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# Analysis of Spirituality and Spiritual Care Perception of Students at Faculties of Health Sciences

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## Abstract

**Aim:** This study was designed to analyze the perception of spirituality and spiritual support of students studying at faculties of health sciences.
**Materials and Methodology:** This descriptive study population was collected of 1382 students receiving education at the departments of Nutrition and Dietetics, Pediatric Development, Physical Therapy and Rehabilitation and Nursing and Health Management of a Foundation University. Sampling method was not preferred in this research but students who agreed to take part in the study were included within its scope. Data was collected between January 3-8, 2018 and the research was completed with 857 students. In addition, relevant data was collected by means of "Individual Information Form" and "Spirituality and Spiritual Care Rating Scale". SPPS 24.0 statistical package software was used in the assessment of the data.
**Findings:** It was determined that 37.7% of the students participating in the research study are in the Department of Nutrition and Dietetics, 23% are 20 years old and 84.7% are female. It was further determined that 27.4% are juniors, 77.2% did not receive any education on spirituality and the majority of those who did found the education on spirituality sufficient. The total mean score of all students was determined as 53,60 ± 9,58 as a result of the "Spirituality and Spiritual Rating Care Scale" evaluations in the study. There was no statistically significant difference ($p>0.05$) between the mean score of the students according to their departments and age variable. On the other hand, there was a statistically significant difference ($p<0.05$) between the mean scale scores of the freshmen and senior students in their departments. In addition, there was a statistically significant difference ($p<0.05$) between the mean scale scores of the students who received education on spirituality and those who did not.
**Conclusion:** the study reveals that students have an above average understanding of spirituality and spiritual care, but do not receive sufficient education on the subject. Therefore, there is a need for a higher level of education in this area. It is recommended that educational institutions provide classes on spiritual care so that students fill the gap in their knowledge.

**Key Words:** Spirituality, Spiritual Care, Health, Health Sciences Students

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## INTRODUCTION

Increasing technological and scientific developments have brought along commensurate advancements in the medical treatment methods used for many diseases. Yet, we still encounter many cases where modern medicine alone is not enough, despite the significant progress made in medical treatment methods. Once again, this reveals the importance of a holistic approach. The holistic approach requires an understanding of individuals as possessive of physical, social, emotional, economic, cultural, and spiritual aspects [12, 24]. The World Health Organization (WHO) defines health as "a state of physical, mental and social well-being and absence of disease or infirmity" and underlines that continuation of physical health on into mental health. Such a definition suggests that human beings can be healthy when all these dimensions are in equilibrium [2], as physical problems may affect psychological and social status, while emotional and mental disorders may also cause certain physical pathologies. This is an indication that biological and psychosocial needs are in interaction, which forms the basis of the holistic approach [11, 4], an approach which some scholars argue should be preferred in medical treatment and patient care [25, 3]. Advocates of this approach state that human-beings have bio-psychosocial aspects, including a spiritual dimension, which refers to beliefs and value systems. The integration of this spiritual dimension with medical treatment and care supports individuals in overcoming the negative experiences of a disease by means of evaluation as a whole [35].

Spirituality can also be considered as a component of religion; however, it is a concept that cannot be narrowed down only to membership in a religion or observance of the rituals of that religion. This is a comprehensive concept that includes religious practices rather than being confined to them. Put another way, spiritual beliefs and values can be associated with a religion or can be completely separated from religion. Religion, unlike spirituality, is a traditional, ceremonial, and specific teaching with certain boundaries and rules. Religion includes various beliefs regarding responsibility towards others, sin, death, and disease [18]. People who do not have a faith in a certain religion, however, may also have spiritual values [23, 17] and the degree of awareness may vary in each individual [11].

Spiritual needs arise when individuals experience stress or fear of disease or death, when they question the meaning of life, or they experience a deep crisis. Individuals try to meet these spiritual needs through individual, social, social relations or by establishing a relationship with a divine power [11]. The needs of individuals that support spiritual power and reduce spiritual deprivation when met are belief, optimism, happiness, righteousness, meaning in life, relations, forgiveness, production, experience, sensuality, communication, consolation, pain relief, religious habits, asking for help from a divine power, and some form of worship or religious services. Spiritual values are defined as factors that ensure that individuals feel good [1, 8].

Any disorder in the system of values that gives one hope for life causes a spiritual emptiness. Emerging in moments when beliefs and efforts in understanding human nature and finding a remedy for inner suffering are threatened, this spiritual emptiness has paved the way for the emergence of the concept of spiritual care [10]. This concept is defined as support services provided to hospitalized patients, complementary to medical treatments, in order to increase their life hope through emotional support in fighting against diseases and to contribute to their recovery process [11, 3].

The literature review demonstrates that supporting patients with spiritual care increases health, well-being, and quality of life [15, 16, 35, 22]. Supporting the treatment process in health care services, spiritual care provides an opportunity for patients to take part in their own care and use their spiritual values as a source of power.

By this means, conflicts between health care and beliefs or values that may have a negative effect on the individual's treatment process can be prevented in advance [30]. Supporting such an improvement, healthcare professionals might learn how to recognize patient spiritual beliefs and values at times of crisis and how to use this information to ensure positive effects on treatment processes. Hence, it is first critical to comprehend the meaning of the concepts of "spirituality" and "spiritual care" and internalize this as a philosophical approach. In order for healthcare professionals to recognize the spiritual needs of their patients, they first need to realize their own perspective towards life and explore their spirituality. Nonetheless, studies and observations in this area show that the spiritual dimension of healthcare is not reflected in health care practices. Many factors are thought to have contributed to this result [7, 3]. From this perspective, spiritual care of patients largely depends on whether healthcare professionals are aware of their own belief systems and accept the importance of spiritual needs in healthcare [8]. In addition, criteria such as the working environment and expressive ability (particularly with regard to expectations) of patients who receive care affect the successful realization of spiritual care services [14].

It is determined in studies analyzing the relations between health and spirituality that individuals with spiritual well-being are better in emotional, physical, and social terms than those without, and that the spiritual practices of these individuals prevent harmful habits which may have negative effects on health. Moreover, it is stated that these individuals have low depression and isolation tendencies in case of disease and can cope with stress [27, 4].

Nurses and other healthcare professionals have important responsibilities in helping patients cope with challenges in times of crisis. Spiritual support provided by healthcare professionals contributes to the recovery process by ensuring that individuals believe in themselves and hold on to life. Therefore, healthcare professionals should gain an awareness of the importance of spirituality and spiritual care in order to provide the necessary support to their patients. It is particularly important to raise this awareness during the education of a health sciences student, in order to increase their knowledge of the subject so that they will not enter the workforce with the typical deficiencies in medical domain-specific applications. It is believed that there is a need for comprehensive studies in this area at the national level.

## MATERIALS AND METHODOLOGY

### *Research Objective*

The objective of this descriptive study is to analyze healthcare professionals' perceptions of spirituality and spiritual care and the factors affecting their perception.

### *Research Questions*

1. Do indicative features of students at healthcare faculties affect students' perception of spirituality and spirituality care?

2. Is there any difference between departments and classes in terms of spirituality and spiritual care perception?

3. Does the perception of spirituality and spiritual care differ depending on healthcare faculties where students receive education?

### *Target Population and Sample Group of the Study*

This study was conducted in the health sciences faculty of a foundation university in the European side of Istanbul between January 3-8, 2018. The target population of the study was composed of 517 students in the Department of Nutrition and Dietetics, 137 students in Pediatric Development, 424 students in Physical Therapy and Rehabilitation, 182 students in Nursing and 122 students in the Department of Health Management from the Faculty of Health Sciences with a total of 1382 students, 461 of whom were freshmen, 328 sophomores, 332 juniors, and 261 seniors. 1382 students were included in the study without using the sampling method. 493 students did not want to participate. 32 participants who did not fully answer the questions on the Descriptive Form and Spirituality and Spiritual Care Scale were excluded from the study. Therefore, 857 students were taken in the sample group.

### *Data Collection Tools*

The "Descriptive Form" and "Spirituality and Spiritual Care Rating Scale" (SSCRS) were used in the research.

*The Descriptive Form:* Prepared by literature review, this form included six questions in total – three open-ended and three closed-ended – to obtain personal information such as age, sex, education, class, and whether they received education on spirituality and spiritual care and, if yes, where and whether that education was sufficient or not.

*Spirituality and Spiritual Care Rating Scale (SSCRS):* This scale was developed by McSherry, Draper and Kendrick (2002) and its validity and reliability study in Turkey was conducted by Ergül and Bayık Temel (2007). The scale consisted of seventeen likert style questions. The scoring of the items in the scale was from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). It is composed of three sub-dimensions: Spirituality and spiritual care (item 6,7,8,9,11,12,14), religiosity (item 4,5,13,16) and individual care (item 1,2,10). The first thirteen items are scored straight, and the last four items are scored in reverse. The highest score of the scale is eighty-five and the lowest score is seventeen. High scores indicate that the perception is high as well. In the study of McSherry, et al., 15 Cronbach's Alpha (α) coefficient of the scale is 0.64. In the study conducted by Ergül and Bayık, Cronbach's Alpha (α) coefficient was determined as 0.76 for internal consistency. In this study, Cronbach's Alpha (α) Item Number Spirituality and Spiritual Care Sub-Dimension is found to be 0.87, Religiosity Sub-Dimension 0.45, Individual Care Sub-Dimension 0.60, Spirituality and Spiritual Care Rating Scale General Reliability Total 0.80 for internal consistency. Therefore, the sub-dimension reliability level ranged between 0.45 and 0.87. General reliability was found to be significantly higher in the scale according to the Spirituality and Spiritual Care sub-dimension Cronbach's Alpha (α) coefficient.

### *Data Collection Method*

Students of the Faculty of Health Sciences were informed about the research in their classrooms and their consent was obtained. The "Personal Descriptive Form" and "Spirituality and Spiritual Care Rating Scale" were distributed in class to the students who agreed to participate in the research. It was explained how the data collection forms were to be filled out. Response time was between 5 and 7 minutes in the study conducted through the distribute-collect method, under the control of the researcher.

### *Ethical Aspect of the Research*

Permission for this study was obtained from Bahçeşehir University Ethics Committee and the relevant Faculty Dean (Ethical Approval No: 2017-20/40). In addition, the objective of the

study was explained to the students who agreed to participate in the study. After stating that participation was on a voluntary basis, approval of the students willing to participate in the study was obtained.

### *Evaluation of the Data*

SPPS 24.0 statistical software program was used for data evaluation. The distribution of the questions in the Personal Information Form was interpreted as frequency and percentage, while scale scores were accepted as mean and standard deviation. The Kolmogorov Smirnov test was used to analyze the normal distribution of the pre-analysis data and the test results showed normal distribution. In the comparison of quantitative data, "t" test was used for independent samples to determine the differences between parameters of two groups. In case there were more than two groups, One Way Anova Test was used to determine differences in parameters among the groups through a comparison of quantitative data, while the Bonferroni Test was used to determine the group that caused the difference. The results were evaluated in the reliability level of 95 and significance level $p<0.05$.

## FINDINGS

It was observed that 37.7% of the students (323 students) participating in the research studied in the Department of Nutrition and Dietetics, 23% (197 students) were 20 years old, and 84.7% (726 students) were female, as shown in Table 4.1. In addition, 27.4% (237 students) were juniors, 77.2% (662 students) did not receive spirituality education and the majority of those who did receive spirituality education found it sufficient (Table 1).

***Table 1: Descriptive Information on Students (N=857)***

| Descriptive Information | | Number | % |
|---|---|---|---|
| **Department** | Nutrition and Dietetics | 323 | 37.7 |
| | Physical Therapy and Rehabilitation | 252 | 29.4 |
| | Nursing | 141 | 16.5 |
| | Health Management | 44 | 5.1 |
| | Pediatric Development | 97 | 11.3 |
| | **Total** | **857** | **100** |
| **Age Group** | 18 | 122 | 14.2 |
| | 19 | 153 | 17.9 |
| | 20 | 197 | 23 |
| | 21 | 161 | 18.8 |
| | 22 | 125 | 14.6 |
| | ≥ 23 | 99 | 11.6 |
| | **Total** | **857** | **100** |
| **Sex** | Female | 726 | 84.7 |
| | Male | 131 | 15.3 |
| | **Total** | **857** | **100** |
| **Educational Background** | Freshman | 231 | 27.1 |
| | Sophomore | 231 | 27.1 |
| | Junior | 237 | 27.4 |
| | Senior | 158 | 18.4 |
| | **Total** | **857** | **100** |
| **Spirituality Education** | Yes | 195 | 22.8 |
| | No | 662 | 77.2 |
| | **Total** | **857** | **100** |
| **Whether Spirituality Education is Sufficient** | Yes | 129 | 66.3 |
| | No | 66 | 33.7 |
| | **Total** | **195** | **100** |

The sub-dimension mean value of "Spirituality and Spiritual Care" of the students participating in the research was found to be 24.53 ± 5.84; "Religiosity" 9.71 ± 2.98; "Individual Care" 13.39 ± 3.05, and the total mean value of "SSCRS" was found to be 53.60 ± 9.58. In order to better interpret the mean values obtained from the data, the highest and lowest score range was divided into three and the score of each

dimension was evaluated as low, medium, and high. Thereby, the range between 7.00 and 16.33 was interpreted as low for Spirituality and Spiritual Care sub-dimension, the range between 16.34 and 25.67 as medium, and 25.68 and 35.00 as high. The range between 4.00 and 9,33 was low, 9,34 and 14.66 medium, and 14,67 and 20.00 was high for the Religiosity sub-dimension. Total scale score, on the other hand, was interpreted to be low between 17.00 20 and 39.66m, medium between 39.67 and 62.33, and high between 62.34 and 85.00 (Table 2).

***Table 2: SSCRS mean scores of students (N: 857)***

| | Mean | Sd. | Min. | Max. |
|---|---|---|---|---|
| Sub-Dimensionof Spiritualityand Spiritual Care | 24.53 | 5.84 | 7 | 35 |
| Sub-Dimensionof Religiosity | 9.71 | 2.98 | 4 | 20 |
| Sub-Dimensionof Individual Care | 13.39 | 3.05 | 4 | 20 |
| **SSCRS Total** | 53.60 | 9.58 | 17 | 85 |

X: Mean; Sd: Standard Deviation

With the purpose of determining whether mean individual care sub-dimension scores of the students showed significant difference according to the department variability, One-Way Variance Analysis (Anova) was applied and as a result, a statistically significant difference (F=2.56; p=0.037<0.05) was found between group mean values. It was determined that this difference resulted from the individual care sub-dimension of students studying in the department of health management. Health management individual care sub-dimension scores (14.70 ± 2.82) were found to be higher than the mean scores of the other departments. The total mean scores of the Spirituality and Spiritual Care, Religiosity, and SSCRS sub-dimensions of the students who study in the departments of Nutrition and Dietetics, Pediatric Development, Physical Therapy and rehabilitation, and Nursing and Health Management did not show any statistically significant difference according to the department variable (p>0.05) (Table 3).

With the purpose of determining whether the total mean scores of the Spirituality and Spiritual Care, Religiosity, Individual Care, and SSCRS sub-dimensions of the students showed significant difference according to the age group variability, One Way Variance Analysis (Anova) was applied and as a result, no statistically significant difference was found between mean group values (p>0.05) (Table 3).

It was found that mean scores of the Spirituality and Spiritual Care sub-dimension of the students showed statistically significant difference (F=5.76; p=0.001<0.05) according to the educational background variable. The Spirituality and Spiritual Care sub-dimension scores (25.60 ± 5.60) of the freshmen participating in the study were found to be higher than the Spirituality and Spiritual Care sub-dimension scores (23.71 ± 6.40) of the sophomores. The Spirituality and Spiritual Care sub-dimension scores (25.60 ± 5.60) of the freshmen were also found to be higher than the Spirituality and Spiritual Care sub-dimension scores (23.91 ± 5.52) of the juniors. The total mean SSCRS scores of the students were found to be statistically significant (F=4.65; p=003<0.05) according to the educational background variable. The total SSCRS scores of the freshmen (55.13 ± 8.66) were found to be higher than the total SSCRS scores (52.34 ± 11.18) of the sophomores. The total SSCRS scores of the freshmen (55.13 ± 8.66) were also found to be higher than the total SSCRS scores (52.70 ± 8.42) of the juniors. No statistically significant difference (p>0.05) was found between the means scores of the Religiosity and Individual Care sub-dimensions of the students according to the educational background variable (Table 3).

***Table 3: Comparison of mean SSCRS Scores of the Students according to Age, Department and Class Variables***

| | **Sub-Dimension of Spirituality and Spiritual Care** | | **Sub-Dimension of Religiosity** | | **Sub-Dimension of Individual Care** | | **SSCRS Total** | |
|---|---|---|---|---|---|---|---|---|
| | $\overline{X}$ | **SS** | $\overline{X}$ | **SS** | $\overline{X}$ | **SS** | $\overline{X}$ | **SS** |
| ***Age*** | | | | | | | | |
| 18 years | 25.70 | 5.69 | 9.93 | 2.84 | 13.50 | 2.88 | 55.23 | 8.89 |
| 19 years | 24.95 | 5.64 | 9.40 | 2.51 | 13.48 | 2.76 | 53.83 | 8.52 |
| 20 years | 24.19 | 6.16 | 9.88 | 3.31 | 13.32 | 3.21 | 53.30 | 10.34 |
| 21 years | 24.09 | 5.69 | 9.60 | 3.04 | 13.42 | 3.05 | 53.05 | 9.18 |
| 22 years | 24.10 | 5.94 | 9.71 | 3.30 | 13.27 | 3.23 | 52.93 | 10.61 |
| 23 and above | 24.37 | 5.71 | 9.78 | 2.62 | 13.36 | 3.21 | 53.55 | 9.70 |
| **F** | 1.614 | | .646 | | .120 | | .990 | |
| **P** | 0.154 | | .665 | | .988 | | .422 | |
| ***Department*** | | | | | | | | |
| Nutrition and Dietetics | 24.40 | 5.71 | 10.08 | 2.92 | 13.24 | 2.89 | 52.88 | 10.12 |
| Social Service | 24.06 | 5.96 | 9.63 | 2.98 | 13.23 | 3.09 | 53.14 | 10.24 |
| Nursing | 24.58 | 6.29 | 9.40 | 3.05 | 13.58 | 3.34 | 56.34 | 9.16 |
| Health Management | 26.32 | 5.39 | 9.27 | 3.16 | 14.70 | 2.82 | 53.99 | 8.47 |
| **F** | 1.925 | | 2.231 | | 2.563 | | 1.436 | |
| **P** | .104 | | .064 | | **.037** | | .22 | |
| ***Educational Background*** | | | | | | | | |
| Freshmen | 25.60 | 5.60 | 9.79 | 3.00 | 13.67 | 2.77 | 55.13 | 8.66 |
| Sophomores | 23.71 | 6.40 | 9.67 | 3.06 | 13.15 | 3.32 | 52.34 | 11.18 |
| Juniors | 23.91 | 5.52 | 9.78 | 2.84 | 13.16 | 3.00 | 52.70 | 8.42 |
| Seniors | 25.20 | 5.55 | 9.57 | 3.074 | 13.72 | 3.09 | 54.66 | 9.66 |
| **F** | 5.760 | | .224 | | 2.169 | | 4.652 | |
| **P** | .001 | | .88 | | .090 | | .003 | |

*p<0,05; F= One-Way ANOVA; One Way Variance Analysis; X: Mean; Sd: Standard Deviation

It was determined that 53.3% of the students (104 students) participating in the study received spirituality education from their family (Table 4).

***Table 4: Place of spirituality and spiritual care education***

| | n* | % |
|---|---|---|
| **Family** | 104 | 53.3 |
| **School** | 56 | 28.7 |
| **House of Worship** | 34 | 17.4 |
| **Other** | 18 | 9.2 |

*Multiple options could be marked in this section.

With the purpose of determining whether the mean scores of the Spirituality and Spiritual Care sub-dimension showed significant difference according to the family variable, a t-test was applied and as a result, the difference between mean group scores was found to be statistically significant (t=2.30; p=0.022<0.05). The Spirituality and Spiritual Care sub-dimension scores (25.62) of the students who received education from the family were found to be higher than the scores (23.67) of those who did not receive spiritual education from the family. With the purpose of determining whether the SSCRS mean total scores showed significant difference according to the family variable, a t-test was applied and as a result, a statistically significant difference (t=2.69; p=0.008<0.05) was found between group mean scores. The Spirituality and Spiritual Care sub-dimension scores (56.09) of the students who received education from the family were found to be higher than the scores (52.32) of those who did not. In addition, a t-test was applied to determine whether the mean scores of the religiosity sub-dimension of the students showed significant difference according to the family variable. The results of this test showed that there was no statistically significant difference (p>0.05) between the group mean scores.

With the purpose of determining whether the mean scores of the Religiosity sub-dimension showed significant difference according to the variable of receiving spirituality education at school, a t-test was applied and as a result, the difference between the mean group scores was found to be statistically significant (t=-2.35; p=0.019<0.05). The Religiosity sub-dimension scores based on the variable of spiritual education at school (10.26) were found to be higher than the Religiosity sub-dimension scores (9.12) based on the variable of absence of spiritual education at school. Furthermore, the t-test was used in determining whether the sub-dimensions of Spirituality and Spiritual Care, Individual Care and SSCRS mean total scores showed significant difference according to the variable of spiritual education at school. Consequently, the difference between the group mean scores was not statistically significant (p>0.05) (Table 5).

**Table 5: Comparison of SSCRS mean scores according to the variable of spirituality education at school**

| Sub-dimensions | Receiving/Not Receiving Education at School | N | ∓ | Sd. | T | P |
|---|---|---|---|---|---|---|
| **Spirituality and Spiritual Care** | Yes | 56 | 24.29 | 6.97 | -0.63 | 0.52 |
| | No | 139 | 24.88 | 5.55 | | |
| **Religiosity** | Yes | 56 | 9.120 | 2.98 | -2.35 | 0.01* |
| | No | 139 | 10.26 | 3.05 | | |
| **Individual Care** | Yes | 56 | 13.66 | 3.48 | -0.13 | 0.89 |
| | No | 139 | 13.73 | 2.93 | | |
| **SSCRS Total** | Yes | 56 | 52.70 | 12.07 | -1.46 | 0.14 |
| | No | 139 | 54.99 | 8.83 | | |

*p<0.05; t test = significance test of the difference between the two mean scores; ∓: Mean; Sd.: Standard Deviation

As a result of the t-test applied to determine whether the Spirituality and Spiritual Care, Religiosity, Individual Care sub-dimensions and SSCRS total scores of the students of the Faculty of Health Sciences showed significant difference according to the variable of house of worship, the difference between the group mean scores was not found to be statistically significant (p>0.05). As a result of the t-test applied to determine whether the mean scores of the Spirituality and Spiritual Care, Religiosity, Individual Care sub-dimensions and SSCRS total scores showed significant difference according to the variable of receiving spirituality education at other places as shown in Table 4.10, the difference between the group mean scores was not found to be statistically significant (p>0.05) (Table 6).

**Table 6: Comparison of SSCRS mean scores according to the variable of receiving spiritual education at a house of worship**

| Sub-dimension | Receiving/not Receiving from House of Worship | N | ∓ | Sd. | T | P |
|---|---|---|---|---|---|---|
| **Spirituality and Spiritual Care** | Yes | 34 | 23.44 | 5.41 | -1.368 | 0.173 |
| | No | 161 | 24.98 | 6.07 | | |
| **Religiosity** | Yes | 34 | 9.680 | 3.14 | -0.535 | 0.593 |
| | No | 161 | 9.99 | 3.06 | | |
| **Individual Care** | Yes | 34 | 13.56 | 2.99 | -0.308 | 0.758 |
| | No | 161 | 13.74 | 3.12 | | |
| **SSCRS Total** | Yes | 34 | 52.41 | 9.60 | -1.244 | 0.215 |
| | No | 161 | 54.73 | 9.93 | | |

*p<0,05; t test = significance test of the difference between the two mean scores; ∓: Mean; Sd: Standard Deviation

## DISCUSSION

It is important for healthcare professionals to realize and meet the spiritual needs of their charges, which can be done when approaching individuals from a holistic perspective. The development and protection of healthcare is possible through supporting an increase in the knowledge of healthcare professionals about spiritual care. Awareness raising activities can be provided during undergraduate and graduate education of candidate healthcare professionals and this may be considered as an opportunity to improve care quality, spiritual development, and improvement of spiritual care skills.

37.7% of the students participating in the research studies were in the Department of Nutrition and Dietetics, 23% (197 students) were 20 years old, and 84.7% (726 students) were female. It was determined that 27.4% (237 students) were juniors, 77.2% (662 students) did not receive any education on spirituality and those who did receive spiritual education found it sufficient. The fact that the number of participants from the Department of Nutrition and Dietetics was higher than others was due to the fact that this department had a higher number of students compared to the others, and most of the participants were 20 years old, since the number of juniors participating in the study was higher than the other groups. In addition, females were higher than the male participants probably due to the fact that healthcare departments are preferred more by female students.

In our country, there is currently no known study conducted with all the students of a Faculty of Health Sciences. In the literature, the participation rate of women is high in almost all studies on healthcare professionals and nursing students related to spirituality and spiritual care (Kavak et al. 2014, Kavas and Kavas 2015, Çelik İnce and Akhan 2016, Midilli et al. 2017). Furthermore, age average of students in the study

conducted by Çelik and Akhan (2016) with nursing students was 21.14, 35% were freshmen. In another study conducted by Midilli et al. (2017) with nursing students, the age average was found to be 22.83 ± 1.57 (Çelik İnce and Akhan 2016, Midilli et al. 2017). Results of age and gender distribution in research on nursing students and nurses in the literature also support the findings of this study.

77.2% of the students of the Faculty of Health Sciences did not receive spiritual education, while 53.3% of those who did, received it from family and 28.7% from school. It was found that the total score of the students who received education from family in spirituality and spiritual care was statistically significant ($p<0.05$). The difference in mean total score of religiosity sub-dimension for the students who received education from school, on the other hand, was found to be statistically significant ($p<0.05$). It can be said that education increases awareness in this regard. These results indicate that students need information on spiritual care and when this need is met, they will realize the spiritual care needs of their patients and increase the quality of care.

Çelik İnce and Akhan (2016) stated in their study that 62.4% of student nurses do not receive information on spirituality and spiritual care, while 86.2% find their education insufficient in this area. Midilli et al. (2017), on the other hand, shared that 57.5% of student nurses in their study had information on spiritual care and 64.3% of those who had information stated that they received this information in their faculty. Yet, 65.1% of the students stated that they did not receive any course on spiritual care in their faculty and 81.8% stated that they did want to receive education in this area (Çelik İnce and Akhan 2016, Midilli et al. 2017). Similarly, in the study conducted by Kalkim et al. (2016) on perception and practices of student nurses with regard to spirituality and spiritual care, it was observed that 53% of the students lacked sufficient knowledge in this area (Kalkim et al. 2016). In addition, results of other studies in the literature (Lopez 2015, Lovanio and Wallace 2007, Wu 2012) show similar results to the present study. However, all these studies were conducted only with students of nursing departments, excluding students of other health science branches. Therefore, this study will contribute to the literature with its findings.

In this research, the total mean score of the students of Faculty of Health Sciences obtained as a result of the "Spirituality and Spiritual Care Rating Scale" was found as 53.60 ± 9.58, "Spirituality and Spiritual Care" as 24.53± 5.84, "Religiosity" as 9.71 ± 2.98, and "Individual Care" as 13.39 ± 3.05. In addition, the highest score obtained in the Spirituality and Spiritual Care Rating Scale was 85. Considering that the highest score that can be taken from the religiosity sub-dimension of the scale is 20, 35 from the spirituality and spiritual care sub-dimension, and 20 from the individual care sub-dimension, this result indicates that the perception of health sciences students on spirituality and spiritual care is at medium level and that they place importance on spirituality, spiritual care, and individual care. Nevertheless, it may be that low scores in religiosity result from the fact that they do not relate spirituality with religion.

In the literature, it is stated that there is a positive relationship between spiritual care perceptions and practices. In other words, the higher the perception of spiritual care, the more spiritual care is included in holistic applications (Chan 2010). In their study, Çelik İnce and Akhan (2016) found the total mean score of spirituality and spiritual care by student nurses as 64.99±6.15, the mean score of the spirituality and spiritual care sub-dimension as 28.31±3.56, the mean score of the religiosity sub-dimension as 13.41±2.59, and the mean score of the

individual care sub-dimension as 15.69±2.04 (Çelik İnce and Akhan 2016). In another study conducted by Lovania and Wallace (2007), the total mean score of student nurses on the spirituality and spiritual care rating scale was 64.30±4.88. Pour et al. (2017), on the other hand, shared that the total mean score of students in the spirituality and spiritual care rating scale was 56.16±8.04, the mean score of spirituality and spiritual care sub-dimension 27.12±4.27, religiosity 13.57±2.62, and individual care 15.46±3.99 (Lovania and Wallace 2007, Pour et al. 2017). Findings of studies on nurses in the literature show similarity with the findings of the present study as well (Yılmaz and Okyay 2009, Kostak et al. 2010, McSherry and Jamieson 2011, Eğlence and Şimşek 2014, Özbaşaran et al. 2011).

In the study, no statistically significant difference ($p>0.05$) was found, according to the department variable, between the total scores of spirituality and spiritual care perception, the spirituality and spiritual care sub-dimension, and the religiosity sub-dimension of students studying in the departments of Nutrition and Dietetics, Physical Therapy and Rehabilitation, and Nursing. Only the scores of the individual care sub-dimension (14.70 ± 2.82) of students in the Department of Health Management were higher than the mean scores of the other departments, and the difference between group mean scores was found to be statistically significant ($F=2.563$; $p=0.037<0.05$). Although there are no studies evaluating the spiritual care perception of the students in different departments of health sciences in the literature, there are certain studies assessing healthcare professionals in the field according to their occupational differences. Kavas and Kavas (2015) found that the difference between total mean scores of Spiritual Care Support Perception according to the variable of 'Profession' was not statistically significant ($p>0.05$) in their study conducted with Physicians, Midwives and Nurses (Kavas and Kavas 2015). According to these results, it may be that the 'Spiritual Care Perception' of students in faculties of health sciences does not change according to their department.

As a result of the analysis conducted to determine whether the total mean scores (on spirituality and spiritual care sub-dimension, religiosity, individual care, spirituality, and spiritual care rating scale) of the students participating in the study showed difference according to the variable of age group, it was found that the difference between group mean scores was not statistically significant ($p>0.05$). In addition, it was found in the study of Kavas and Kavas (2015), conducted with Physicians, Midwives and Nurses, that the difference between the total mean scores of Spiritual Care Perception according to the variable of age was not statistically significant ($p>0.05$) (Kavas and Kavas, 2015). In the literature, it is stated that the age of nurses does not affect the mean score of spirituality and spiritual care (Çelik et al. 2014, Kostak et al. 2010, Yılmaz and Okyay, 2009). These findings support the results of our study and it can be deduced from these results that spiritual care perception among students of faculty of health sciences does not change according to age.

As a result of the analysis conducted to determine whether the total mean score obtained in the Spirituality and Spiritual Care Rating Scale by students participating in the study from all the departments showed significant difference according to the variable of educational status, the total score in Spirituality and Spiritual Care Rating Scale and the spirituality and spiritual care sub-dimension mean scores of freshmen were found to be statistically significant ($F=5.76$; $p=0.001<0.05$ ve $F=4.65$; $p=0.003<0.05$) compared to the other groups. It may be that freshmen had a higher perception of spirituality

and spiritual care due to knowledge acquired before undergraduate education or resulting from cultural and individual values. However, only the perception of freshmen on spirituality and spiritual care was revealed to be high, while there were differences among all classes in the comparison of all departments of the Faculty of Health Sciences.

In the analysis of spirituality and spiritual care sub-dimension scores of students in the Department of Nutrition and Dietetics, it was found that the scores of freshmen (25.850± 4.47) were higher than the scores of sophomores (23.89 ± 6.13) and juniors (23.17 ± 5.89), while the scores of seniors (25.28 ± 6.12) were higher than juniors (23.17 ± 5.89). In addition, the total mean scores in the Spirituality and Spiritual Care Rating Scale of the students studying in the Department of Nutrition and Dietetics demonstrated that the mean scores of freshmen (56.08 ± 7.07) were higher than the mean scores of sophomores (56.08 ± 7.07) and juniors (52.23 ± 8.55). The difference between the mean scores was found to be statistically significant (p=<0.05).

As for the mean scores of spirituality and the spiritual care sub-dimension obtained by the students of the Department of Physical Therapy and Rehabilitation, the scores of freshmen (25.90 ± 5.04) were found to be higher than the scores of sophomores (20.78 ± 7.19) and juniors (24.00 ± 5.19), while the scores of seniors (24.74 ± 5.45) were higher than the scores of sophomores (20.78 ± 7.19). Moreover, freshmen in the Department of Physical Therapy and Rehabilitation had higher scores (25.90 ± 5.04) in the spirituality and spiritual care sub-dimension than juniors (24.00 ± 5.19). The difference between the mean scores was found to be statistically significant (p=<0.05). On the other hand, it was found in the analysis of individual care sub-dimension mean scores obtained by the same students studying in the Department of Physical Therapy and Rehabilitation, that freshmen had higher scores (14.13 ± 2.74) than sophomores (12.05 ± 3.72), while seniors had higher scores (13.53 ± 2.67) than sophomores (12.05 ± 3.72) and freshmen had higher scores (14.13 ± 2.74) than juniors (12.88 ± 2.87). The difference between the mean scores was found to be statistically significant (p=<0.05). Analyzing the total mean scores on the Spirituality and Spiritual Care Rating Scale obtained by the students studying in the Department of Physical Therapy and Rehabilitation, freshmen had higher scores (55.83 ± 8.32) than sophomores (48.35 ± 13.93), juniors had higher scores (52.75± 8.23) than sophomores (48.35 ± 13.93), and seniors had higher scores (53.17 ± 8.38) than sophomores (48.35± 13.93). The difference between the mean scores was found to be statistically significant (p=<0.05).

Only spirituality and the spiritual care sub-dimension mean scores of the students studying in the Department of Health Management showed that freshmen had higher scores (27.56 ±2.23) than juniors (23.00 ± 6.22), sophomores had higher scores (28.07± 3.68) than juniors (23.00 ± 6.22), and seniors had higher scores (28.67± 3.38) than juniors (23.00± 6.22).

However, no statistically significant difference (p>0.05) was found between the total mean scores of students studying at the Department of Pediatric Development in terms of spirituality and spiritual care, religiosity, individual care sub-dimensions, and the Spirituality and Spiritual Care Rating Scale.

On the other hand, spirituality and spiritual care, individual care sub-dimensions and the Spirituality and Spiritual Care Rating Scale total mean scores of the students studying in the Nursing Department showed a statistically significant difference (p=<0.05). As the level of education increases from freshmen to seniors in

the Nursing Department, the mean scores of the students increased as well, and the difference between the mean scores was statistically significant (p=<0.05).

The findings demonstrate that students of faculties of health sciences may well feel competent if spiritual care is provided to them as a course or course subject in the curriculum from the first to the last year of education, as it will inform them about how to administer spiritual care and thus improve their skill set. Furthermore, professional awareness and age are also observed to contribute to their competence gradually from the first to the last year of their education.

Çelik, İnce and Akhan (2016) determined that the perception of student nurses at the undergraduate level with regard to spiritual care does not change in the range between the first and the last year of education (Çelik, İnce and Akhan 2016). Nevertheless, it is stated in the literature that the integration of spirituality into the nursing education curriculum has led to important differences in the spiritual knowledge and behaviors of student nurses (Chung and Young 2011, Yılmaz and Gürler 2014, Lopez et al. 2015, Kalkim et al. 2016). In their research, Hsiao (2010) and McSherry et al. (2008) deduced that students deem it necessary to have courses on spirituality and spiritual care in their education curriculum and these results further support the findings of our study.

## CONCLUSION

Individuals may encounter difficult experiences such as disease, pain, death, suffering and stress, which endanger the integrity and continuity of life. In order to cope with such compelling experiences, where individuals question the meaning of life and feel exhausted and hopeless, healthcare professionals have a responsibility to provide supportive spiritual care. In this regard, spiritual care is an important part of a holistic approach that focuses on meeting individual patient requirements. Healthcare professionals need to be knowledgeable about spiritual care in order to be able provide such care to all their patients. In precisely this line, this study was designed to determine the spiritual and spiritual care perceptions of students of health sciences – future healthcare professionals – and therefore involved students studying in the departments of Nutrition and Dietetics, Pediatric Development, Physical Therapy and Rehabilitation and Nursing.

It was found that the indicative features of students at healthcare faculties do not affect students' perception of spirituality and spirituality care. Among these indicative features, there was not any significant relationship between age and spirituality and spiritual care perception, meaning that age does not affect this perception.

For the question 'Is there any difference between departments and classes in terms of spirituality and spiritual care perception?', it was found that this perception does not change according to the variable of department, however it was understood that spiritual care perception increased from freshmen to senior level students in all departments. The fact that different students from the departments of Nutrition and Dietetics, Pediatric Development, Physical Therapy and Rehabilitation and Nursing participated in the study does not affect the perception of spirituality and spiritual care. Yet, spiritual care perception is affected as the years of education increase from the first to the last year in these departments.

For the question, 'Does the perception of spirituality and spiritual care differ depending on the healthcare faculties where students receive education?', the following results were obtained: It was determined that more than half of the students did not receive any education about

spirituality and spiritual care. Those who did receive this education mostly received it in their family, then followed by school. The spirituality and spiritual care perceptions of those who received education from their family and school were higher than those who did not.

In addition, all students had a moderate level of spirituality and spiritual care perception according to the total score they received from the scale. They attributed importance to spirituality and spiritual care and the individual care sub-dimensions of the scale. Nonetheless, the low level of religiosity score suggests that they did not relate spirituality to religion. Although the results obtained in this study partially overlap with the results achieved in previous studies, it is still believed that the study will contribute to the literature since it differs from other studies in its sample group of students who study in different departments of the Faculty of Health Sciences. The following suggestions can be made on the basis of the research findings:

- Education should be provided on spirituality and spiritual care to every age group,
- It should be ensured that healthcare professionals first explore their perspective towards life and their own spirituality so that they are able to recognize the spiritual needs of their patients in addition to consolidating the spiritual knowledge obtained from family by experts in educational institutions,
- The learning process and targeted skill development from the first to the last year of education in the departments of Nutrition and Dietetics, Pediatric Development, Physical Therapy and Rehabilitation and Nursing should be improved by means of incorporating the subject of spiritual care in the curricula of educational institutions training healthcare professionals,
- More comprehensive research should be conducted with different and larger sample groups on the basis of many variables that may have an effect on spirituality and spiritual care such as culture, ethnic origin, religious opinion, belief, and area of residence. The gap in this area should be filled.

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