

The Relationship Between Nurses' Perceptions of Spirituality and Spiritual Care and Their Attitudes Towards the Nursing Profession

Hemşirelerin Maneviyat ve Manevi Bakım Algıları ile Mesleğe Yönelik Tutumları Arasındaki İlişki

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ABSTRACT

This descriptive study was carried out with the aim of determining the relationship between nurses' perceptions of spirituality and spiritual care and their attitudes towards the nursing profession. This descriptive study was conducted between 05.11.2015-05.06.2016 with nurses working in health institutions in the center and districts of Hakkari. The population of the research consisted of 295 nurses. The sample of the study consisted of 213 nurses who agreed to participate in the research. "Personal Information Form", "Attitude Scale Towards the Nursing Profession (ASNP)" and "Spirituality and Spiritual Care Rating Scale (SSCRS)" were used to collect data. As a result of the data analysis, it was determined that the average score of the ASNP was 153.78 ± 20.48 and the mean score of the SSCRS total score was 62.52 ± 7.13 . In the study, all of the correlations between the total scores of the ASNP and SSCRS were statistically significant in the right direction ($r = 0.321$, $p < 0.001$). According to the results of the study, if the nurses' perceptions of spirituality and spiritual care are positively high, their attitudes towards the nursing profession also increase positively. For this reason, it is suggested to conduct different and large sampling studies that emphasize the importance of spirituality and spiritual care perception in terms of professional attitude and to examine various factors that may affect the attitude toward the profession.

Keywords: Nursing, Profession, Spiritual Care, Spirituality.

ÖZ

Bu çalışma, hemşirelerin maneviyat ve manevi bakım algıları ile mesleğe yönelik tutumları arasındaki ilişkiyi belirlemek amacıyla tanımlayıcı olarak planlanmıştır. Tanımlayıcı tipte olan bu araştırma, 05.11.2015-05.06.2016 tarihleri arasında Hakkâri'nin merkez ve ilçelerindeki sağlık kurumlarında görev yapan hemşirelerle gerçekleştirilmiştir. Araştırmanın evrenini 295 hemşire oluşturmuştur. Araştırmanın örneklemini araştırmaya katılmayı kabul eden 213 hemşire oluşturmuştur. Verilerin toplanmasında "Kişisel Bilgi Formu", "Hemşirelik Mesleğine Yönelik Tutum Ölçeği (HMYTÖ)" ve "Maneviyat ve Manevi Bakım Algılama Ölçeği (MMBAÖ)" kullanıldı. Çalışmadan elde edilen verilerin analizi sonucunda HMYTÖ toplam puan ortalamasının $153,78 \pm 20,48$ olduğu, MMBAÖ toplam puan ortalamasının ise $62,52 \pm 7,13$ olduğu tespit edilmiştir. Araştırmada HMYTÖ toplam puanları ile MMBAÖ toplam puanları arasındaki korelasyon değerlerinin tümünün doğru yönde anlamlı olduğu görülmüştür ($r=0,321$, $p<0,001$). Çalışmadan elde edilen sonuçlara göre, hemşirelerin maneviyat ve manevi bakım algısı arttıkça mesleğe yönelik tutumların da olumlu yönde arttığı ortaya çıkmıştır. Maneviyat ve manevi bakım algısının mesleki tutum açısından önemini vurgulayan farklı ve büyük ölçekli çalışmaların yapılması ve mesleğe yönelik tutumu etkileyebilecek değişik faktörlerin de incelenmesi önerilebilir.

Anahtar Kelimeler: Hemşirelik, Meslek, Manevi Bakım, Maneviyat.

This study was produced from a master's thesis.

Approval (13.07.15/9) was received from Atatürk University Faculty of Health Sciences Ethics Committee to conduct the research.

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INTRODUCTION

The nursing profession has not been a profession that has been considered only in terms of providing physical care throughout history. The holistic approach, which is the basic paradigm accepted in nursing, is based on the principle that the individual is a whole physically, mentally, spiritually and socially and that each individual is different from each other and is handled together with its environment. Spiritual care is an important part of holistic care. Considering the integrity of the human being, it can be said to be healthy if all dimensions are balanced.¹

Florence Nightingale, who has an important place in the professional existence of nursing, has put forward some contemporary nursing values such as professionalism and autonomy in addition to Christian values with her holistic care idea.² In addition, Florence Nightingale explains the idea of holistic care with the following statements; "For health, spiritual needs are as important as the physical organs that make up the body. The physical condition we all observe can affect our mind and spirit. If an individual is spiritually and emotionally wounded and damaged, physical illnesses may also occur."^{2,3} Travelbee's statement in 1971, "A nurse gives holistic care not only to the physical problems of the individual, but to all the problems of the individual" emphasises the importance of every dimension of care, including spirituality.²

Nurses encounter events or crisis situations in which individuals of all ages, from different backgrounds, question the meaning and values of their lives. In such cases, nurses have to perceive the message that is intended to be given in the best possible way. Therefore, the perception of these situations is affected by the beliefs, cultural and spiritual values of both the patient and the nurse. In this sense, it is stated that nurses who are professionally equipped and aware of their spirituality from their own perspective can provide higher quality spiritual care.⁴ According to studies done on the subject, it has been found that the

majority of nurses are not sufficiently aware of the spiritual needs of patients.⁴⁻⁹ In order for nurses to perceive and realize the spiritual needs of other individuals, they must first be aware of their own spirituality.⁴

Spirituality, which constitutes an abstract part of nursing care, has been treated as a relative concept as it affects the religious and conscientious dimension, and a certain standardization in spiritual care for nurses has not yet been established.^{10,11} Spirituality is a complex concept that can take on various meanings according to the personal experiences of each individual.¹² The word spirituality is a word of Latin origin, derived from "spiritus". In Latin, "spiritus" means breath, breath. In its broadest definition in the nursing literature, spirituality is defined as endeavouring to provide inner peace for the meaning and purpose of life without any religious affiliation, without any divine belief of the individual. Spirituality is a concept that includes religion but is broader than religion.^{10,11} Many studies on nurses' perceptions of spirituality and spiritual care indicate that nurses have high perceptions of spirituality and spiritual care, but are indecisive and insufficient in evaluating and applying spiritual care.¹³⁻¹⁶ In the nurse's spiritual care practice; The nurse's perception of his own spiritual needs and care, the individual thought system that can provide this, his sensitivity to the subject, his willingness, working conditions, the nurse's and the patient's openness to communication, his communication with other personnel caring for the patient, etc. There are many effective factors such as.^{2,10}

Patients with serious chronic diseases and their relatives often turn to spirituality to feel relieve.¹⁷ For this reason, it is important to address spiritual needs in addition to physical and psychological needs in patient care provided from a holistic perspective.¹⁸ In the literature review on spirituality and spiritual care, it is reported that spiritual care has positive effects on illness and health such as "significantly reducing the patient's anxiety,

supporting the positive lifestyle of the person and helping the person to present himself in the best way, making him hopeful, stronger and at peace with himself".^{19,20} In this regard, it can be said that nurses with good spirituality can understand the patient better, feel the spiritual needs of the patient, and provide earlier and higher quality care.¹⁰

Nursing, a scientifically based profession, has various professional characteristics and behaviors, values and attitudes. Nurses show these values, beliefs and attitudes in the form of individual health behaviours and habits as well as the tendency to react positively or negatively when meeting a person's needs.^{21,22} Positive attitude in the nursing profession increases both the quality of care and professional solidarity and status. Negative attitudes in the nursing profession reduce the quality of patient care by affecting patient life and professional practices.²²⁻²³ In

addition, the professional attitude that affects nursing care also affects individualised care, which is an important approach for the quality of health services.²⁴ For this reason, by knowing the attitudes of nurses towards the profession, we can have information about the difficulties of the nursing profession, social status, working conditions, members of the profession, general status of the profession, etc.

When the literature was examined, no study examining the relationship between nurses' perceptions of spirituality and spiritual care and their attitudes towards the profession was found. In this descriptive study, it was aimed to investigate the relationship between nurses' perceptions of spirituality and spiritual care and their attitudes towards the profession.

MATERIAL AND METHODS

Type of Research

This research is a descriptive study planned to determine the relationship between the perceptions of spirituality and spiritual care and their attitudes towards the profession of nurses working in health institutions in the center and districts of Hakkari.

Population and Sample of the Research

The population of the research consisted of 295 nurses working in health institutions in the center and districts of Hakkâri. In determining the sample of the research, the formula suggested by Krejcie and Morgan, which is widely used when the universe size is known ($n = N \frac{t^2 p q}{(d^2(N-1) + t^2 p q)}$; $t = 1.96$, $p = .5$, $q = 0.5$, $d = 0.05$, $N = 970$), was used.²⁵ Accordingly, the minimum sample size was calculated as 168 for a 5% margin of error within a 95% confidence interval. In the research, the number of samples was increased in order to secure the number of samples and considering the possibility of data loss. Accordingly, out of a total of 295 nurses working in the specified centres on the

dates of the study, 40 of them were on leave and 14 of them were reported, and 241 (81.6%) of the actively working nurses were interviewed and the study was completed with 213 (72.2%) nurses who agreed to participate in the study.

Collection of Data

Research data was collected by face-to-face interviews with nurses working in the specified units and volunteer between 05.11.2015 and 05.06.2016 and who to participate in the research. "Personal Information Form", "Attitude Scale Towards the Nursing Profession (ASNP)" and "Spirituality and Spiritual Care Rating Scale (SSCRS)" were used to collect data.

Personal Information Form

The personal information form is a form consisting of 10 questions, which was created by the researchers by reviewing the literature.^{7,9,13,21,26} This form includes questions about the gender, age, marital status, income level, membership to nursing associations, education level, the units and institutions where they work, the presence of people

working as nurses in their families and the duration of their employment in the profession.

Attitude Scale towards the Nursing Profession (ASNP)

This scale was developed by İpek Çoban and Kaşıkçı²⁶ to determine the attitudes of nurses, nursing students and patients towards the nursing profession. The scale consists of three sub-dimensions as "Characteristics of Nursing Profession (CNP)", "Preference for Nursing Profession (PNP)" and "General Attitude towards Nursing Profession (GANP)" and a total of 40 items. The five-point Likert-type scale is scored as 1- Strongly disagree, 2- Somewhat agree, 3- Moderately agree, 4- Very agree and 5- Strongly agree. A high score obtained from the scale indicates that attitudes towards the nursing profession increase in a positive direction. As a result of the validity and reliability study, it was determined that the validity reliability of the scale was at a high level and Cronbach's alpha coefficient was 0.91.²⁶

Spirituality and Spiritual Care Rating Scale (SSCRS)

This scale was developed by McSherry et al.⁵ to assess nurses' perceptions of spirituality and spiritual care. Ergül and Temel⁶ tested the validity and reliability of the Turkish version of this scale. The scale consists of three sub-dimensions, namely "Spirituality and Spiritual Care", "Personal Care" and "Religiousness" and a total of 17 items. The items of the five-point Likert-type scale are scored as 1 - Strongly Disagree, 2 -

Disagree, 3 - Undecided, 4 - Agree and 5 - Strongly Agree. The lowest score that can be obtained when the scale is applied is 17 and the highest score is 85. A high score obtained from the scale means that the perceptions of spirituality and spiritual care are also high. As a result of the validity and reliability study, it was determined that the Cronbach alpha coefficient of the scale was 0.76.⁶

Ethical Aspect of Research

Before starting the research, ethical approval was obtained from the ethics committee of Atatürk University Faculty of Health Sciences (date/issue no: 13.07.15/9) and written permission was obtained from the provincial directorate of health of the province where the research will be carried out. In addition, permission was obtained via e-mail from the researchers who conducted the validity and reliability studies of the scales. Before the implementation of the research, the nurses included in the research were informed about the subject and written consent was obtained.

Data Analysis

8 different statistical analyses (frequency, %(percentage), Pearson Moments Product Correlation Analysis, One-way Analysis of Variance, LSD Post Hoc test, Mann-Whitney U test, z-test, t-test, and Cronbach's alpha coefficient) were used in the analysis of the data obtained from the study, and these analyses were performed on the computer using the SPSS 22.00 statistical package program.

RESULTS AND DISCUSSION

According to the findings of the study, 57.7% of the participants (nurses) are single, 49.3% are between the ages of 25-31, 49.8% are undergraduate graduates, 62.0% are women, and 62.0% of them have an income between 2500-3500 TL. 87.3% of the nurses were working in hospitals while 12.7% of them were working in primary care health institutions. Furthermore, 41.8% of the nurses were working in internal units, 31.9%

of them were working in surgical units, and 26.3% of them were working in other units. While the working year of 65.3% of the nurses was between 1-4 years, 51.6% of them had at least one nurse except for themselves in their families. The number of nurses who are members of any nursing association among nurses is only 1.4% (3 people) (Table 1).

Table 1. Findings Related to the Nurses' Descriptive Characteristics Participating in the Study (n=213)

		n	%
Gender	Female	132	62.0
	Male	81	38.0
Age	18-24 years	73	34.3
	25-31 years	105	49.3
	32 years and above	35	16.4
Marital status	Married	90	42.3
	Single	123	57.7
Income status	1500-2500 TL	46	21.6
	2500-3500 TL	132	62.0
	3500 TL and above	35	16.4
Educational status	High school	63	29.6
	Associate Degree	44	20.7
	Undergraduate	106	49.8
Professional Experience	1-4 years	139	65.3
	5-8 years	30	14.1
	9 years and above	44	20.7
Nursing Association Membership	Yes	3	1.4
	No	210	98.6
Working Unit	Internal clinics	89	41.8
	Surgical clinics	68	31.9
	Other units	56	26.3
Institution Worked	Primary care health institutions	27	12.7
	State hospital	186	87.3
Is there a nurse in the family?	Yes	110	51.6
	No	103	48.4

n: Number, %: Percentage

Upon examining Table 2, the relationship between the dimension of characteristics of the nursing profession and the dimension of spirituality and spiritual care, the dimension of religiosity and total scores of the SSCRS, between the dimensions of preference for the nursing profession and attitude towards the general situation of the nursing profession and the dimension of spirituality and spiritual care and total scores of the SSCRS, between the total scores of the ASNP and the total scores of the SSCRS was found to be weak, but positive and significant.

Table 2. The Relationship Between the ASNP Total and Sub-Dimension Scores and the SSCRS Total and Sub-dimension Scores

Sub-Dimensions		Spirituality and Spiritual Care	Personal Care	Religiosity	SSCRS Total
Characteristics of the Nursing Profession	r	.303**	.114	.161*	.310**
	p	.000	.097	.019	.000
Preference for the Nursing Profession	r	.223**	.111	.072	.201**
	p	.001	.107	.295	.003
Attitude Toward the General Situation of the Nursing Profession	r	.267**	.106	.072	.244**
	p	.000	.124	.297	.000
ASNP Total	r	.331**	.138*	.141*	.321**
	p	.000	.044	.040	.000

(*) $p < 0.05$ (**) $p < 0.001$; p: Statistical Significance, r: Spearman Correlation Coefficient

In the study, the attitude scores of nurses towards the nursing profession and their spirituality and spiritual care perception scores were also compared according to the descriptive characteristics of nurses (Table 3). Accordingly, a statistically significant difference was found between the total average scores of the ASNP and SSCRS according to nurses' gender, working unit and institution where they worked ($p < 0.05$). According to this difference, females compared to males, nurses working in other clinics/units group compared to nurses working in internal and surgical clinics, and nurses working in primary care health institutions compared to nurses working in state hospitals have higher total average scores of the ASNP and SSCRS (Table 3).

A statistically significant difference was found between the total average scores of the

ASNP according to nurses' marital status, professional experience and the presence of a nurse in the family ($p < 0.05$). According to this difference, married nurses compared to single nurses, nurses with the professional experience of 9 years and above compared to those with the professional experience of less than 9 years, and nurses who have people working as nurses in their family compared

to nurses without nurse in the family have higher total average scores of the ASNP (Table 3).

No statistically significant difference was found between the total average scores of the ASNP and SSCRS according to nurses' age, income status, educational status and nursing association membership ($p > 0.05$).

Table 3. Comparison of the Average Scores of the ASNP and the SSCRS According to the Descriptive Characteristics of Nurses

Characteristics		Attitude Towards Nursing Profession	Spirituality and Spiritual Care Perception
		Total	Total
		X±S.D	X±S.D
Gender	Female	159.64±17.43	64.57±5.65
	Male	144.23±21.57	61.91±5.93
	Test	t=5.711 P=.000**	t=3.146 P=.002*
Age	18-24 years	152.84±18.85	63.66±5.97
	25-31 years	152.54±21.42	63.36±5.58
	32 years and above	159.46±20.47	63.87±6.73
	Test	F=1.623 P=.200	F=.106 P=.900
Marital status	Married	158.79±19.42	64.01±5.46
	Single	150.11±20.53	63.21±6.18
	Test	t=3.115 P=.002*	t=.939 P=.349
Income status	1500-2500 TL	159.37±13.43	64.19±5.24
	2500-3500 TL	152.69±20.88	63.02±5.72
	3500 TL and above	150.54±25.26	64.81±7.15
	Test	F=2.367 P=.096	F=1.465 P=.234
Educational status	High school	153.24±22.78	63.10±6.27
	Associate Degree	157.98±18.49	64.61±5.55
	Undergraduate	152.36±19.77	63.42±5.78
	Test	F=1.203 P=.302	F=.807 P=.447
Professional Experience	1-4 years	151.01±19.61	63.20±5.65
	5-8 years	152.77±26.92	63.77±7.01
	9 years and above	163.23±15.10	64.55±5.90
	Test	F=6.289 P=.002*	F=.822 P=.441
Difference		3>1-2	
Nursing Association Membership	Yes	157.67±22.50	65.33±4.61
	No	153.72±20.50	63.52±5.91
	Test	U=290.000 P=.813	U=221.000 P=.482
Working Unit	Internal clinics	150.33±21.13	62.64±5.83
	Surgical clinics	153.40±19.78	63.33±6.10
	Other clinics	159.73±19.23	65.27±5.44
	Test	F=3.736 P=.025*	F=3.266 P=.040*
Difference		3>1	3>1
Institution Worked	Primary care health institutions	166.41±19.86	66.25±4.78
	State hospital	151.95±19.96	63.17±5.94
	Test	z=-4.170 P=.000**	z=-2.728 P=.006*
Is there a nurse in the family ?	Yes	157.10±21.10	63.93±6.00
	No	150.23±19.27	63.16±5.78
	Test	t=2.474 P=.014*	t=.919 P=.359

It is thought that the determination of the relationship between nurses' perceptions of spirituality and spiritual care and attitudes towards the profession and the introduction of these data into the nursing literature will shed light on the studies related to creating awareness of the subject for professional members and candidates.

In the study, it was determined that nurses' ASNİ total and sub-dimension average scores were higher. The high total average score of the ASNİ indicates that nurses' attitudes towards the profession are positive.²⁶ The result found in this study was found to be generally compatible with the relevant studies.^{24,27,28} In another study carried out on this subject, it was determined that nurses' ASNİ total and sub-dimension average scores were lower compared to the findings of both this study and other studies in the literature.²⁹ It is thought that the reason why the specified research finding was found to be lower may have been due to the fact that the study was carried out in different regions and different sample groups and that only the nurses who provide care to a certain group were included in the study. The attitude of individuals towards their profession affects their satisfaction and success in that profession.³⁰ In this direction, it can be stated that it is important that nurses' attitudes towards the profession are positive.

In the study, the total and sub-dimension mean scores of the nurses were also examined. Accordingly, it was found that the nurses had high mean scores in the total and sub-dimension scores of the SSCRS. This result was found to be compatible with some studies in the literature.^{2,31,32} In addition, the high score obtained from the scale shows that the perceptions of spirituality and spiritual care are positively high.⁶ In contrast to these results, in a systematic review and meta-analysis study by Wang et al.¹⁶ in which nurses' perceptions and competencies regarding spirituality and spiritual care were evaluated, it was found that nurses' perceptions and competencies regarding

spirituality and spiritual care were at a moderate level. In the aforementioned study, it was stated that nurses with religious affiliation had higher perceptions and competencies of spirituality and spiritual care than those without any religious affiliation, and nurses with high educational level had higher perceptions and competencies of spirituality and spiritual care than those with low educational level.¹⁶ In our study, it was found that women had better perceptions of spirituality and spiritual care positively than men, and nurses working in other units (dialysis clinic, blood collection, family health centres, public health unit, home health unit, quality control unit, etc.) had better perceptions of spirituality and spiritual care positively than nurses working in internal and surgical units. Perceptions of spirituality and spiritual care are the starting point for nurses to move from theory to practice.¹⁶ For this reason, nurses should integrate the importance of spirituality with their own care experiences and ensure the effective provision of spiritual care. Thus, being aware of the spiritual needs of the patient and showing flexible behaviour by adapting to them will enable the nurse to better understand the patient and increase the effectiveness of care.

In this study, according to the result obtained by examining the relationship between the total and sub-dimensions of ASNİ and the total and sub-dimension scores of SSCRS (Table 2), it was determined that as the dimension of the characteristics of the nursing profession, the dimension of the status of choosing the nursing profession, the dimension of the attitude towards the general situation of the nursing profession and the total scores of ASNİ increase, the spirituality and spiritual care dimension, individual care dimension and SSCRS total scores will also increase. In addition, it can be said that as the scores of the dimension of the characteristics of the nursing profession increase, the scores of the dimension of religiosity will also increase. Although separate studies have been

conducted on nurses' perceptions of spirituality and spiritual care^{4,8,9,13,32-34} and nurses' attitudes towards the nursing profession^{21,24,26,27,30,35} in the literature, the fact that the relationship between the two as a whole has not been investigated increases the importance of this study. The nurse who gives spiritual care to the patient listens to the mental thoughts and concerns of the patient and can see the patient's thoughts as a whole by combining them piece by piece.³ Nursing is a profession that requires to be aware of the responsibilities of the profession, to work very closely with multidisciplinary teams and to make appropriate determinations for mental needs, and therefore to plan and implement initiatives to meet these needs.^{3,8} The fact that attitudes towards the nursing profession positively affect perceptions of spirituality and spiritual care is an important result for the quality of nursing care. Nurses, who perceive spiritual care as an indispensable part of the holistic aspect of nursing care¹⁶, support their own spirituality, provide satisfaction in their profession and improve their attitudes towards their profession positively. Factors affecting attitudes towards the nursing profession include liking the profession, preferring the profession willingly, being interested in the profession and personality traits.²¹ It is thought that in order to determine the spiritual needs of the patient within the scope of holistic care in nursing and to provide good spiritual care to the patient, it is necessary to love the profession, to prefer the profession willingly and to have a positive attitude towards the profession as a result. In addition, the nurse's own religious or spiritual interests, beliefs and thoughts may differ from those of the patients she cares for.^{3,36} In this case, if she/he provides care for the needs of the patient without being affected by her/his own spiritual thought system, she/he can ensure that the patient benefits from her/his own spiritual resources without experiencing conflict.

In the study, it was found that both attitudes towards the profession and perceptions of spirituality and spiritual care

were positively higher in women than in men. In studies conducted by Çalışkan et al.³⁷ and Okuyan et al.³⁸ with nursing students in Turkey, it was found that women had a more positive attitude towards the nursing profession compared to men. In a similar study conducted by Sun et al.³⁹ in China with nursing students, it was found that women had a more positive attitude towards the nursing profession compared to men. It is thought that this difference between males and females may be due to the fact that the majority of the society sees the nursing profession as a female profession and therefore male students are hesitant when choosing the profession.³⁷ In the study carried out by İpek Çoban et al.²⁷ with 403 nurses, it was stated that gender in nurses did not have an effect on the attitudes towards the profession. In the study carried out by İpek Çoban et al.²⁷, the fact that the number of females (389 people) was much higher than the number of males (14 people) is thought to have affected this result. Furthermore, similarly to the present study, there are studies indicating that females' perceptions of spirituality and spiritual care are more positive compared to males in the literature^{4,34}; there are also studies showing that, unlike our study, the gender factor has no effect on the perceptions of spirituality and spiritual care.^{4,5,8} It is thought that the fact that the scales used in the study were different and that the studies were carried out in different regions and cultures may have led to having different results. However, in some studies carried out on the subject, it was determined that the effect of gender factor on the perceptions of spirituality and spiritual care was not addressed.^{2,13,31,33}

In this study carried out, it was determined that the attitudes towards the profession and perceptions of spirituality and spiritual care of the nurses working in other units (dialysis clinic, blood collection, home health unit, quality control unit, etc.) were positively better compared to nurses working in internal and surgical units. In the study carried out by İpek Çoban et al.²⁷, they determined that nurses working in internal clinics had more positive attitudes about the sub-dimension of

preference for the nursing profession compared to nurses working in surgical clinics. In the study carried out by Yılmaz and Okyay⁴ to determine the perceptions of spirituality and spiritual care of nurses, nurses were evaluated under three different groups, similarly to our study; however, it was determined that the fact that nurses are working in different units has no effect on their perceptions of spirituality and spiritual care. Furthermore, similar results were found in the studies on the subject carried out by Akgün Kostak et al.⁷ in 2010 and Çelik et al.² in 2014 with the study carried out by Yılmaz and Okyay⁴. Nevertheless, in the study carried out by Özbaşaran et al.¹³ with 319 nurses, nurses were divided into three different groups according to the units they worked, similarly to our study, and it was stated that the perceptions of spirituality and spiritual care of nurses working in the "other units" group were positively better compared to nurses working in surgical and internal units. In the studies carried out, it is thought that the factors such as the fact that the number of groups in which nurses were evaluated according to the units they worked was different, the number of nurses participating in the study, diversity of the units evaluated under the "other units" group, the fact that internal units compared to surgical units, and other units compared to both surgical and internal units had less workload and responsibilities, and the fact that the risk that other units had was lower and had better working order and working times had an effect on finding different results. Furthermore, it is thought that the fact that the number and duration of interviews with patients and their relatives of nurses working in other units were higher compared to nurses working in surgical and internal units positively affected their perceptions of spirituality and spiritual care.

This study has shown that nurses working in primary care health institutions have positively better attitudes towards the profession and perceptions of spirituality and spiritual care compared to nurses working in hospitals (Table 3). When studies on the subject are examined, it is observed that

nurses are not evaluated according to the institutions where they work and that single-center studies are usually carried out.^{2,4,13,16,24,26,27,31} Furthermore, it is thought that the factors, such as the presence of a sedentary way of working in nurses working in primary care health institutions, and the fact that nurses working in state hospitals have heavier working conditions and more intense work pressure, may have negatively affected the result found.

In this study, the total scores of the ASNP according to the marital status of nurses were found to be statistically significant in favor of married nurses ($p<0.05$). According to this result, it can be said that married nurses have more positive attitudes towards the nursing profession compared to single nurses. In a study conducted by Zengin Aydın and Büyükbayram³⁵ in which nurses' perceptions of individualized care according to their professional attitudes were examined, it was determined that married nurses had higher positive attitudes towards their profession than single nurses. However, this result does not support the result found in a similar study carried out by Tarhan et al.²⁴ This is thought to be due to the fact that the number and percentage of married/single nurses in the study were different, that the number of general sampling was different and that studies were carried out in different regions.

In this study, it was determined that nurses with the professional seniority of 9 years and above had higher average scores than those with less professional seniority ($p<0.05$). These results have shown that nurses' job satisfaction and attitudes towards the profession will increase positively as the working year increases. This result can be explained by the fact that working in a profession for a long time gives the opportunity to get to know and internalize that profession better. In a similar study conducted by Zengin Aydın and Büyükbayram³⁵, it was reported that the attitudes towards the profession of nurses with 11 years or more working experience were significantly higher than those with 0-5 years and 6-10 years of professional

experience. However, in the study carried out by İpek Çoban et al.²⁷, it was stated that only nurses' positive attitudes towards the sub-dimension of the general situation of the nursing profession will increase as their professional experiences increase. The fact that the results were found to be partly different can be explained by the fact that the number of nurses and the regions where the studies were carried out were different.

As a result of this study, no significant relationship was found between the variables of nurses' age, marital status, income status, educational status, professional experience, membership to a professional association, and having at least one person in the family practicing nursing and the mean total score of SSCRS. When similar studies in the literature

are examined, it is found that this result is consistent with many studies.^{4,7,31,33} However, contrary to our study, there are also studies showing that age, professional experience, educational status and marital status factors positively affect spirituality and spiritual care.^{13,31} An individual's spiritual support, spiritual resources, culture and belief system affect the individual's awareness of spiritual resources and his belief in spirituality. Many factors such as the environment in which the individual lives, family structure and culture are significantly effective in the development of factors related to spirituality and spiritual care.⁴⁰ It is thought that the difference in the results found in the studies is due to these factors.

CONCLUSION AND SUGGESTIONS

In this study, it was found that nurses' perceptions of spirituality and spiritual care and their attitudes towards the nursing profession were positively high. In the study, in terms of demographic characteristics, it was determined that women, those who were married, those with more years of employment, those working in other units and institutions, and those who had another nurse in their family other than themselves had higher attitudes towards the nursing profession. In addition, the perceptions of spirituality and spiritual care were found to be higher in those whose gender was female and who worked in other units and institutions. In addition, the study revealed that the relationship between nurses' perceptions of spirituality and spiritual care and their attitudes towards the profession was weak, but nevertheless, as nurses' perceptions of spirituality and spiritual care increased, their attitudes towards the profession increased positively. Accordingly, it is thought that these results obtained will have a positive effect on the planning of in-service training activities and basic nursing education in order to increase sensitivity on the subject. In addition, it is important in terms of providing data for comparison with the results of future studies.

According to these results, by drawing attention to perceptions of nurses' spirituality and spiritual care and attitudes towards the nursing profession; It is recommended to improve the working conditions of nurses working in hospitals, to include the concepts of spirituality, spiritual care and nursing profession more in nursing education, to conduct further studies examining the relationship between perceptions of nurses' spirituality and spiritual care and their attitudes towards the profession with different sampling and research techniques. In addition, it may be recommended to include nurses working in units such as dialysis clinic, blood collection, family health centers, public health unit, home health unit, quality control unit, etc. in future studies. Especially considering the positive relationship between nurses' perceptions of spirituality and spiritual care and their attitudes towards the profession, attitudes towards the profession can be increased positively by focusing on spirituality and spiritual care in nursing education. Increasing attitudes towards the profession in a positive way will positively affect professional motivation, nurse-patient relationship and thus the quality of nursing care.

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