. 70.0% (n=317) of the students stated that they had chosen to study in their department. While 38.2% (n=173) of the students lived at home with their families, 33.3% (n=151) of them resided in a state dormitory. The income level of 79.9% (n=362) of students was medium. While 91.4% of the students (n=414) were not currently employed. 55.8% (n=253) of the students lived in a metropolitan area. The fathers of 30.9% (n=140) of the students were elementary school graduates, the fathers of 30.5% (n=138) of them were high school graduates, the fathers of 21.4% (n=97) of them were secondary school graduates. While the mothers of 51.0% (n=231) of the students were elementary school graduates. For 70.0% (n=317) of the students only the fathers were working, while both parents were working for 23.0% (n=104) of them, and only the mothers were working for 7.1% (n=32) of them. While 71.5% (n=324) of the students reported that they had received no training regarding spiritual care (Table 1). The students' average spiritual care awareness score was found to be 51.36 ± 8.96, which was high (Table 2).

Table 1. Comparison of the scores of students on the Spiritual Care Awareness Scale according to various features (n=453).

	n	%	Median (Min-Max)	Test value	p
Year					
First	119	26.2	53(16-60)	KW=0.19	0.979
Second	128	28.3	53.5(17-60)		
Third	120	26.5	54(0-60)		
Fourth	86	19.0	52(27-60)		
Age					
18-23	429	94.5	54(0-60)	KW=12.49	**0.002***
24-29	19	4.2	45(0-60)		
30-35	6	1.3	48.5(44-55)		
Gender					
Male	80	17.7	49.5(16-60)	U=11007	**<0.001**
Female	373	82.3	54(0-60)		
Educational status					
High school	59	13.0	49(11-60)	KW=13.05	**0.001****
Vocational high school	89	19.6	54(10-60)		
Anatolian-science high school	305	67.3	54(0-60)		

KW= Kruskal-Wallis, **U=** Mann-Whitney U, **Min=**Minimum, **Max=** Maximum, *There is a significant difference between the 18-23 and the 24-29 age group. **The group of students who studied at a general high school is different than others.

Table 1. (Continue) Comparison of the scores of students on the Spiritual Care Awareness Scale according to various features (n=453).

	n	%	Median (Min-Max)	Test value	p
Voluntarily choosing a department					
Yes	317	70.0	53(10-60)	U=20438.5	0.379
No	136	30.0	55(0-60)		
Currently living status					
At home with family	173	38.2	54(10-60)	KW=0.27	0.966
At home with friends	56	12.4	52.5(27-60)		
State dormitory	151	33.3	53(0-60)		
Private dormitory	73	16.1	53(11-60)		
Income status					
Low	30	6.6	58(11-60)	KW=2.09	0.352
Medium	362	79.9	53(0-60)		
Good	61	13.5	53(27-60)		
Working status					
Working	20	4.4	49.5(16-60)	KW=1.46	0.483
Not working	414	91.4	53(0-60)		
Part time working	19	4.2	54(35-60)		
Longest place of residence					
Village	57	12.6	50(11-60)	KW=2.32	0.314
District	143	31.6	54(17-60)		
City	253	55.8	53(0-60)		
Educational status of your father					
Illiterate	8	1.8	54(28-60)	KW=4.01	0.405
Elementary school	140	30.9	54(27-60)		
Secondary school	97	21.4	52(0-60)		
High school	138	30.5	53(10-60)		
University	70	15.5	52.5(11-60)		
Educational status of your mother					
Illiterate	39	8.6	50(11-60)	KW=9.48	0.051
Elementary school	231	51.0	54(0-60)		
Secondary school	81	17.9	53(27-60)		
High school	85	18.8	54(16-60)		
University	17	3.8	50(31-60)		
Parental employment status					
Only father works	317	70.0	53(0-60)	KW=0.17	0.920
Only mother works	32	7.1	54(27-60)		
Both parents work	104	23.0	53(27-60)		
Training about spiritual care					
Yes	129	28.5	54(10-60)	U=20758	0.911
No	324	71.5	53(0-60)		

Table 2. Spiritual Care Awareness Average Scores of the Students.

	Mean	Standard Deviation	Min-Max
Spiritual Care Awareness Scale	51.36	8.96	0-60 (0 (low) < 20-40 (medium) < 60 (high)

Results of the comparison of students' scores for the SCAS with regard to sociodemographic variables are given in Table 1. No significant difference was found between the mean scores for spiritual care awareness with respect to their year of study (p=0.979). Statistically, there was a significant difference between the mean scores for spiritual care awareness according to the students' ages (p=0.002). A significant difference was found between the spiritual care awareness levels of students in the 18-23 age group and the spiritual care awareness levels of students in the 24-29 age group. The spiritual care awareness of the 18-23 age group was higher. A significant difference was found between the mean scores for spiritual care awareness according to gender (p <0.001). Levels of spiritual care awareness were lower for male students. A statistically significant difference was found between the mean spiritual care awareness scores according to the type of high school that students graduated from (p=0.001). Compared to other high school types, the spiritual care awareness levels of students who had graduated from a general high school was found to be lower. Statistically, there was no significant difference between the means scores for spiritual care awareness according to their voluntary selection of the department they were studying in (p=0.397). When the students' places of residence were examined, no significant difference was found between the mean scores for spiritual care awareness (p=0.966). Statistically, there was no significant difference between the means scores for spiritual care awareness with respect to students' income status (p=0.352). There was no significant difference between the mean scores for spiritual care awareness according to their current employment status (p=0.487). There was no significant difference between the mean scores for spiritual care awareness according to the longest place of residence (p=0.314). Statistically, there was no significant difference between the mean scores for spiritual care awareness according to the educational status of their fathers (p=0.405). Similarly, there was no significant difference between the mean scores for spiritual care awareness according to the educational status of their mothers (p=0.051). There was no significant difference between the mean scores for spiritual care awareness according to the employment status of their parents (p=0.920). Statistically, there was no significant difference between the mean scores for spiritual care awareness with respect to whether they had had training about spiritual care (p=0.911).

DISCUSSION

An increase in the total average score for the SCAS indicates a greater awareness of the concept of spiritual care. The highest score that can be obtained from the SCAS is 60, while the average score of students participating in this research was 51.3598 ± 8.95544. To evaluate other similar studies: Kavas & Kavas (2015) found, in their studies conducted with nurses, midwives and doctors, that the total scores they received from the SCAS were high. In their study conducted with 554 nurses, Çelik et al. (2014) determined the average total score of nurses on the SCAS as high. Similarly, in their studies with 110 midwives/nurses, Kostak et al. (2010) found that the average total score obtained from the Spirituality and Spiritual Care Rating Scale was high, Yılmaz & Okyay (2009) reported that the nurses' total average scores from the Spirituality and Spiritual Care Rating Scale were high and Pour et.al. (2017) reported that nursing and midwifery students had high levels of awareness of spirituality and spiritual care. In the study conducted by Selvi (2019) with nurses who cared for patients in the terminal period, it was found that the level of spiritual care awareness was high. Contrary to our research findings, in the study of Gönenç et al. (2016), which evaluated the views of nurses and midwives regarding spiritual care, the mean scores for spirituality were not at the desired level. Given the results of these studies, it can be said that the students have high levels of awareness of spirituality and spiritual care, and the results of these studies support the results of our research. These finding suggest that the students participating in the research attach importance to issues of spirituality and spiritual care, that they are influenced by their cultural values and religious beliefs, and that they demonstrate an empathetic approach. The fact that the students participating in the research were educated within the framework of the "Nursing National Core Education Program" and that they met their health care needs with a holistic nursing care philosophy may have caused them to attach importance to spiritual care. When the spiritual care awareness of the students is evaluated according to their year of study, the highest level of awareness was shown by the 3rdyear students while the lowest level was among the 4th year students. There was no statistically significant difference between the mean scores spiritual care awareness according to the students' year of study.A statistically significant difference in the spiritual care awareness levels was found according to the students' age, gender and type of high school (p>0.05).

When the relationship between students' spiritual care awareness levels and their age was evaluated, a statistically significant difference was found between the mean scores for spiritual care awareness according to their age groups (p = 0.002). In particular, the level of spiritual care awareness was found to be higher among 18- to 23-year-olds. In accordance with the current research, in the study in which Tuck et al. (2001) assessed the level of nurses' spiritual awareness, a higher level of awareness was found as their age increased. In the study of Özbaşaran et al. (2011), a statistically significant difference was found between age and years of employment and the mean scores for spirituality and spiritual care. Esendir (2016) found a significant difference between age and the mean spiritual care awareness scores in his study conducted to examine health workers' awareness of spirituality and spiritual care. Contrary to our study, Kostak et al. (2010) found that the age of the nurses did not affect spirituality in a study examining "The thoughts of nurses and midwives about spirituality and spiritual care". Likewise, in a study by Kavas and Kavas (2015) on doctors, midwives and nurses, there was no significant difference in the level of spiritual care awareness by age. In the study conducted by Ercan et al. (2018) with nurses working at a university hospital, no significant difference was found between age and spiritual care awareness. The reason for this result in the current study is likely to be that the majority of the students (94.5%) who participated were aged between 18 and 23.

Evaluating the results of the research according to the gender variable, a statistically significant difference was found between the mean spiritual care awareness levels (p <0.001). In addition, the spiritual care awareness levels of the male students were lower than those of the female students. In the study conducted by İnce & Akhan (2016) on student nurses, a statistically significant difference was found according to gender, and this result supports the current research. Similarly, Macit & Karaman (2019) found a significant difference between nurses' gender and their awareness of spiritual care. In addition, female nurses' awareness of spiritual care was determined to be significantly higher. In the study conducted by Melhem et al. (2016) on nurses, the sensitivity of female nurses to spiritual care was found to be higher. İnce & Akhan (2016) found a statistically significant difference between mean scores according to gender in their study with student nurses. The findings of Kavas and Kavas (2015) in Denizli indicated that the spiritual care awareness of healthcare professionals (doctor, midwife, nurse) did not change according to gender, contrary to the findings of the present study. In a study by Wong et al. (2008) in Hong Kong, nurses' awareness of spirituality and spiritual care was examined, and it was concluded that gender did not affect the level of spirituality and awareness of spiritual care. In a study in which Tuck et al. (2001) assessed the level of nurses' spiritual awareness, no statistically significant difference was found between gender and spiritual care. In the study by Esendir (2016), no significant difference was identified between gender and the nurses' level of spiritual care awareness. In Esendir & Kaplan's (2018) studies, no significant difference was found between the awareness of spiritual care and gender. In the study conducted by Kavak et al. (2014) with nurses, there was no significant difference was between gender and the nurses' degree of awareness of spiritual care. In a study focusing solely on female nurses, Özbaşaran et al. (2011) found that they were indecisive with regard to spiritual care and spirituality. Examining the literature, studies are generally conducted with employed healthcare personnel. The reason why there was a significant difference by gender in the current study could be because study was only conducted with nursing students and that other healthcare workers were excluded. In addition, given that many healthcare professionals are women, the number of female students participating in the current study was high, and it may be the case that women are more able to express their emotions and demonstrate sensitivity than men, which may have caused the differences found in the current study.

No significant difference was found (p<0.05) according to the variable of students' choosing to study in their current department, their current place of residence, their income status, current employment status, longest place of residence, their fathers' educational status, their mothers' educational status, the employment status of their parents or whether they had received training about spiritual care. Similar to the findings of the current research, there was no significant difference between students' year of study, parents' educational status and parents' profession, and spiritual care awareness levels in a study conducted by Bulut and Meral (2019) with student nurses. A significant difference was found between marital status and spiritual care awareness levels in the same study, while Çelik et al. (2014) stated that the educational status of nurses, the longest place of residence, and weekly hours employed did not affect the levels of spiritual care awareness. Esendir (2016) reported that there was no significant difference between the nurses' level of spiritual care awareness and their years of employment. Similar to our results, Ercan et al. (2018) reported that there was no significant difference between nurses' education regarding spirituality, their practices of spiritual care, and their spiritual care awareness. In various studies conducted it was determined that there was no significant relationship between the place where nurses worked and their level of spiritual care awareness (Yılmaz & Okyay, 2009; Kostak et al., 2010; Çelik et al., 2014). In the study conducted by Erenoğlu & Can (2019) on student nurses, it was determined that there was no statistically significant

difference between year of study, marital status, father's educational status, and spiritual care awareness levels. The same research, unlike the current study, determined that the mother's educational level affected awareness about spiritual care. The scores of students whose mothers were university graduates were found to be higher than those of other students. In the study carried out by Sağkal et al. (2017) with nursing students, no significant difference was determined between the participants' employment status, income status, family type, and their spiritual care awareness. In a study by Macit & Karaman (2019) with nurses, it was found that there was no significant difference between marital status, educational status, total years of professional employment, years of employment in the current institution, and awareness of spiritual care. In a study by İnce & Akhan (2016), no significant difference was found between the year of study of nursing students, their employment status in the clinic, their knowledge about spiritual care and their level of spiritual care awareness. However, in his study, Ross (2006) stated that the nurses' voluntary and paid employment would affect spiritual care.

In the present study, no statistically significant difference was found between the mean spiritual care awareness levels according to whether the students had received training (p=0.911). There are very few studies in Turkey about the concept of spirituality and spiritual care that focus on nursing and midwifery students. In the study conducted by Sağkal et al. (2017) with student nurses, 57.5% of the participants reported that they had some knowledge regarding spiritual care; 64.3% of these students had obtained the information from the faculty in which they were enrolled. In addition, 65.1% of the participants remarked that they had taken no courses related to spiritual care in the faculty where they were studying, while 81.8% of them expressed the desire to receive further education about this topic. In the study conducted by Bulut and Meral (2019) on student nurses, 60.7% of those participating were not aware of the concept of spirituality, while 56.7% had no knowledge of spiritual care. A study by McSherry et al. (2008) revealed that a majority of nursing students at the undergraduate level needed to be trained about spirituality and spiritual care.

Some studies conducted with employed nurses have found that the spiritual care of patients was not taken into consideration (Baldacchino, 2006; Wong et al. 2008). In their studies, Baldacchino (2006) and Wong et al. (2008) found that the most important problem in providing spiritual care was a lack of knowledge among nurses. In their studies to identify the views of nurses about spiritual care, Yılmaz & Okyay (2009) determined that the nurses participating had not been taught about spirituality and did not have sufficient knowledge. Many studies in the literature have demonstrated that the notion of 'spiritual need' is a difficult concept, which emphasizes the importance of education (Baldacchino, 2006; Ross, 2006; Yılmaz & Okyay, 2009). Leeuwen et al.'s (2006) study found that nurses not being trained about the concept, and their not having sufficient time, were the reasons for their inability to provide spiritual care. It has been stated that training programs are very significant factors in terms of increasing awareness of spirituality and spiritual care (Wong et al., 2008).

CONCLUSIONS

The present study determined that nursing students had a high level of spirituality and awareness of spiritual care, and that there was no statistically significant difference between the students' year of study and the level of their spiritual care awareness. There was a significant difference between age, gender and high school type, and the level of awareness of spiritual care; however, there was no significant difference between place of residence, longest place of residence, voluntary selection of the department, the employment status, educational status of the father, income status, parental employment status, educational level of the mother and having received training about spiritual care.

Various recommendation can be made as a result of the current study, in order to better apply spiritual care practices and to generalize their use:

It is recommended that in-service trainings and seminar programs be designed and organized, that this research be repeated with larger sample groups, and that qualitative research be conducted using focus-group or in-depth interviews to increase nursing students 'awareness of spiritual care.

Limitations and strengths of study

The data collection tool used in the research is limited to the questionnaire form containing Sociodemographic Data Collection and the Spiritual Care Awareness Scale for nursing. The research is limited to nursing students studying at the health sciences faculty of a university.

The strongest aspect of the study is that there has not been any study examining nursing students' awareness of spiritual care and the factors affecting this perception.

Acknowledgements

We thank all of our students who participated in the study.

Conflict of Interest

There is no conflict of interest among the authors. The authors received no financial support for the research, authorship, and/or publication of this article.

Author Contributions

Plan, design: FK, BA; **Material, methods and data collection:** FK, BA; **Data analysis and comments:** FK, BA; **Writing and corrections:** FK, BA.

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