Journal information

JOURNAL OF RELIGION & HEALTH

Publisher name: SPRINGER

Journal Impact Factor ™

2.8	2.6
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JCI Category	Category Rank	Category Quartile
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JCR ABBREVIATION

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J. Relig. Health

Journal information

EDITION

Social Sciences Citation Index (SSCI)

Arts & Humanities Citation Index (AHCI)

CATEGORY

PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH - SSCI

RELIGION - AHCI

LANGUAGES

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USA

1ST ELECTRONIC JCR YEAR

1997

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6 issues/year

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2.8

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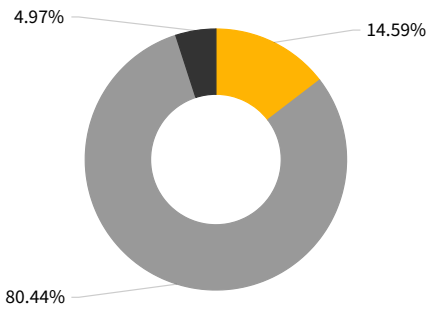

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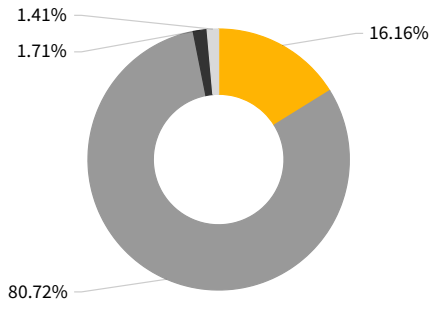

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EDITION
Social Sciences Citation Index (SSCI)

CATEGORY
PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH
89/180

JCR YEAR	JIF RANK	JIF QUARTILE	JIF PERCENTILE
2022	89/180	Q2	50.8
2021	102/182	Q3	44.23
2020	121/176	Q3	31.53
2019	132/171	Q4	23.10

Rank by Journal Citation Indicator (JCI)

Journal of Religion and Health (2023) 62:1007–1018
https://doi.org/10.1007/s10943-022-01627-0

ORIGINAL PAPER

Determination of the Spiritual Support Perceptions of Students at a Vocational School of Health Services in Turkey

Fatma Tok Yıldız[1] · **İlknur Yıldız**[2]

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Abstract

This descriptive and cross-sectional study aimed to determine the spiritual support perceptions of students ($n = 606$) at the Vocational School of Health Services at a university in Turkey in the academic year of 2019–2020. A Personal Information Form and the Spiritual Support Perception Scale were used to collect their data. The data evaluated descriptive analyses, the Kolmogorov–Smirnov test, the Mann–Whitney U test and Kruskal–Wallis test. The mean age of the participants was 19.85 ± 1.78 years, 68.5% of them were female, 34.7% were students at the clinical laboratory techniques department, and 57.4% were first-year students. The mean Spiritual Support Perception Scale score of the participants was 50.08 ± 9.93, which was above average.

Keywords Spiritual support · Perception · Vocational school · Health services

Introduction

In recent years, the interest in the impact of religion and spirituality upon health and well-being has increased (VanderWeele et al., 2017). The word "spirituality" means "to breathe" and "to bring to life." In the literature, it has been stated that spiritual care often starts with a "compassionate approach" in human relationships, and the

✉ Fatma Tok Yıldız
fatmatok@yahoo.com; ftok@cumhuriyet.edu.tr

İlknur Yıldız
ilknuryildiz@yahoo.com.tr

[1] Department of Medical Services and Techniques, Program of Anaesthesia, Vocational School of Health Services, Sivas Cumhuriyet University, 58140 Sivas, Turkey

[2] Department of Nursing, Faculty of Health Science, Sivas Cumhuriyet University, 58140 Sivas, Turkey

practitioners of spiritual care can hear and recognize the needs of the human spirit (Herlianita et al., 2018; Tirgari et al., 2013).

Spirituality is explained as the understanding of the meaning and purpose of life (Wu & Hsiao, 2009) and is derived from traditional cultures and religion (Tu, 2008). Additionally, spirituality can be learned and integrated with education and personal life experiences (Tu, 2008). At the same time, spirituality is reflected in individual attitudes and behaviors in everyday life.

Spirituality becomes even more evident when one encounters a major setback or experiences loss (Wu et al., 2012). Accordingly, in 1998, the World Health Organization added the concept of spirituality to the concept of health, which is not only dependent on illness and disability, but also related to complete well-being in physical, mental, and social terms (Nagase, 2012). In Turkey, with the law that passed in 1998, patients were granted the right to make a request to be supported individually and spirituality in accordance with their religious beliefs (Patient Rights Regulation, 1998).

It is undeniable that spirituality is an important component of health today. Therefore, the holistic well-being of the individual is possible by implementing all forms of care, including spiritual care (Demir, 2019; Koenig, 2012; VanderWeele et al., 2017; Wong et al., 2008; Wu & Hsiao, 2009). Spirituality can be seen by individuals as a supportive, positive search to maintain one's inner peace and tranquility and cope with problems. Individuals often tend to turn to spirituality to relieve stress and relax internally in times of trouble in their lives.

Spirituality can be beneficial in cases where there is no solution to problems experienced in times of trouble, or it is impossible to make a change (Koenig, 2012; Wong et al., 2008; Yılmaz & Okyay, 2009). Spirituality, which supports the feelings of the individual in difficult situations such as the experience of disease or death, can become an important part of coping in a crisis (Koenig, 2012; Wong et al., 2008) and affect the state of health positively by altering the course of the person's reactions (Koenig, 2012; Wong et al., 2008). Additionally, many health-related professions have acknowledged the importance of addressing the spiritual needs of patients. As VanderWeele et al., (2017) noted, more focus on spirituality in healthcare could carry patients and health-related professions toward better patient-centered care and well-being.

In Turkey, individuals with different ethnic origins from various religions live side by side, while the most common belief system is the religion of Islam. As in many societies, religion and spirituality are associated with each other in Turkish society. In Turkey, the concept of spirituality is seen as a part of holistic care and recognized as an attribute of cultural identity (Aksoy & Çoban, 2017; Kalkım et al., 2018).

The number of studies in the field of spiritually in Turkey and other countries in the world has increased, and these studies have been carried out with members of health-related professions such as doctors, midwives, nurses, or nursing students (Aksoy & Çoban, 2017; Balboni et al., 2014; Demir, 2019; Ercan et al., 2017; Erenoğlu & Can, 2019; Genç & Durğun, 2018; İşbilen Esendir & Kaplan, 2018; Kalkım et al., 2018; Kavas & Kavas, 2014; Koenig, 2012; Macit & Kahraman, 2019; Melhem et al., 2016; Meredith et al., 2012; Özbaşaran et al., 2011; Tambağ et al.,

2018; VanderWeele et al., 2017; Wong et al., 2008; Wu & Hsiao, 2009; Wu et al., 2012; Yılmaz & Okyay, 2009; Yılmaz et al., 2019). Numerous previous studies have suggested that spirituality is the essence of human beings and plays a vital role in the lives of individuals. However, there have been no studies related to spirituality conducted among students at Vocational Schools of Health Services who will work in the health sector after graduation.

As the healthcare system becomes increasingly complex nowadays, there is a need for members of health-related professions to improve their competence in spiritual care. In this regard, this study was planned to determine perceptions of spiritual support among students studying at the Vocational School of Health Services at a university. Moreover, it is believed that the results of this study will help increase awareness of spiritual support in students at Vocational Schools of Health Services and the need to include the concept of spirituality in their curricula.

Design

This study was planned as a descriptive and cross-sectional study.

Population and Sample

The population of this study included students at the Vocational School of Health Services at a university in Turkey who were enrolled in the academic year of 2019–2020. The sample consisted of students who attended the school between 10 February 2020 and 10 April 2020 who voluntarily agreed to participate in the study ($n = 606$). No sample selection method was used. The Vocational School of Health Services where this study was conducted offers a two-year degree, and its graduates acquire the title of health technician and serve in the health sector. These students are given theoretical and practical training specific to their programs, and they do not receive any special training on spiritual support.

Data Collection

Data Collection Tools

A Personal Information Form and the Spiritual Support Perception Scale were used to collect data.

Personal Information Form

This form that was created by the researchers in accordance with the relevant literature consisted of 13 questions about the introductory characteristics of the participants and their perceptions related to spiritual support. The form contained 11

questions for identifying factors such as age, gender, class year, place of living, parents' education status, monthly income level, and income sources. There were two more questions regarding the importance of using spiritual support in healthcare, whether they would use it when they start working in the health sector, as well as their thoughts on spiritual support. It took about 10 min for each participant to fill out the form.

Spiritual Support Perception Scale

The Spiritual Support Perception Scale that was developed by Kavas and Kavas (2014) is a unidimensional scale consisting of 15 items. In the validity and reliability study of the original scale, the Cronbach's alpha value of the scale was reported as 0.94. It is a five-point Likert-type scale where each item is scored with response options between 0 "strongly disagree" and 4 "strongly agree." All 15 items are directly scored. Higher scores indicate more positive perceptions about spiritual support. The highest possible total score of the scale is 60. The perception of spiritual support is evaluated as low when the total score is 0–20, medium when it is 20–40, and high when it is > 60. It took about 15 min for each participant to fill out the scale. In this study, the Cronbach alpha coefficient of the scale was calculated as 0.95.

Conflict of Interest

The authors declare that they have no potential conflicts of interest.

Ethical Approval and Implementation

All procedures performed in procedures involving human participants were in accordance with the ethical standards of the institutional and/or national research committee. Before starting the study, approval from the Non-Interventional Clinical Research Ethics Committee of a university (Sivas Cumhuriyet University, Decision No: 2020-01/34) and written permission from the Rectorate of the university (30182376-E.424297), where the implementation was made, were obtained. After selecting the eligible participants who agreed to participate in the study, the researchers were introduced to them, and the objectives of the study were explained for the participants. The participants were ensured that their information would remain confidential, and they provided informed consent. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Data Analysis

The data collected in this study were analyzed using SPSS version 22.0. Frequencies, percentages, and mean values were used in the descriptive analyses. The normality of the distributions of the data was assessed using the Kolmogorov–Smirnov test. Since the data did not meet the parametric test conditions, the Mann–Whitney U test was used for two independent groups, and the Kruskal–Wallis test was used for more than two independent groups. The level of statistical significance was taken as 0.05.

Results

The mean age of the participants was 19.85 ± 1.78 (Min: 17, Max: 37), 68.5% of them were female, 34.7% were studying at the department of clinical laboratory techniques, and 57.4% were in their first year of education. It was determined that 45.2% of the participants stayed in state dormitories, the mean number of people they shared their room with was 4.47 ± 1.28 (Min: 1, Max: 8), and 78.2% of them had lived in cities as their longest living place. The fathers of 57.4% and mothers of 67% of the participants had primary education (primary and/or secondary school) degrees, 55.4% had family income levels in balance with their expenditures, and 51.7% had low levels of income. Furthermore, 94.7% of the participants stated that it is important for healthcare professionals to use spiritual support, and 89.9% stated that they thought about using spiritual support when they start working in healthcare (Table 1).

The results of the comparison of the descriptive characteristics of the participants and their Spiritual Support Perception Scale scores are included in Table 2. The female participants were found to have significantly more positive perceptions about spiritual support than the male participants ($p < 0.005$). There was also a significant difference in the spiritual support perceptions of the participants studying in different programs ($p < 0.005$). The participants who were students in the medical documentation and secretarial program had more positive perceptions about spiritual support than those in other programs. No significant difference was found in the perceptions of the participants regarding spiritual support based on their years of study, but those living in the city rated their perceptions of spiritual support significantly more positively than those living in the countryside ($p < 0.005$). The education levels of the fathers of the participants did not significantly affect their perceptions of spiritual support. However, the spiritual support perceptions of the participants whose mothers had university degrees were significantly more positive ($p < 0.005$). Perceptions of spiritual support among the participants who thought it is important for healthcare professionals to use spiritual support were significantly more positive than the perceptions of those who did not think so ($p < 0.001$). Additionally, the participants who considered using spiritual support when they start working in healthcare had significantly more positive perceptions of spiritual support compared to those who did not consider it ($p < 0.001$).

Table 1 Participants descriptive characteristics ($n=606$)

	n (%)
Age	
Mean age: 19.85 ± 1.78 (Min:17, Max:37)	
Gender	
Female	415 (68.5)
Male	191 (31.5)
Program of study	
Anesthesiology	120 (19.8)
Geriatric care	101 (16.7)
First Emergency Aid	65 (10.7)
Medical Laboratory Techniques	210 (34.7)
Dialysis	43 (7.1)
Medical Documentation and Secretarial Services	64 (10.6)
Physiotherapy	3 (0.5)
Class year	
First year	348 (57.4)
Second year	258 (42.6)
Place of residence	
Homestay	256 (42.2)
Government dormitory	274 (45.2)
Private dormitory	38 (6.3)
Student house	38 (6.3)
Number of people living together	
Mean number: 4.47 ± 1.28 (Min:1, Max:8)	
Place of living for the longest duration	
Rural	132 (21.8)
Urban	474 (78.2)
Father's educational status	
Illiterate	2 (0.3)
Literate with no formal degree	26 (4.3)
Primary–secondary school	332 (54.7)
High school	189 (31.2)
University	57 (9.4)
Mother's educational status	
Illiterate	47 (7.8)
Literate with no formal degree	41(6.8)
Primary–secondary school	406 (67)
High school	96 (15.8)
University	16 (2.6)
Family monthly income level	
Income less than expenses	174 (28.7)
Income and expenses equivalent	336 (55.4)
Income more than expenses	96 (15.8)

Table 1 (continued)

	n (%)
Own monthly income level	
Income less than expenses	313 (51.7)
Income and expenses equivalent	223 (36.8)
Income more than expenses	70 (11.6)
Is it important that professionals working in healthcare use spiritual support?	
Yes	574 (94.7)
No	32 (5.3)
Are you considering using spiritual support when you start working in healthcare?	
Yes	545 (89.9)
No	61 (10.1)

Discussion

This study aimed to determine the spiritual support perceptions of students at a Vocational School of Health Services. The literature review that was conducted in this study revealed no previous research focused on the opinions of students at Vocational Schools of Health Services. In this respect, the results of studies regarding perceptions of spirituality or spiritual support in health-related professions and among nursing students were used in the discussion.

The students who participated in this study had above-average levels of positive spiritual support perceptions (50.08 ± 9.93). The positive spiritual support perception levels reported in studies conducted with nursing students and members of other health-related professions (doctors, midwives, nurses, health technicians, students of undergraduate programs for health-related fields) were higher compared to those in this study (Kavas & Kavas, 2015; İşbilen Esendir & Kaplan, 2018; Genç & Durğun, 2018; Tambağ et al., 2018; Erenoğlu & Can, 2019; Macit & Kahraman, 2019; Yılmaz et al., 2019). In line with the results of both this study and other studies, it may be stated that healthcare professionals have positive perceptions of spiritual support. We believe that this result will contribute greatly to the spiritual support services in the healthcare system of Turkey.

In the comparisons of the perceptions of the participants of this study regarding spiritual support based on their descriptive characteristics, statistically significant differences were identified in their Spiritual Support Perception Scale scores based on their gender, place of living for the longest time, program of study, and mothers' education status. In studies conducted with members of health-related professions, it has been stated that gender and spiritual support perceptions are significantly related, and women have more positive perceptions of spiritual support than men (Genç & Durğun, 2018; Macit & Kahraman, 2019). However, varying results have been reported in other studies. In the study conducted by Erenoğlu and Can (2019) on nursing students, there was no significant relationship between perceptions of spiritual support and gender. In some studies

Table 2 Comparison of Spiritual Support Perception Scale scores based on descriptive characteristics

	$\overline{X}$ + SD	Test and *p*-value
Gender		
Female	50.86 ± 9.48	$Z^* = -2.952$
Male	48.32 ± 10.67	$p = 0.003$
Program of study		
Anesthesiology	51.98 ± 7.44	KW** = 15.509
Geriatric care	51.41 ± 7.55	$p = 0.017$
First Emergency Aid	48.36 ± 11.58	
Medical Laboratory Techniques	49 ± 10.95	
Dialysis	47.44 ± 13.35	
Medical Documentation and Secretarial Services	52.04 ± 8.09	
Physiotherapy	38 ± 6.92	
Class year		
First year	50.58 ± 9.76	$Z = -1.592$
Second year	49.40 ± 10.13	$p = 0.111$
Place of residence		
Homestay	50.93 ± 9.67	KW = 4.816
Government dormitory	49.37 ± 10.10	$p = 0.186$
Private dormitory	50.18 ± 9.44	
Student house	49.36 ± 10.84	
Place of living for the longest duration		
Rural	47.88 ± 11.12	$Z = -2.998$
Urban	50.69 ± 9.50	$p = 0.003$
Father's educational status		
Illiterate	38.00 ± 26.87	KW = 7.423
Literate with no formal degree	46.57 ± 10.48	$p = 0.191$
Primary–secondary school	50.82 ± 9.26	
High school	49.56 ± 10.41	
University	49.71 ± 10.65	
Mother's educational status		
Illiterate	51.38 ± 10.37	KW = 12.34
Literate with no formal degree	48.04 ± 12.11	$p = 0.034$
Primary–secondary school	50.25 ± 9.47	
High school	48.88 ± 11.32	
University	55.37 ± 5.044	
Family monthly income level		
Income less than expenses	49.44 ± 10.69	KW = 0.630
Income and expenses equivalent	50.35 ± 9.43	$p = 0.730$
Income more than expenses	50.28 ± 10.26	
Own monthly income level		
Income less than expenses	50.36 ± 9.96	KW = 1.253
Income and expenses equivalent	49.91 ± 9.29	$p = 0.534$
Income more than expenses	49.34 ± 11.74	

Table 2 (continued)

	$\overline{X}$ + SD	Test and *p*-value
Is it important that professionals working in healthcare use spiritual support?		
Yes	50.53 ± 9.50	$Z = -3.759$
No	42.03 ± 13.62	$p = 0.0001$
Are you considering using spiritual support when you start working in healthcare?		
Yes	50.65 ± 9.47	$Z = -3.791$
No	44.96 ± 12.35	$p = 0.0001$

*Z=Mann–Whitney U Test

**KW = Kruskal–Wallis Test

that have focused on spirituality in health-related professions, the relationship between gender and spirituality has not been determined to be statistically significant (Kavas & Kavas, 2015; Ercan et al., 2017; İşbilen Esendir & Kaplan, 2018). These results can be interpreted as the absence of a clear distinction between men and women in terms of perceptions about spiritual support. In this study, the perceptions of spiritual support were more positive in the students of the medical documentation and secretarial program than others. During their education, medical documentation and secretarial program students, as members of the healthcare team, undertake many tasks at all stages from the patient's admission to the hospital until their discharge. Therefore, since these students attend to patients more, it is thought that their perceptions of spiritual support are more positive.

In other studies in the literature, no findings on the topic that was examined in this study associated with the place of living or the program of study of students were found. In the study conducted by Erenoğlu and Can (2019) on nursing students, the relationship between students' perceptions of spiritual support and the education levels of their mothers was found significant. Based on publications in the literature, demographic characteristics that affect spirituality are usually factors such as "gender" (Wong et al., 2008; Genç & Durğun, 2018; Macit & Kahraman, 2019), "marital status" (Özbaşaran et al., 2011), and "class year" (Wong et al., 2008; Yılmaz & Okyay, 2009), and the results in the literature have not been similar to our findings. It is believed that this difference may be associated with the fact that our sample consisted of students studying in different programs.

The participants of this study thought that it is important for healthcare professionals to use spiritual support, and they stated that they would use spiritual support when they start working in the field. In a study conducted on nurses, 78.7% of the participants stated that they used spirituality oriented practices in the clinic where they worked (Yılmaz & Okyay, 2009). Contrary to these results, some studies have shown that spiritual care is not used in healthcare practices. In Ercan et al., (2017)'s study, nurses (42%) did not usually provide spiritual care, and they stated that lack of time, staff, and information prevented the delivery of spiritual care. In another study, it was found that nurses did not use spiritual care while working in the clinic (Yılmaz et al., 2019). Özbaşaran et al., (2011) also

stated that the opinions of nurses about spirituality and spiritual care were not clear enough.

In line with these results, it may be stated that there are differences in view of the use of spirituality in healthcare practices. It is also believed that the difference between the results of different studies may be due to differences in participants and sample sizes. Students' thoughts of using spiritual support when they start working may be interpreted as an indicator that they are aware of the positive effects of spiritual support on an individual's holistic health (Koeing, 2012).

Limitations

In this study, there were several limitations that may have affected the results. First, the study was conducted at a single center. Second, the opinions of those who wanted to participate in the study may have differed from the opinions of those who did not want to participate. Third, as in all student-centered studies, the participants of this study may have given socially desirable responses. Fourth, the small size of the subgroups hindered the power of the statistical analyses.

Conclusions and Recommendations

The results of this study showed that the Vocational School of Health Services students who participated in this study had a positive sense of spiritual support. The vast majority of the participants thought that it is important for healthcare professionals to use spiritual support, and they reported their thoughts about using spiritual support when they start working in healthcare. Therefore, it may be recommended to integrate spirituality, which is an indispensable part of providing holistic healthcare services, into the education programs of all professionals who will work in health-related fields and conduct studies on larger samples involving healthcare professionals and students.

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Author Contributions Concept was done by FTY and IY; design was done by FTY and IY; supervision was done by FTY and IY. Resources were carried out by FTY. Analysis and/or interpretation were carried out by FTY and IY. Literature search was done by FTY; writing manuscript was done by FTY and IY. Review and editing were done by FTY. Critical review was done by FTY and IY.

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Declarations

Ethical Approval IRB Institution/Name: 2020-01/34 Sivas Cumhuriyet University Non-Interventional Clinical Research Ethics Committee and permission for institution was taken from the Rectorate of Sivas Cumhuriyet University (30182376- E.424297).

Conflict of interest The writers have no conflict of interest.

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