SPIRITUAL PSYCHOLOGY AND COUNSELING
spiritualpc.net / 2023 Volume: 8 Number: 3

Research Article

Nurses' Hospital Work: Exploring The Influence of Spiritual Levels on Care Behaviours and Life Satisfaction*

Türkan Akyol Güner[1]
Bülent Ecevit University

Vildan Kalkan Akyüz[2]
Bülent Ecevit University

[1] Türkan Akyol Güner, Ass. Prof., Faculty of Health Sciences, Zonguldak Bülent Ecevit University, Zonguldak, Turkey. E-mail: turkanaguner@beun.edu.tr
[2] Vildan Kalkan Akyüz, Director of Nursing Services, Zonguldak Bülent Ecevit University Health Practice and Research Hospital, Zonguldak, Turkey. E-mail: vildankalkan67@hotmail.com

Abstract
Spirituality is an important factor in increasing the quality of nursing care, achieving optimal health outcomes and increasing their own life satisfaction. This study was carried out to evaluate the effect of nurses' spirituality levels on their care behaviours and life satisfaction and raise awareness about the issue. This descriptive and cross-sectional study was conducted with nurses working in a hospital between March and June 2022. The sample of the study consisted of 462 nurses. The data were collected through an online questionnaire using the "Personal Information Form", the "Spirituality Scale", the "Caring Behaviours Scale" and the "Life Satisfaction Scale". Nurses' Spirituality Scale mean score was 22.32+5.62, and it was determined that their spirituality level was high. It was determined that the mean of Care Behaviors-24 was 5.10±0.22, that their care behavior perception was at a high level, and that their Life Satisfaction Scale mean score was 13.42±2.45 and that they had a moderate level of life satisfaction. In addition, a significant positive correlation was found between their spirituality level and quality of caring behaviour (p=0.001; r: 0.512), their spirituality level and life satisfaction (p=0.000; r:0.608), and their care behaviour and life satisfaction (p=0.001; r: 0.510). Nurses' care behaviors and life satisfaction were found to be effective factors on their spirituality levels.

Keywords:
Spirituality • Nurse • Care behaviors • Life satisfaction • Hospital • Turkey

Corresponding author:
Türkan Akyol Güner
E-mail: turkanaguner@beun.edu.tr

eISSN: 2458-9675

Received: 03.06.2023
Revision: 27.07.2023
Accepted: 22.08.2023

* The summary of this study was presented as an oral presentation at the 3rd International 4th National Public Health Nursing Congress held between 11-13 January 2023.

Citation: Güner, T. A., & Akyüz, V. K. (2023). Nurses' hospital work: Exploring the influence of spiritual levels on care behaviours and life satisfaction. *Spiritual Psychology and Counseling, 8*(3), 287–303. http://doi.org/10.37898/spiritualpc.1231522

Holistic care is the most comprehensive and recognised approach in health service delivery. Accordingly, the individual is a whole with physical, mental, emotional, socio-cultural and spiritual aspects (McSherry & Jamieson, 2011; Ramezani et al., 2014; Tjale & Bruce, 2007). Holistic care is necessary to protect and improve the health of patients (Gore, 2013). During illness, the balance of individuals in many psychological, emotional and social areas is disturbed. Daily life activities are negatively affected. Holistic care helps patients regain their balance, cope with the disease and improve their quality of life by addressing their physical, emotional, social and spiritual needs (Bullington & Fagerberg, 2013; Selimen & Andsoy, 2011). It increases the satisfaction of patients in the treatment process and accelerates their recovery process. In this way, positive results occur in health care systems (Jasemi et al., 2017).

In holistic care, meeting spiritual needs is also essential for the preservation of health (Tjale & Bruce, 2007). Spirituality refers to an individual's efforts to understand and accept their relationship with themselves, others, their place in the world, and the meaning of life (Azarsa et al., 2015). Spirituality plays a holistic and unifying role in healthcare, assisting the patient in their healing process, accepting their condition if recovery is not possible, and adapting to life (Ruefer, 2014). Holistic care is also crucial in nursing practice and forms the foundation of nursing care (Filej & Kaucic, 2013). In order to provide healthcare services to individuals with a holistic approach, the spiritual dimension of healthcare professionals is highly significant in terms of the quality of care provided (Doğan, 2017).

Since its inception, the nursing profession has never been defined as "a profession that only provides physical care to individuals" (Hosseini et al., 2019). Nurses should approach patients with a holistic perspective, and spirituality holds an important place in this approach (Gore, 2013). Spirituality is a relative concept as it constitutes an abstract part of nursing care and influences religious and conscientious values (Ramezani et al., 2014). Florence Nightingale, who made significant contributions to the recognition of nursing as a profession, stated, "The spiritual needs are as important as the physical organs that make up the body for health," highlighting the significance of spirituality in the nursing profession and caregiving behaviors. Spiritual care is one of the vital and fundamental roles of nursing (Q'Brien et al., 2019). Spiritual care is a subjective concept that demonstrates the uniqueness of nursing care (ICN Code of Ethics for Nurses, 2012). While spiritual care is an integral part of nursing care, its provision can be influenced by the nurse's personal, cultural, and educational background (Van Leeuwen et al., 2006). Factors such as the nurse's individual belief system, perception of spiritual needs and care, willingness and sensitivity to the subject, and the environment and working conditions in which nurses are situated have been found to be influential in the nurse's provision of spiritual care (Ergül & Bayık, 2004; Harrad et al., 2019).

Within the scope of the holistic nursing approach, spiritual care should be implemented through the nursing process, including the identification of the individual's spiritual needs, planning appropriate interventions, implementing the planned interventions, and evaluating their outcomes (Filej & Kaucic, 2013; Ruefer, 2014; Uğurlu, 2014). However, nurses may encounter challenges in providing spiritual care. Factors such as unsuitable work environments for spiritual care, lack of time, inappropriate professional relationships, insufficient resources, hesitancy due to inadequate knowledge and information, and lack of motivation are reported as barriers in the process of providing spiritual care by nurses (Cura & Ateş, 2020; Filej & Kaucic, 2013; Harrad et al., 2019; Jasemi et al., 2017). In a study conducted by Blaber et al. (2015), it was found that nurses fell short in providing spiritual care and lacked adequate education in this area (Blaber et al., 2015). In a study conducted with nurses in Turkey, it was revealed that nurses had unstable and inadequate perceptions of spiritual care, and their educational level, length of work experience, and the department they worked in had a determining influence on spiritual care (Özbaşaran et al., 2011). However, it has been determined that when nurses are supported in areas such as time management, education, and knowledge deficiencies, they perform spiritual assessments and interventions more frequently (Blaber et al., 2015; Danacı et al., 2022; Erişen & Sivrikaya, 2017; Ruefer, 2014). Providing nurses with sufficient preparation and education in delivering spiritual care, recognizing the importance of spiritual care as an integral part of patients' treatment process, and being aware of the contribution of spiritual care to patients' overall well-being can help enhance nurses' spiritual competence and make them more effective in the care services provided to patients.

Everyone needs care at some point in their lives. Care is not just an action that individuals apply to themselves, but also an action that can be provided to another person in need (Ayaz Alkaya & Birimoğlu Okuyan, 2015). Caring for others requires attention, effort, and responsibility. In society, the task of providing care has been distributed to certain individuals or groups, giving rise to certain professional groups. Nursing is one of these professions. It is human-centered, and care is at the core of the nursing profession (Altıok et al., 2011; Dinç, 2010; Harrad et al., 2019). The purpose of nursing is to identify and address individuals' needs in all dimensions and provide care behaviors accordingly. Nursing care behaviors consist of the physical dimension involving knowledge and skills and the spiritual dimension involving emotions that shape these practices (Gül & Dinç, 2018). Nurses should ensure the effective delivery of spiritual care by integrating the importance of spirituality with their care experiences, considering flexibility and awareness. Nurses should establish open communication with patients to understand their spiritual needs and provide appropriate interventions to meet those needs (Johnston Taylor, 2013; Kazer & Wallace, 2013; Swinton & Pattison, 2010). As a result, it is reported that patients' hopes regarding life increase, and both patients and nurses experience an increased sense of life satisfaction (McBrien, 2010; Nardi & Rooda, 2011; Ruefer, 2014;).

Life satisfaction refers to the emotional responses an individual has towards their own life, their satisfaction with their life, and their psychological well-being. Life satisfaction is also considered a significant milestone of mental well-being and an element that helps individuals attain what they need (Assar Roudi et al., 2012; Kasapoğu & Yabanigül, 2018). Life satisfaction and spiritual care concepts are defined as important factors in coping with stressful and challenging situations, improving health, and facilitating communication and interaction, highlighting the importance of focusing on these concepts in the nursing profession (Carranza-Esteban et al., 2021; Moreia-Almeida et al., 2014; Sönmez & Yıldırım, 2017;).

This study was carried out to evaluate the effect of nurses' spirituality levels on their care behaviours and life satisfaction and raise awareness about the issue. No similar qualitative or quantitative study has been found on this subject. Therefore, it is believed that this study will contribute to the literatüre.

Method

Study Model

This study is descriptive and cross-sectional.

Participants

The population of the study consisted of 558 nurses working in the hospital. Since it was aimed to reach the entire universe, the sampling method was not used in this study. The sample of the study was consisted of 462 nurses who met the inclusion criteria and volunteered to participate in the study. 96 nurses could not be reached because 56 of the nurses did not accept to participate in the study and 40 nurses were on leave or on a report at the time of the research. Approximately 82.8% of the entire universe has been reached.Inclusion criteria were determined as being 18 years of age or older, working as a nurse for at least 6 months, using social media tools (WhatsApp and E-mail), having no communication problem and agreeing to work cooperatively and volunteering to participate in the study.

Measurement Tools

Personal information form. This form, prepared by the researchers in line with the literature (Doğan, 2017; Ramezani et al., 2014; Q'Brien et al., 2019), consists of 8 questions about age of the nurse, gender, educational level, marital status, working years, relationship between spirituality and nursing care.

Spirituality scale (ss). The SS was developed by Demirci and Ekşi in 2017 to assess spirituality (Demirci & Ekşi, 2017)**.** The scale is in a 5-point Likert type and includes

6 items and has a single sub-dimension. The scoring is as follows:1=Not suitable for me at all and 5=Completely suitable for me. The item-total score correlations of the scale ranged from 0.56 to 0.77. The test-retest reliability coefficient was 0.60, and the Cronbach alpha internal consistency coefficient was 0.88. In this study, the internal consistency coefficient of the scale was determined as 0.89.

Caring behaviours scale-24 (CBS-24). The CBS-24 was developed by Wu et al.,(Wu et al., 2006). The short form of the Caring Behaviours Scale-42 was developed by Wolf et al.(Wolf et al., 1994). Turkish validity and reliability study was conducted by Kurşun and Kanan (Kurşun & Kanan, 2012). The scale is in a 6-point Likert type and consists of 24 items and has 4 sub-dimensions (Assurance, Knowledge-Skill, Respect and Commitment). The score to be obtained from the scale and its sub-dimensions ranges from 1 to 6. Content validity index of the scale was found to be 95%. The test-retest reliability coefficient was 0.82, and the Cronbach alpha internal consistency coefficient was 0.96 in nurses. In this study, Cronbach Alpha coefficient of the scale was determined as 0.95.

Life satisfaction scale (lss). The LSS was developed by Diener et al. in 1985 (Diener et al., 1985). It was adapted into Turkish by Köker in 1991 (Köker, 1991). The original scale, which was in a seven-point likert type, was adapted to a five-point likert type by Dağlı and Baysal in 2016 (Dağlı & Baysal, 2016). The responses to be given to each item areas follows: 1 = not appropriate at all and 5 = very appropriate. The scale scores range from 5 to 25. A low score indicates low life satisfaction. Cronbach Alpha coefficient for internal consistent was found as 0.88 and test-retest reliability as 0.97. In this study, Cronbach Alpha coefficient of the scale was determined as 0.89.

Data Collection

The data of the study were collected among nurses working at "Zonguldak Bülent Ecevit University Health Practice and Research Hospital" between March and June 2022. Data collection tools were prepared via Google Forms and sent to nurses via corporate e-mail or WhatsApp through the nursing services directorate. Information about the study was provided to the nurses through the online questionnaire link. After obtaining the consent from the nurses who wanted to participate in the study, the questionnaire form was completed. It took an average of 10-15 minutes to fill out the questionnaires. To ensure the reliability of the data, forms were restricted so that only one response could be received from each Google Forms session.

Data Analysis

Statistical analysis of the data was performed using SPSS 22.0 program (IBM Corporation, Armonk, NY, USA). The conformity of the data to the normal distribution

was assessed with "Kolmogorov-Smirnov and Shapiro-Wilk tests". "Percentage, mean±SD, t-test, ANOVA, Kruskall Wallis H Test, Tukey test and Pearson Correlation Coefficient were used in data analysis". Multiple regression analysis was conducted to determine the effects of independent variables on dependent variables. $p < 0.05$ value was considered to be significant. In the calculation of the correlation strength, the ranges specified in the study of Gürbüz and Şahin were used as a reference (Gürbüz & Şahin, 2014).

Results

Considering the distribution of the descriptive characteristics of the nurses, it was found in the study that the mean age of the nurses was 33.71±7.36, 60.6% were female, 66.6% were married, 74.0 % had an undergraduate degree, 31.0% had been nurse for 0-5 years. In addition, 74.5% and 76.2% of the nurses stated that nursing care was related to spirituality and nurses' spirituality affected their caring behaviors, respectively (Table 1).

Table 1.
Distribution of the descriptive characteristics of the nurses

Variables	**n(%)**
Age (years) Mean±SD	33.71±7.36
Gender	
Female	280 (60.6)
Male	182 (39.4)
Marital status	
Married	308 (66.6)
Single	154 (33.4)
Education status	
Health vocational high school	30 (6.5)
Associate degree	27 (5.9)
Undergraduate	342 (74.0)
Graduate	63 (13.6)
Working years	
0-5 years	143 (31.0)
6-10 years	114 (24.7)
11-15 years	142 (30.7)
16-20 years	38 (8.2)
21 years and above	25 (5.4)
Nursing care is about spirituality	
Yes	344 (74.5)
No	43 (9.3)
Partly	75 (16.2)
Nurse's spirituality affects caring behaviors	
Yes	352 (76.2)
No	32 (6.9)
Partly	78 (16.9)

The comparison of the mean scores of the scales according to demographic features of the nurses was given in Table 2. A statistically significant difference was found between the SS scores of the nurses in terms of age (p=0.030), gender (p=0.038) and working year (p=0.021). It was determined that the SS score was higher in female nurses, older nurses and longer working years. The SS score of the nurses who thought that nursing care was related to spirituality (p=0.042) and spirituality affected the care behaviours (p=0.038) was found to be higher and significant (Table 2).

When the CBS-24 score was examined according to the demographic features of the nurses, no statistically significant difference was found in terms of age (p=0.128), gender (p=0.751), marital status (p=0.392), education level (p=0.301) and working year (p=0.101). However, the CBS-24 score of the nurses who thought that nursing care was related to spirituality (p=0.030) and the spirituality level affected the care behaviours (p=0.022) was determined to be higher and significant (Table 2).

When considering the LSS score of the nurses, there was a significant difference in terms of age (p=0.001), gender (p=0.027), marital status (p=0.036) and working year (p=0.015). It was determined that the scale score was determined to be higher in nurses who were female, younger, married and with shorter working years. The LSS score of the nurses who thought that nursing care was related to spirituality (p=0.016) and spirituality affected the caring behaviours (p=0.039) was found to behigher and significant (Table 2).

Table 2.
Mean scores of scales according to descriptive characteristics of the nurses

	SS	**CBS-24**	**LSS**
Age (Mean±SD)	r=0.219 **p=0.030**	r=0.173 p=0.128	r=-0.412 **p=0.001**
Gender	**Mean±SD**	**Mean±SD**	**Mean±SD**
Female	23.78±5.76	5.12±0.28	13.78±3.29
Male	20.92±3.21	5.08±7.21	12.92±3.73
Statistics	**t=2.476; p=0.038**	t=1.574; p=0.751	**t=2.142; p=0.027**
Marital status			
Married	21.30±3.59	5.11±0.67	13.67±3.45
Single	20.98±7.24	5.09±0.28	12.92±4.28
Statistics	t=-1.807; p=0.078	t=3.127; p=0.392	**t=1.172; p=0.036**
Education status			
Health vocational high school	20.58±4.21	5.09±0.20	13.51±2.57
Associate degree	20.51±3.93	5.10±0.18	13.22±4.04
Undergraduate	21.36±5.28	5.11±1.02	13.79±2.60
Graduate	20.19±4.25	5.11±0.22	13.28±1.12
Statistics	F=4.509; p=0.276	F=7.412; p=0.301	F=4.589; p=0.461
Working years			
0-5 years[1]	19.31±4.12	5.09±1.12	14.38±4.30
6-10 years[2]	20.07±4.28	5.11±0.01	13.51±2.21

Table 2.
Mean scores of scales according to descriptive characteristics of the nurses

	SS	**CBS-24**	**LSS**
11-15 years[3]	21.47±5.21	5.11±0.28	12.53±3.27
16-20 years[4]	20.92±4.47	5.09±0.22	12.42±3.46
21 years and above[5]	23.32±3.23	5.10±0.07	11.68±2.93
Statistics	F=6.422; **p=0.021 *Differences=5>1,2**	F=9.228; p=0.101	**F=6.582;p=0.015 *Differences=1>5**
Nursing care is about spirituality			
Yes[1]	22.75±6.02	5.13±0.70	13.92±5.62
No[2]	19.01±2.03	5.07±0.18	11.78±2.02
Partly[3]	21.98±4.31	5.11±0.12	12.67±2.34
Statistics	**X^2=121.56; p=0.042 *Differences=1>2**	**X^2=98.83; p=0.030 *Differences=1>2**	**X^2=109.62;p=0.016 *Differences=1>2**
Nurse's spirituality affects caring behaviors			
Yes[1]	22.92±3.49	5.13±0.58	14.01±4.03
No[2]	19.20±1.92	5.06±0.70	12.24±2.58
Partly[3]	21.64±3.57	5.11±2.90	13.46±3.28
Statistics	***X^2=120.26; p=0.038 *Differences=1>2***	**X^2=96.68; p=0.022 *Differences=1>2**	**X^2=108.73;p=0.039 *Differences=1>2**

t=Independent Sample t test**;F:** ANOVA**;X^2:**Kruskal Wallis H test***:**Tukey test
SS: Spirituality Scale**; CBS-24:**Caring Behaviours Scale-24**; LSS:** Life Satisfaction Scale

The mean scores that the nurses obtained from the scales used in the study were given in Table 3. Accordingly, the mean score of the SS of the nurses was found to be 22.32+5.62.The spirituality level of the nurses was determined to be high in the evaluation of the scale. The mean score of the CBS-24 of the nurses was found to be 5.10±0.22. The quality of caring behaviours of the nurses was found to be high according to the mean scores of the scale and its sub-dimensions. It was determined that the mean score of the LSS of the nurses was 13.42±2.45 and that they had a moderate level of life satisfaction (Table 3).

Table 3.
Mean scores of scales

	Mean±SD	**Min-Max**
SS	22.32±5.62	6-30
CBS-24	5.10±0.22	1-6
Assurance sub-dimension	5.20±0.20	2.0-6
Knowledge Skill sub-dimension	5.01±0.50	2.4.-6
Respect sub-dimension	5.10±0.70	2.9.-6
Commitment sub-dimension	5.10±0.60	3-6
LSS	13.42±2.45	5-25

SS: Spirituality Scale**; CBS-24:**Caring Behaviours Scale-24**; LSS:** Life Satisfaction Scale

In Table 4, the relationship between the scale scores of the spirituality, caring behaviours and life satisfaction of the nurses was examined. Accordingly, a moderate and positive significant correlation was found between the spirituality and caring

behaviours of the nurses (p=0.001; r: 0.512), their spirituality and life satisfaction (p=0.000; r: 0.608), and their caring behaviours and life satisfaction (p=0.001; r: 0.510).

Table 4.
The relationship between spirituality, caring behaviours and life satisfaction of the nurses

	Spirituality	Caring behaviours	Life satisfaction
Spirituality	1.00		
Caring behaviours	0.512* p=0.001	1.00	
Life satisfaction	0.608* p=0.000	0.510* p=0.001	1.00

Pearson Moments Multiplication Correlation*r: correlation coefficient

The regression table was prepared to explain the effect of the caring behaviours and life satisfaction of the nurses on their spirituality levels. Accordingly, the caring behaviours and life satisfaction of the nurses were found to be effective factors on their spirituality levels. While their perception of caring behaviours explained 41.0% (R^2 = 0.410) of their spiritual level,their perception of life satisfaction explained 41.8% (R^2 = 0.418) of their spiritual level (Table 5).

Table 5.
The regression table of the effect of the caring behaviours and life satisfaction of the nurses on their spirituality levels

Dependent variable	**Independent variable**	**β**	**t**	**p**	**R^2**	**Adj. R^2**	**F**
Model	Constant		5.874	0.01*	0.410	0.512	168.345
Spirituality	**Caring behaviours**	**0.396**	34.492	0.00*			
	Constant		7.142	0.01*	0.418	0.475	141.158
Spirituality	**Life satisfaction**	**0.366**	7.321	0.00*			

***p:0.00;R= Regression coefficient**

Discussion

The spirituality level of the nurses is considered as an important component in the holistic evaluation and in the care of patients (Mamier et al., 2019). Global studies recommend that nurses be supported in terms of spirituality and spiritual care, and more research be carried out on the issue (Musa, 2017; Ødbehr et al., 2015). This study was conducted to evaluate the effect of nurses' spirituality on their care behaviours and life satisfaction. In this section, the results of the study were discussed with the relevant literature.

It was determined in this study that the mean score of the SS of the nurses was 22.32±5.62, and they gave importance to the issue of spirituality. In addition, it was found that the older the nurses grew, the higher their spirituality levels became. The spirituality levels of nurses were determined to be higher and more significant among nurses who were female and thought that nursing care was related to spirituality and spirituality affected their care

behaviors. In the thesis study of Dündar (2021), in which the spirituality scale we used was used in our study, which examined the effect of nurses' spirituality levels on spiritual care, it was found that there was a significant relationship between nurses' spirituality levels and their ages. In addition, in the same study, it was determined that the spirituality scale scores of female nurses were higher than male nurses, and the spirituality scale scores of the nurses who thought that nursing care was related to spirituality were found to be higher and significant (Dündar & Aslan, 2021). In similar studies to our study, it was determined that the spirituality levels of female nurses, those who were older and those who had more working years were higher (Aslan et al., 2020; Chew et al., 2016; Cruz et al., 2017; Melhem et al., 2016). This result can be explained by the fact that female nurses who care for patients for a longer period of time give more importance to spirituality as they understand the feelings and emotions of the patients better. Unlike our study, in a study examining the spirituality levels of intensive care nurses, it was determined that younger nurses had high spirituality (Tambağ et al., 2018). As a result of a similar study conducted by Pour and Özvurmaz (2017), it was determined that younger nurses had higher levels of spirituality (Pour & Özvurmaz, 2017).Due to the difference between the results of the studies in the literature, more research should be done on this subject and the subject should be reconsidered. In this study, it was found that the marital status and education level of the nurses did not affect their spirituality levels.As a result of the study in which the spirituality levels of nurses were evaluated by Vogel & Schep–Akkerman (2018), it was determined that marital status and educational status did not affect the spirituality levels, similar to our study results (Vogel & Schep–Akkerman, 2018). Similar results were found in similar studies.(Çelik et al., 2014; Erenoğlu et al., 2019; Midilli et al., 2017;). The results of this study were compatible with the literature.

Care behaviors in nursing affect the quality of the health service provided. The care behavior of the nurse to the patient is among the most important factors affecting patient satisfaction (Kabaroğlu et al., 2013). In this study, when the scores of the nurses from the CBS-24 and its sub-dimensions were examined, it was determined that the quality of care perception levels were high. As a result of the study by Erenoğlu et al., in which the factors related to nursing care behaviors and care behaviors were examined, it was determined that the total score average of the CBS-24 was at a high level (5.38 ± 0.50), similar to our study result (Erenoğlu et al., 2019). In the study of Cerit and Coşkun (2018), it was determined that the total score of perception of nursing care quality was high (5.23±0.52). (Cerit & Coşkun, 2018). In similar studies, it was observed that the perception of nursing care quality was high (He et al., 2013;Kiliç & Öztunç, 2015; Papastavrou et al., 2012).These results show that nurses' perceptions of the quality of care are positive. While there was no relationship between their perception level of quality of care and their demographic features, it was determined that nurses who thought that nursing care was related to spirituality and the spirituality affected their care behaviours had a higher perception level of

quality of care. In a study similar to our study, it was determined that the socio-demographic characteristics of nurses did not affect their perceptions of nursing care quality (Erenoğlu et al., 2019). In Aydın's (2013) study, it was determined that the socio-demographic characteristics of nurses did not affect their perceptions of nursing care quality (Aydın, Gürkan, & Akgün, 2013). When similar literatures were examined, it was found that the nurses' perception levels of quality of care were high and that there was no relationship between their perception of quality of care and their demographic features (Rumeysa, 2021; Von Essen & Sjöden, 2003). These results are similar to our study results.

Life satisfaction is explained as the emotional response of the person to his/her life, the satisfaction with his/her life and the psychological well-being of the person (Jang & Oh, 2019).Nurses, who are in constant communication with healthy and sick people in the field of health, have to effectively manage their emotions and show emotional labor behavior during their service (Silva et al., 2017). Nurses can be exposed to many stress factors in their physical, mental and social working environments. Different aspects of work life can strongly affect nurses' well-being and life satisfaction (Piotrkowska et al., 2019). In this study, the LSS scores of the nurses were found to be 13.42±2.45, and it was determined that they had a moderate level of life satisfaction. As a result of Atasoy and Turan's study, in which they examined the levels of life satisfaction of nurses and midwives, the mean LSS total score of nurses was found to be moderate (Atasoy & Turan, 2019).In a study conducted with nurses in Poland, it was reported that nurses' life satisfaction was moderate. It was reported in the studies that the level of life satisfaction of the nurses was medium and high (Erdoğan & Erdem, 2017; Piotrkowska et al., 2019).This finding of the study is in parallel with the literature. In the study, the nurses who were female, married, younger and with fewer working years were found to have a better life satisfaction. In the literature review, life satisfaction of nurses was found to be moderate, which was similar to our study result (Jang & Oh, 2019; Piotrkowska et al., 2019), and the female nurses who were younger (Kanbur, 2018; Camcı, 2021), married (Karlsson et al., 2019; Piotrkowska et al., 2019), and with fewer working years (Mirfarhadi et al., 2013) were found to have a higher life satisfaction.

In this study, a positive and significant relationship between the spirituality levels of the nurses, the quality of care behavior and life satisfaction was found. When the studies were examined, it was determined that there was a positive and significant relationship between the spirituality levels of nurses, their care behaviours (Azarsa at al., 2015; Mamier et al., 2019;), and life satisfaction (Joshanloo and Daemi, 2014; Plouffe &Tremblay, 2017; Vang et al., 2019). In line with these results, the spirituality level of the nurses can be considered an effective factor on their care behaviours and life satisfaction. Similar studies support our results (Assar Roudi et al., 2012; Chiang et al., 2016; Taylor et al., 2017).

It was determined in this study that the spirituality level of nurses and their perception level of quality of care were high, and their life satisfaction was moderate.

In addition, a positive and significant relationship was found between the level of spirituality, the perception of quality of care and the life satisfaction of the nurses. Nurses should consider spiritual care while providing care to patients in accordance with a holistic approach, and they should also take into the spiritual needs of patients into their considerations in their nursing care. In order for the nurses to ensure the spiritual care, they should have sufficient knowledge about spirituality and spiritual care and raise their level of spirituality. Training programs for nurses on spirituality and spiritual care should be officially planned. It is of great importance to raise awareness about spirituality and spiritual care for both the patients and nurses.

As a result, it is very important for the patients and their families to address the spiritual dimension of nursing care and to draw nurses' attention to this issue. It is very important for nurses to be aware of the spiritual needs of patients and to be able to provide supportive spiritual care without being affected by their own religious or spiritual thoughts in terms of holistic health care. For this reason, it is necessary for nurses to approach their patients holistically and to provide nursing care without ignoring the spiritual dimension. It is recommended that further research that evaluates the effects of factors affecting the spirituality levels of the nurses on their care behaviors and life satisfaction is recommended to be conducted in order to contribute to the national and international nursing literature. The study was conducted only with the nurses working in a health practice and research hospital in the north-west of Turkey, and thus, the results cannot be generalised to the entire society.

Acknowledgments. The authors thank the nurses for their contributions to this study.

Ethical approval. Throughout the research, the Helsinki Declaration of Human Rights was adhered to. Ethical approval was obtained from the Zonguldak Bülent Ecevit University Human Researches Ethics Commission (Date: 28.01.2022/32). Institutional permission was obtained from the Zonguldak Bülent Ecevit University Health Practice and Research Center (Date: 01.03.2022–E-97636971-300-154419). Informed consent was obtained from all individual participants included in the study.

Authors' contributions. The authors contributed equally to the preparation of this article.

Peer-review. Externally peer-reviewed.

Funding. There was no funding for this study.

Disclosure statement. The authors declare that they have no conflict of interest.

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