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# Spiritual Well-Being and Depression, Anxiety, Stress Levels and Related Factors of Healthcare Professionals: An Example from Turkey*

Sağlık Profesyonellerinin Spiritüel İyi Oluş Düzeyi ve Depresyon, Anksiyete, Stres Seviyeleri ve İlgili Faktörler: Türkiye'den Bir Örnek

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## ABSTRACT

The aim of this study was to determine spiritual well-being and depression, anxiety, stress levels and related factors in healthcare professionals in a descriptive, cross-sectional type of study. The research sample consisted of 604 healthcare professionals working in Kars province. Socio-demographic Information Questionnaire, Three-Factor Spiritual Well-being Scale and Depression-Anxiety-Stress Scale-21 forms were used as data collection tools. The research data were evaluated with the SPSS 26.0 package program. Number, percentage, mean, standard deviation, t and f tests, correlation and regression analyzes were used to evaluate the data. Healthcare professionals scored 103.25 ± 17.88 points on the spiritual well-being scale, 9.75 ± 5.09 points on depression, 9.01 ± 4.94 points on anxiety, and 9.90 ± 4.76 points on stress. The participants' gender, substance use status, age, being a child, income level, working year and occupation and spiritual well-being differed significantly ($p<.005$). While 37.9 % of the healthcare professionals had severe or extremely severe depression, 44.2 % experienced extremely severe anxiety and only 32.3 % experienced normal level of stress. A negative weak relationship was found between healthcare professionals' spiritual well-being and depression anxiety and a very weak relationship was found between spiritual well-being and stress.

**Keywords:** Healthcare professionals, Spiritual well-being, Depression, Anxiety, Stress.

## ÖZ

Bu çalışmanın amacı, sağlık profesyonellerinde spiritüel iyi olma düzeyini ve depresyon, anksiyete, stres düzeylerini ve ilgili faktörleri belirlemektir. Bu çalışma tanımlayıcı kesitsel tipte bir araştırmadır. Araştırmanın örneklemini Kars ilinde çalışan 604 sağlık profesyoneli oluşturdu. Sosyo-demografik Bilgi Anketi, Üç Faktörlü Spiritüel İyi Oluş Ölçeği ve Depresyon-Anksiyete-Stres Ölçeği-21 formları veri toplama araçları olarak kullanıldı. Araştırma verileri SPSS 26.0 paket programı ile değerlendirildi. Verilerin değerlendirilmesinde sayı, yüzde, ortalama, standart sapma, t ve f testleri, korelasyon ve regresyon analizleri kullanıldı. Sağlık profesyonelleri spiritüel iyi oluş ölçeğinden 103.25 ± 17.88 puan, depresyon 9.75 ± 5.09 puan, anksiyete 9.01 ± 4.94 puan ve stres 9.90 ± 4.76 puan aldılar. Katılımcıların cinsiyet, madde kullanım durumu, yaş, çocuk sahibi olma durumu, gelir düzeyi, çalışma yılı ve mesleklerine göre spiritüel iyi oluş düzeyi anlamlı bir şekilde farklılık gösterdi ($p<.005$). Sağlık profesyonellerinin % 37.9'u ciddi veya aşırı derecede depresyon yaşarken, % 44.2'si aşırı derecede anksiyete yaşadı ve sadece % 32.3'ü normal düzeyde stres yaşadı. Sağlık profesyonelleri arasında spiritüel iyi oluş ile depresyon, anksiyete arasında negatif zayıf bir ilişki bulundu ve spiritüel iyi oluş ile stres arasında çok zayıf bir ilişki bulundu.

**Anahtar Kelimeler:** Sağlık profesyonelleri, Spiritüel iyi oluş, Depresyon, Anksiyete, Stres.

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## INTRODUCTION

Spirituality is an innate tendency that is unique to all people. This spiritual inclination moves the individual towards knowledge, love, understanding, peace, hope, transcendence, connection, compassion, well-being, and wholeness.[1,2] Spirituality includes one's capacity for creativity, growth, and development of a value system and encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is addressed from various perspectives, including psychospiritual, religious, and interpersonal.[3] Although spirituality is an intangible, invisible thing, it is an important part of the individual as a concept felt by the soul and the heart window and felt through the mind.[4] Simsen (1986) sees sprituality as the basic perception of the individual in every element he/she has in the metaphysical field.[4,5] Spiritual well-being is associated with positive emotions affecting mental and physical health[6] and spiritual, emotional and mental well-being.[7] Sprtual well-being is defined as a continuous and dynamic reflection on the mental health and maturity of the individual.[8] Sprtual well-being also helps individuals cope with stressful life events.[9] There is evidence that researches on the positive relationship of spirituality with physical and mental health have increased and that religious beliefs and well-being were associated.[10] Both nursing and medical professions have recognized the importance of meeting the spiritual and religious needs of patients.[11]

During the pandemic process which the study was conducted, there are many studies on the negative psychological effects of the pandemic in many countries affected by the pandemic.[12,13] Although the studies were made for different sample groups, it was found that the pandemic causes anxiety, anxiety and depression.[14,15]

Aim and duration of the study: The aim of this study conducted between November 2021 and February 2022 was to examine the spiritual well-being and depression, anxiety, stress levels and related factors of healthcare professionals.

## MATERIAL and METHODS

### Type of the study

It is a descriptive, cross-sectional type of study.

### Research Questions

1) What are the spiritual well-being levels of healthcare professionals?
2) What are the depression, anxiety and stress levels of healthcare professionals?
3) Is there a relationship between the socio-demographic data of healthcare professionals and their spiritual well-being levels?
4) Is there a relationship between the socio-demographic data of healthcare professionals and their depression, anxiety and stress levels?

### Location and characteristics of the study

This study was conducted on online (via Google forms) platforms for healthcare professionals working in any institution in Kars province.

### Population-Sample

The research population consists of a total of 2686 healthcare professionals, 2170 healthcare professionals working in Kars province[16] and 516 healthcare professionals working in Kars Health Application and Research Center, registered in the regional health statistics data system of Turkey Statistical Institute in 2019. While determining the sample size, the sample size was calculated as 336 individuals using the sample calculation with known population. In order to expand the number of samples and reach more individuals, it was aimed to reach

534 individuals based on 99% confidence level and the study was completed with 604 healthcare professionals.

## Data Collection Tools

### *Socio-Demographic Information Qustionnaire*

It is a form consisting of 14 questions including socio-demographic characteristics and affecting other factors prepared by the researchers in line with the literature.[17-19]

### *Three-Factor Spiritual Well-Being Scale (SWB)*

The SWB Scale created by Ekşi and Kardaş (2017) for adults consists of 29 items.[17] The answers given in the five-point Likert-type scale are scored from one to five as "not suitable for me at all – completely suitable for me". There are 3 sub-dimensions in the scale. When the Cronbach's Alpha values of the scale were examined, transcendence was determined as .953; harmony with nature as .864; anomie as .853; the total value was determined as .886. High scores obtained from the scale indicate that individuals have high levels of SWB and low scores obtained indicate low levels of SWB.[17] In this study, the Cronbach's Alpha value of the scale for transcendence was found to be .946; for harmony with nature, .901; for anomie, .810; for the total value of the scale was found to be .943.

### *Depression-Anxiety-Stress Scale-21 (DAS-21)*

The DAS Scale was developed by Lovibond and Lovibond in 1995 and turned into a short form of the 21-item scale.[18] Sarıçam conducted the Turkish validity and reliability study of the scale in 2018.[19] The scale, which consists of three sub-dimensions, is in Likert-type and each sub-dimension consists of seven items. The scale is scored as never =0, sometimes and occasionally=1, quite often = 2, always=3, and each sub-dimension is between 0-21 points. The increase in the score of the individual on the scale indicates that the level of Depression, Anxiety and Stress increases.

- Regarding depression sub-dimensions, normal (0-4 points), mild (5-6 points), moderate (7-10 points), severe (11-13 points) and extremely severe (14 points and above) are indicators of depression.

- Regarding anxiety sub-dimensions; normal (0-3 points), mild (4-5 points), moderate (6-7 points), severe (8-9 points) and extremely severe (10 points and above) are the indicators of anxiety.

- Regarding stress sub-dimensions, normal (0-7 points), mild (8-9 points), moderate (10-12 points), severe (13-16 points) and extremely (17 points and above) are indicators of stress.

Cronbach's Alpha coefficient of depression sub-dimension in the validity and reliability study was found to be .87, anxiety sub-dimension .85 and stress sub-dimension .81.[18] In this study, the Cronbach's Alpha value of the depression sub-scale was found to be .849, anxiety sub-dimension .888 and stress sub-dimension .889

## How Data was Collected

The questionnaire prepared for the research was sent to healthcare professionals via social media (Whatsap, facebook) with the adaptation program (doc.google) and they were asked to fill in. Only those who wanted to participate in the study voluntarily were able to access other questions after approving them. It was estimated that each questionnaire lasts 15-20 minutes.

## Evaluation of Data

The data obtained in the study were evaluated by the researcher using the SPSS (Statistical Package for Social Sciences) 26.0 package program on the computer. In the study, the data were evaluated using number, percentage, mean and standard deviation descriptive statistics. This test was chosen because it was reported in the literature that the Kolmogorov- Smirnov test should be preferred for the normal distribution suitability of quantitative variables.[20] t-test analysis and one-way analysis of variance test were used in independent groups for variables with normal distribution regarding the

difference between the groups. Correlation and Hierarchical Regression Analysis were applied for the effect among the data. The level of significance in statistical analysis was found to be $p<.05$.

**Ethical Principles**

- Permission to use the scale was obtained from the researchers who developed the scales for the study.
- Board permission was obtained from the Ethics Committee of the Faculty of Health Sciences of the University with the number 81829502.6903/266 dated 30.11.2021.
- The individuals to be included in the study were included in the study on a voluntary basis (only the individuals who wanted to participate were included in the study by answering the questionnaire).
- The identity information of the people participating in the study was not obtained.

**Inclusion criteria for volunteers**

Working as a health professional in Kars province, volunteering to participate in the research

**Exclusion criteria for volunteers**

Wishing to leave the study at any stage of the study.

**Expected benefit from the research**

It is to provide institutional, managerial and professional benefits by determining SWB and the depression, anxiety, stress levels of healthcare professionals and related factors. In addition, it was aimed to contribute to the scientific literature in the field of healthcare professionals and public health and to contribute to the studies.

**Research Strengths and Limitations**

The limitations of the study are that the research was conducted online and that the results can only be generalized to the participants who had internet access and agreed to participate in the study.

**Statements & Declarations**

***Funding***

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***Competing ınterests***

The authors have no relevant financial or non-financial interests to disclose

***Consent to participate***

Informed consent was obtained from all individual participants included in the study.

***Research Data Policy and Data Availability Statements***

The datasets generated during and/or analysed during the current study are not publicly available due ethical sensitivity but are available from the corresponding author on reasonable request.

## RESULTS and DISCUSSION

A total of 604 healthcare professionals participated in this study. As seen in Table 1, 62.7% of the healthcare professionals ~~participants~~ were women, 40.9% were between the ages of 26-35, 57.5% were single, 41.2% had two children (health professionals with children), and 75.8% were living in the province. 81.8% of the of the participants had a moderate income level, 56.1% did not use any substance, 74.2% belonged to the nuclear family, 47.4% had bachelor's degree, 87.7% did not have chronic disease, 52.5% worked in secondary health care institutions, 41.9% worked as nurses and 32.0% worked in internal medicine service.

**Table 1. Distribution of Participants' Socio-Demographic Data (N=604)**

| | n | % | | n | % |
|---|---|---|---|---|---|
| **Gender** | | | **Education status** | | |
| Male | 225 | 37.3 | High school | 67 | 11.1 |
| Female | 379 | 62.7 | Associate Degree | 187 | 31.0 |
| **Age** | | | License | 286 | 47.4 |
| 18-25 years old | 212 | 35.1 | Graduate | 64 | 10.6 |
| 26-35 years old | 247 | 40.9 | **Presence of chronic disease** | | |
| 36 years and older | 145 | 24.0 | Yes | 74 | 12.3 |
| **Marital status** | | | No | 530 | 87.7 |
| Married | 232 | 38.4 | **Year of study** | | |
| Single | 347 | 57.5 | Less than a year | 93 | 15.4 |
| Divorced | 25 | 4.1 | One–five years | 273 | 45.2 |
| **Number of children (n=257)** | | | Six to ten years | 156 | 25.8 |
| None | 60 | 23.3 | Eleven years and above | 82 | 13.6 |
| One | 57 | 22.2 | **Worked Unit** | | |
| Two | 106 | 41.2 | 1st level health institutions | 120 | 19.9 |
| Three or more | 34 | 13.2 | 2nd level health institutions | 317 | 52.5 |
| **Living place** | | | 3rd level health institutions | 167 | 27.6 |
| Province | 58 | 75.8 | **Position held** | | |
| Town | 112 | 18.5 | Nurse | 253 | 41.9 |
| Village | 34 | 5.6 | Doctor | 76 | 12.6 |
| **Income status** | | | Midwife | 61 | 10.1 |
| Low | 80 | 13.2 | Technician, secretary | 214 | 35.4 |
| Middle | 494 | 81.8 | **Worked service** | | |
| High | 30 | 5.0 | COVID 19 service | 51 | 8.4 |
| **Substance use** | | | Family health center | 33 | 5.5 |
| Not using | 339 | 56.1 | Intensive care | 61 | 10.1 |
| Using (Smoking or alcohol) | 265 | 43.9 | Emergency service | 103 | 17.1 |
| **Family structure** | | | Internal medicine service | 193 | 32.0 |
| Nuclear family | 448 | 74.2 | Surgical service | 104 | 17.2 |
| Extended family | 130 | 21.5 | Bloodletting and other services | 59 | 9.8 |
| Broken family | 26 | 4.3 | | | |

*%: Yüzde*

Participants, healthcare professionals scored 55.54±13.02 points from the SWB Scale Transcendence sub-dimension and 26.96±6.19 points from the Harmony with Nature sub-dimension. They obtained 21.24±6.17 points from the Anomie sub-dimension and 103.25 ±17.88 points from the SWB Scale. It was found that the mean Depression score of the Healthcare professionals was 9.75±5.09; the mean Anxiety score was 9.01±4.94 and the mean Stress score was 9.90±4.76.

As seen in Table 2, a statistically significant difference was found between the SWB scale of healthcare professionals and their gender, substance use, age, marital status, number of children, income level, working year and positions ($p<.005$). The mean scores of the SWB scale of women were found to be higher than men; those who did not use any substance than those who used substances; those who were 35 years of age or younger than those who were 36 years of age or older; those who were single than married individuals; those who had no children than whose with children; those who had a moderate income level than those with lower income; those who have been working for 5 years or less than those working for 6-10 years; and those who worked in nurses, midwives and other positions than doctors ($p<.005$).

No significant relationship was found between SWB and the place where healthcare professionals live, family structure, educational status, chronic disease status, the unit they work in and the service they work in (p>.05).

The scores of the participants on the DAS-21 scales are given in Figure 1. While 37.9% of healthcare professionals had severe or extremely severe depression, 44.2% experienced extremely severe anxiety and only 32.3% experienced normal level of stress. It was investigated whether there was a relationship between depression, anxiety and stress and demographic data of healthcare professionals, and as a result of the statistical research, it was found that there was no statistical significance of any demographic data.

As seen in Table 3, it was determined that there was a very weak negative relationship found between the participants' SWB Scale "transcendence" sub-dimension and depression (r=-.140; p=.001) and anxiety (r=-.148; p<.001). A very weak negative relationship was found between the participants' SWB Scale "Harmony with nature" sub-dimension and depression (r=-.121; p=.003) and anxiety (r=-.185; p<.001). A weak positive relationship was found for the participants' SWB Scale "Anomie" sub-dimension and depression (r=.347; p<.001), anxiety (r=.305; p<.001) and stress (r=.314; p<.001). It was determined that there was a very weak negative relationship found between the participants' SWB Scale total score and depression (r=-.263; p<.001) and anxiety (r=-.278; p<.001) and stress (r=-.189; p <.001).

**Table 3. The Relationship between The Participants' SWB Scale Sub-Dimensions and Scale Total Scores and DAS Scale scores**

| | | Depression | Anxiety | Stress |
|---|---|---|---|---|
| **Transcendence** | **r** | -.140** | -.148· | -.078 |
| | **p** | **.001** | **<001** | .055 |
| **Harmony with** | **r** | -.121** | -.185** | -.069 |
| **Nature** | **p** | **.003** | **<001** | .089 |
| **Anomie** | **r** | .347** | .305** | .314** |
| | **p** | **<001** | **<001** | **<001** |
| **SWB Scale** | **r** | -.263** | -.278** | -.189** |
| **Total** | **p** | **<001** | **<001** | **<001** |

**.The relationship was significant at the 0.01 level (p<.01)


**Figure 1. Distribution of the Participants' DAS Scale Findings (N=604)**

**Table 2: Comparison of Some Socio-Demographic Characteristics and SWB Scale Findings (N=604)**

| | | n | Mean ± SD | Test/p |
|---|---|---|---|---|
| **Gender** | Male | 225 | 3.40±.59 | t =-5.000 |
| | Female | 379 | 3.65±.60 | **p<.001** |
| **Substance Use** | Non-users | 339 | 3.67±.60 | t =5.481 |
| | Substance user | 265 | 3.40±.60 | **p<.001** |
| **Age**[1] | 18-25 years old (a) | 212 | 3.74±.55[c] | F=26.354 |
| | 26-35 years old (b) | 247 | 3.56±.62[b] | **p<.001** |
| | Age 36 and older (c) | 145 | 3.28±.59[a] | |
| **Marital status** | Married (a) | 232 | 3.48±.62[a] | F=4.456 |
| | Single (b) | 347 | 3.62±.60[b] | **P=.012** |
| | Widow (c) | 25 | 3.39±.58 | |
| **Number of children** [1] | none (a) | 60 | 3.70±.64[b] | F=4.234 |
| | 1 (b) | 57 | 3.32±.65[a] | **p=.006** |
| | 2 (c) | 106 | 3.45±.57[a] | |
| | 3 and more (d) | 34 | 3.38±.58[a] | |
| **Income level**[1] | Low (a) | 80 | 3.35 ±.55[a] | F=7.709 |
| | Moderate (b) | 494 | 3.60±.61[b] | **p<.001** |
| | High (c) | 30 | 3.36 ±.68 | |
| **Years worked**[2] | Less than a year (a) | 93 | 3.68 ±.52[b] | F=3.555 |
| | 1-5 years (b) | 273 | 3.58 ±.61[b] | **p=.014** |
| | 6-10 years (c) | 156 | 3.43 ±.60[a] | |
| | 11 years and more (d) | 82 | 3.57 ±.71 | |
| **Position held**[1] | Nurse (a) | 253 | 3.57±.58[b] | F=6.899 |
| | Doctor (b) | 76 | 3.29±.55[a] | **p<.001** |
| | Midwife (c) | 61 | 3.73±.56[b] | |

| | | | |
|---|---|---|---|
| | Technician, secretary (d) | 214 | 3.59 ±.66[b] |

*SD: Standard Deviation* [1] Bonferroni test applied [2] LSD test applied [3]a<b<c

In the study, hierarchical regression analysis was performed in order to reveal the effects of Depression, Anxiety and Stress levels on the Spiritual Well-Being of the participants (Table 4).

Statistical estimates for Model 1 show that the model is significant and usable (F(1.602)= 44,853, p=0.000). The level of depression explains 6.8% of the total variance of the level of spiritual well-being. In the regression model, when the t test results regarding the significance of the regression coefficient are examined; it was determined that the increase in the depression level of the participants (t = -6.697, p< 0.001)) caused a statistical decrease in the level of "Spiritual Well-Being" (Table 4).

Statistical estimates for Model 2 show that the model is significant and usable (F(2.601)= 26.124, p=0.000). Depression and anxiety levels explain 7.7% of the total variance of Spiritual Well-being. In the regression model, when the t test results regarding the significance of the regression coefficient are examined; It was determined that the increase in the anxiety level of the participants (t= -2.637, p= 0.009) caused a statistical decrease in the level of "Spiritual Well-Being". It was determined that the change in the Depression level did not affect the Spiritual Well-Being level (t=-1.391, p=0.165, R2 change=0.011) (Table 4).

Statistical estimates for Model 3 show that the model is significant and usable (F(3.600)= 20.574, p=0.000). Depression and anxiety levels explain 8.9% of the total variance of Spiritual Well-being. In the regression model, when the t test results regarding the significance of the regression coefficient are examined; It was determined that the increase in the Depression level of the participants (t= -2.691, p= 0.007), and the increase in the Anxiety level (t= -3.617, p= 0.000) caused a statistical decrease in the "Spiritual Well-Being" level. It was determined that the increase in the stress level (t= 2.966, p= 0.003) caused the "Spiritual Well-Being" level to increase statistically (t=-1.391, p=0.165, R2 change=0.013) (Table 4).

**Table 4. Hierarchical Regression Analysis Between SWB Scale and DAS Scale Scores of the Participants**

| **Predictive Variables** | **Spiritual Well-Being Scale (Dependent variable)** | | | | |
|---|---|---|---|---|---|
| | **B** | **SD** | **β** | **t** | **p** |
| **Model 1** | | | | | |
| (Constant) | 111.888 | 1.468 | | 76.241 | **.000** |
| Depression | -.924 | .138 | -.263 | -6.697 | **.000** |
| **Model 2** | | | | | |
| (Constant) | 112.839 | 1.504 | | 75.014 | **.000** |
| Depression. | -.356 | .256 | -.101 | -1.391 | .165 |
| Anxiety | -.694 | .263 | -.192 | -2.637 | **.009** |
| **Model 3** | | | | | |
| (Constant) | 111.085 | 1.607 | | 69.115 | **.000** |
| Depression. | -.788 | .293 | -.225 | -2.691 | **.007** |
| Anxiety | -1.032 | .285 | -.286 | -3.617 | **.000** |
| Stress. | .892 | .301 | .238 | 2.966 | **.003** |
| **R** | Model 1: 0.263 | | Model 2: 0.283 | | Model 3: 0.305 |
| **$R^2$ /Adjusted $R^2$** | Model 1: 0.069 /0.068 | | Model 2: 0.080 /0.077 | | Model 3: 0.093 /0.089 |
| **$R^2$ Change** | Model 1: 0.069 | | Model 2: 0.011 | | Model 3: 0.013 |
| **F** | Model 1: 44.853 | | Model 2: 26.124 | | Model 3: 20.574 |

There are various studies showing that the mental health of healthcare professionals is affected by their work environments or due to the increasing workload during the COVID-19 pandemic.[12,13,15,21] On the other hand, when the literature is examined, although there is study on the sample of nurses[22] in the field of health, no study has been found in which the mixed group is included and its relationship with DAS in particular. In this respect, it is thought that this research will contribute to the literature since it examines SWB and depression, anxiety and stress levels and related factors in healthcare professionals.

In this study, it was found that the participants exhibited moderate SWB (103.25±17.8). SWB is a protective factor against psychological and physiological diseases,[23] which greatly affects people's personal and social lives and has significant effects on increasing treatment success and recovery.[24] At the same time, SWB is expressed as a positive mind framework that leads to healthy behavior.[25] It is stated that the nurse group is the most susceptible group to SWB and spiritual care among healthcare professionals.[26] In studies conducted with the nurse sample, they found that the SWB scores were higher than our sample of healthcare workers, however moderate[25]and relatively high results.[27] In the studies of Şahin and Bülbüloğlu (2022),[28] it was also found that preoperative nurses had good level SWB. Another remarkable result in this study was that nurses, midwives and other personnel has a higher level of SWB than doctors.

In this study, the mean scores of the SWB scale of women were found to be higher than men; those who did not use any substance than those who used substances; those who were 35 years of age or younger than those who were 36 years of age or older; those who had a moderate income level than those with lower income; those who have been working for 5 years or less than those working for 6-10 years ($p<.005$). In the study, there were results consistent with the literature that show difference between women's and men's SWB.[29] This situation is emphasized that it may be caused by emotional expression and cultural differences.[30] In the study, the decrease in SWB as the age increased and the working year increased was found to be similar to the study of Jahandideh et al. (2018).[28] In the study, unlike others,[31,32] it was found that single people had higher SWB than married people and those without children. It is thought that the reason why the study findings differed from other studies might be related to the differences, diversity and cultural structure of the working environment.

In the study, 37.9% of healthcare professionals were found to be in severe or extremely severe depression. According to the results of a study conducted by Naldan et al. (2019)[33] on healthcare personnel, depression levels were found to be significantly higher. According to an integrative review of the scientific literature and a review study conducted with 25 articles during Covid-19, the depression levels of healthcare professionals were found to be significantly higher.[34] As a result of quantitative research in Europe and America, moderate and high levels of depression were observed in healthcare professionals.[35] In the results of a meta-analysis study conducted with 8 articles, it was found that healthcare professionals struggling with Covid-19 were more severely affected by psychiatric disorders such as depression than other occupational groups.[36] Our research is in line with the literature and in line with these results, it is thought that the depression rates of healthcare professionals were high as a result of both the general workload and the working conditions they were exposed to such as mental pressure, irregular work program and long shifts during the pandemic process.

In our study, anxiety levels of healthcare professionals were found to be very advanced at a rate of 44.2%. It was found that healthcare professionals working in patients affected by Covid-19 in Wuhan, China were at a statistically high risk in terms of anxiety and an associated psychiatric symptom.[37] Considering the results of various studies conducted in various countries, it is seen that the anxiety levels of healthcare professionals

are above normal.[36,37] Our research is in parallel with the literature. It is thought that the high anxiety levels of healthcare professionals may be due to factors such as fear of contracting the disease and transmitting it to their relatives, isolation or social stigma, high levels of stress in the workplace or insecure attachment patterns due to the ongoing pandemic process at the time the data were collected.

In our research results, the stress levels of healthcare professionals were found to be mild, moderate, severe and extremely severe with 67.8% and 28% at severe and extremely severe stress levels. As a result of a study conducted by Can and Avçin (2021)[38] on stress in Turkish healthcare professionals, it was found that individuals under the age of 30 had high stress levelds. According to the results of a study on stress and stress management in healthcare professionals, it was found that healthcare professionals generally experienced above-average stress.[39] According to the results of another study, the stress level of healthcare professionals during the COVID-19 pandemic was found to be 73.4%.[13] It is seen in large-scale meta-analysis studies that healthcare professionals are under more stress during the pandemic than other occupational groups.[37] The results of a study conducted with 2076 healthcare professionals showed that the main cause of anxiety or stress in healthcare professionals was due to the fear of transmitting the Covid-19 virus to their families.[40] Our study is in line with the literature. It is thought that the stress levels of healthcare professionals caused by the ongoing pandemic process were significantly higher both in terms of occupational workload stress and the dates on which the data of the study were collected.

A weak negative relationship was found between participants' SWB Scale total score and depression ($r=-.263$; $p<.001$) and anxiety ($r=-.278$; $p<.001$) and stress ($r=-.189$; $p<.001$). At the same time, it was found that depression, anxiety and stress scores significantly predicted the SWB scores of the participants and explained 8.9% of the variance in DAS levels. SWB has a negative effect on anxiety and depression of individuals. High SWB has been associated with low anxiety and depression.[31] In other words, in the literature, low SWB is a risk factor for anxiety and depression.[35]

## CONCLUSION and RECOMMENDATIONS

In this study, it was found that the healthcare professionals exhibited moderate SWB, 37.9% experienced severe or extremely severe depression, 44.2% experienced extremely severe anxiety, and only 32.3% experienced normal stress. The participants' gender, substance use status, age, being a child, income level, working year and occupation and spiritual well-being differed significantly ($p<.005$). It was determined that the negative weak relationship found between healthcare professionals' SWB and depression and anxiety and the very weak relationship found between SWB and stress, and SWB levels explained 8.9% of the variance in depression, anxiety and stress levels. As a result of the research, it is recommended to plan trainings on SWB including men, substance users, people aged 36 and over, married people and with children, low-income people and doctors, and to present practices to individuals including stress management, and that will reduce anxiety and depressive effects of healthcare professionals. It is thought that evidence-based studies should be made with larger-scale and experimental studies.

Based on the findings, the study suggests several recommendations:

- Implementing SWB training programs tailored to specific demographics, including men, substance users, older individuals, married individuals with children, low-income individuals, and doctors.
- Providing stress management practices and interventions to alleviate the anxiety and depressive effects experienced by healthcare professionals.
- Advocating for evidence-based studies on a larger scale and

implementing experimental studies to further understand and address mental health challenges among healthcare professionals.

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