Araştırma Makalesi – Original Article

Spirituality in Care: Evaluating Midwifery Students' Perceptions of Spiritual Support and Their Behavior in Providing Care in Line with a Spiritual Approach*

Bakımda Maneviyat: Ebelik Öğrencilerinin Manevi Destek Algılarının ve Spritüel Yaklaşım Doğrultusunda Bakım Verme Davranışlarının Değerlendirilmesi

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ABSTRACT

Objective: The aim of the study is to evaluate midwifery students' perceptions of spiritual support and their caregiving behaviors according to the spiritual approach.

Method: Our study is of descriptive type and was conducted between April 2024 and July 2024. 316 students who met the inclusion criteria and were students of Mersin University Midwifery Department participated in the study. Data were collected using the Informed Consent Form, Data Collection Form, Spiritual Support Perception Scale for Physicians, Midwives, and Nurses, and the Spiritual Care Competence Scale. Data were evaluated using licensed analysis software.

Results: 57.9% of the students who participated in the study reported that they had heard of the concept of spiritual care. When asked what the concept of spiritual care meant to them, 57.4% identified it as "health belief", 7% "life after death" and 21.5% as "responsibility towards others". 94.2% of the students stated that they had not received training on spiritual care/spiritual midwifery before and 90.2% emphasized that spiritual care is a part of holistic care. The students' mean score on the Spiritual Support Perception Scale was 45.76±15.82 and was evaluated as "High". However, their mean score on the Spiritual Care Competence Scale was 3.32±0.93 and was determined as "Not Competent".

Conclusion: The findings show that although students' perception of spiritual support is high, they are not sufficient in providing spiritual care. İt is recommended that topics that include moral support and spiritual approaches be added to the curriculum and that application evaluation parameters be adjusted accordingly.

Keywords: Care, Midwifery, Spiritual Care, Spiritual Support, Student

öz

Amaç: Çalışmanın amacı, ebelik öğrencilerinin manevi destek algılarını ve manevi yaklaşıma göre bakım verme davranışlarını değerlendirmektir.

Yöntem: Çalışmamız tanımlayıcı tipte olup, Nisan 2024 ile Temmuz 2024 arasında gerçekleştirildi. Dahil etme kriterlerini karşılayan ve Mersin Üniversitesi Ebelik Bölümü öğrencisi olan 316 kişi çalışmaya katıldı. Veriler, Bilgilendirilmiş Onam Formu, Veri Toplama Formu, Hekimler, Ebeler ve Hemşireler için Manevi Destek Algısı Ölçeği ve Manevi Bakım Yeterlilik Ölçeği kullanılarak toplandı. Veriler, lisanslı analiz programı kullanılarak değerlendirildi.

Bulgular: Çalışmaya katılan öğrencilerin %57,9'u manevi bakım kavramını duyduğunu bildirdi. Manevi bakım kavramının onlar için ne anlama geldiği sorulduğunda, %57,4'ü bunu "sağlık inancı", %7'si "ölümden sonra yaşam" ve %21,5'i "başkalarına karşı sorumluluk" olarak tanımladı. Öğrencilerin %94,2'si daha önce manevi bakım/manevi ebelik konusunda eğitim almadıklarını belirtmiş ve %90,2'si manevi bakımın bütünsel bakımın bir parçası olduğunu vurgulamıştır. Öğrencilerin Manevi Destek Algısı Ölçeği'ndeki ortalama puanları 45,76±15,82 olup "Yüksek" olarak değerlendirilmiştir. Ancak Manevi Bakım Yeterlilik Ölçeği'ndeki ortalama puanları 3,32±0,93 olup "Yeterli Değil" olarak belirlenmiştir.

Sonuç: Bulgular, öğrencilerin manevi destek algılarının yüksek olmasına rağmen manevi bakım sağlamada yeterli olmadıklarını göstermektedir. Manevi destek ve spiritüel yaklaşım içeren konuların müfredata eklenmesi ve uygulama değerlendirme parametrelerinin bu doğrultuda düzenlenmesi önerilmektedir.

Anahtar kelimeler: Bakım, Ebelik, Manevi Bakım, Manevi Destek, Öğrenci

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Introduction

Spirituality can be defined as an individual's effort to organize relationships and make sense of life in the light of concepts such as death, right, wrong, and sin throughout her life. The core of spirituality is shaped by the elements that an individual values.[1, 2] The concept of spirituality plays a significant role in understanding and maintaining health, managing illness, and enhancing the quality of life.[3, 4] It is crucial for all professionals involved in caregiving to understand the concept of spirituality and to relate it to spiritual care.

Although spiritual care and spirituality-based practices have been inseparable parts of the midwifery profession since its inception, they have become overshadowed by scientific advancements and newly developed technological practices. To improve the quality of care and provide personalized care, it is essential to address spirituality and spiritual care. Spirituality is a profound and personal dimension that an individual experiences and interprets internally, aligning closely with spiritual care.[5-8]

Midwives are professional practitioners who provide physical and emotional support throughout all phases of a woman's life, including the preconception period, childbirth, and postpartum stages. Providing spiritual care plays a significant role in many aspects of care and treatment services. In particular, spiritual care during childbirth is a critical need that addresses the mental health and spiritual needs of the expectant mother. Birth is more than just a physical event; it is a situation filled with emotional and spiritual experiences for both the expectant mother and her family.[5-8] Spiritual care addresses the emotional and spiritual dimensions of this process, meeting women's emotional needs, offering support, and viewing childbirth as an experience related to mental health. This care can help women and expectant mothers build confidence, feel stronger, cope with fears, and experience their life's pivotal moments, including preparation for childbirth and the birthing process, in a more positive way. Additionally, it helps prepare the family for the postpartum period. Providing spiritual support is crucial in helping them cope with the transition to parenthood, managing the new dynamics within the family, and caring for a newborn. Midwives empathize with the expectant mother, strive to understand her emotional needs, and provide appropriate support.[5-8]

There are various practices that can be implemented to provide spiritual support to women throughout their life stages and during the prenatal, childbirth, and postnatal periods. These practices include meditation, breathing exercises, praying, guidance, focusing on emotional needs related to beliefs, values, and the birthing process, and promoting positive thinking.[5-8]

It is expected that midwives, while still in professional training, will develop awareness of the spiritual needs of expectant mothers and all women and provide appropriate support to meet these needs. In line with this objective, this study aims to evaluate midwifery students' perceptions of spiritual support and their behavior in providing care according to a spiritual approach.

Materials and Methods

Population and sample of the study

The study was conducted in the Midwifery Department of University, where a total of 362 students were actively enrolled. The study took place between April 10, 2024, and July 10, 2024. A statistical software package was used to determine the required sample size. Assuming a correlation coefficient of r=0.1 between the total scores of the two scales, a 5% margin of error, and a study power of 95%, the required sample size was calculated as 138 participants. Considering a potential 20% data loss, the target was set to reach 166 participants. However, 316 midwifery students who met the inclusion criteria participated in the study. The study included all midwifery students who could speak and understand Turkish and voluntarily agreed to participate.

Data collection tools

Data were collected using the Informed Consent Form, Data Collection Form, Spiritual Support Perception Scale for Physicians, Midwives, and Nurses, and the Spiritual Care Competence Scale.

Informed Consent Form: This form was prepared by the researcher for administration to the students.

Data Collection Form: Developed by the researchers based on the literature, this form consists of 18 questions aimed at gathering information on the students' sociodemographic data, perceptions of spiritual care, and spiritual support.[1,6]

Spiritual Support Perception Scale (SSPS): The SSPS was developed by Kavas & Kavas in 2014 and consists of 15 items. It is a five-point Likert scale, with response options ranging from strongly disagree (0) to strongly agree (4). The reliability coefficient (Cronbach's Alpha) of the scale was found to be 0.963, and the correlation coefficient was 0.947. The maximum score that can be obtained from the scale is 60. The total score is determined by summing the participants' responses to the items. Higher average scores on the scale indicate a more positive perception of spirituality and spiritual care, as well as a higher perception of spiritual support. The scores on the SSPS are evaluated as follows: 0-20 points as "low," 21-40 points as "moderate," and 41-60 points as "high." The scale does not have a cut-off point.[9] İn our study, Cronbach's Alpha value of the scale was found to be 0,990.

Spiritual Care Competence Scale (SCCS): The scale was validated for content and equivalence in language. In the exploratory factor analysis (EFA), the KMO coefficient was found to be 0.88, and the Bartlett test result was highly significant. The scale consists of 27 items and 6 sub-dimensions: 1. Assessment and Implementation of Spiritual Care (items 1, 2, 3, 4, 5, 6), 2. Professionalization and Enhancement of Spiritual Care Quality (items 7, 8, 9, 10, 11, 12), 3. Personal Support and Patient Counseling (items 13, 14, 15, 16, 17, 18), 4. Referral to Professionals (items 19, 20, 21), 5. Attitudes Toward Patient Spirituality (items 22, 23, 24, 25), and 6. Communication (items 26, 27). The scale is also a five-point Likert scale, with each item scored from 1 to 5, ranging from "strongly disagree" (1) to "strongly agree" (5). The total score for the scale is calculated by dividing the total score by the number of items (27). Based on the total score average, the results are interpreted as follows: an average score below 3.5 indicates "not competent," between 3.5-4.0 indicates "competent," and above 4.0 indicates "highly competent".[10] İn our study, Cronbach's Alpha value of the scale was found to be 0,979.

Ethical Approval: Ethical approved by Mersin University Clinical Research Ethics Committee, on 03/04/2024, (Approval No. 2024/342).

Implementation of the research study

The researchers contacted the class representatives of the midwifery department and requested that they share a link containing the Informed Consent Form, Data Collection Form, Spiritual Support Perception Scale for Physicians, Midwives, and Nurses, and the Spiritual Care Competence Scale in their class groups via social media. The data were collected through social media using this link.

Results

The average age of the students was 21.27±2.35 years ***(Table 1)***.

Table 1. Sociodemographic Data of The Students

Sociodemographic data		**Mean±SD**	**Min-Max**
		21.27±2.35	18-40
Age		**n**	**%**
	1st grade	84	26.6
	2nd grade	87	27.5
	3rd grade	67	21.2
Grade	4th grade	78	24.7
Marital status	Single	308	97.5
	Married	8	2.5
Family status	Nuclear Family	265	83.9
	Extended Family	41	13.0
	Divorced	10	3.1

Of the students, 57.9% reported being familiar with the concept of spiritual care. When asked what the concept of spiritual care meant to them, 57.4% identified it as "health belief," 21.5% as "responsibility towards others," 7.6% as "belief in illness," 7% as "life after death," 2.5% as "spirituality in care," 1.9% as "psychological spirituality," 0.9% as "sin," 0.9% as "religion," and 0.3% as "death." Additionally, 94.2% of the students indicated that they had not received any prior education on spiritual care/spiritual midwifery, 76.6% expressed a desire to receive such education, 90.5% believed that courses including spiritual care practices should be part of the curriculum, and 90.2% considered spiritual care to be a part of holistic care ***(Table 2).***

Table 2. Students' Knowledge Levels on Spiritual Support and Spiritual Approach

Data on spiritual support and spiritual approach		**n**	**%**
Have you heard of the concept of spiritual care?	Yes	183	57.9
	No	133	42.1
What does the concept of spiritual care mean to you?	Health belief	181	57.4
	Illness belief	24	7.6
	Death	1	0.3
	Sin	3	0.9
	Life after death	22	7.0
	Responsibility towards others	68	21.5
	Religion	3	0.9
	Spirituality in care	8	2.5
	Psychological spirituality	6	1.9
Have you previously received training related to spiritual care/spiritual midwifery?	Yes	18	5.8
	No	298	94.2
Would you like to receive training?	Yes	242	76.6
	No	56	17.6
Should courses that include spiritual care practices be part of the curriculum?	Yes	286	90.5
	No	30	9.5
Is spiritual care a necessary practice?	Yes	284	89.9
	No	32	10.1
Would you like to teach women how to provide spiritual care?	Yes	272	86.1
	No	44	13.9
Have you ever provided a practice related to spiritual care for women?	Yes	56	17.7
	No	260	82.3
Which care practice did you perform?	I simply listened and encouraged self-expression	25	7.9
	I encouraged them to recall the spiritual practices they turned to during difficult experiences in the past	10	3.2
	I assisted the woman in performing her religious rituals	5	1.6
	I supported the woman in recognizing and incorporating her spiritual beliefs into the decision-making process related to her healthcare	7	2.2
	I encouraged the woman to recognize positive aspects related to her health issues	5	1.6

	I encouraged the expression of hope and a sense of peace	2	0.6
	I created an environment conducive to using spiritual resources whenever desired	2	0.6
Is spiritual care a part of holistic care?	Yes	285	90.2
	No	31	9.8
Do midwifery care practices incorporate spirituality?	Yes	262	82.9
	No	54	17.1
Does the midwife's perception of their own spiritual support influence their ability to identify and provide for the patient's spiritual care needs?	Yes	289	91.5
	No	27	8.5
Do you believe that you adequately meet the spiritual care needs of the individuals you care for?	Yes	58	18.4
	No	258	81.6
Reasons for the insufficient provision of individuals' spiritual care	I believe the care is sufficient.	56	17.7
	Time constraint	33	10.4
	Workload	41	13.0
	Staff shortage	7	2.3
	Lack of knowledge	179	56.6

The average score on the Spiritual Support Perception Scale (SSPS) was 45.76±15.82, which was evaluated as "High." The average score on the Spiritual Care Competence Scale (SCCS) was 3.32±0.93, indicating "Not Competent." When the six sub-dimensions of the SCCS were evaluated in detail, only the "Attitude Towards Patient Spirituality" and "Communication" dimensions were found to be "Competent" ***(Table 3).***

Table 3. Evaluation of SSPS and SCCS

Scales	Mean±SD	Median [Quartile]	Min-Max	Cronbach's Alpha
SSPS	45.76±15.82	47 [44-58]	0-60	0.990
SCCS	3.32±0.93	3.59 [3-3.93]	1-5	0.979
Assessment and implementation of spiritual care	3.25±0.99	3.5 [2.71-4]	1-5	0.942
Professionalization and enhancing the quality of spiritual care	3.05±0.99	3.17 [2.33-3.83]	1-5	0.945
Personal support and patient counseling	3.32±1.03	3.5 [2.87-4]	1-5	0.951
Referral to professionals	3.23±0.99	3.33 [3-4]	1-5	0.902
Attitude towards the patient's spirituality	3.73±1.2	4 [3-4.75]	1-5	0.967
Communication	3.66±1.19	4 [3-4.5]	1-5	0.934

A significant relationship was found between the Spiritual Support Perception Scale and the Spiritual Care Competence Scale. Students with higher perceptions of spiritual support were found to be more competent in providing spiritual care ***(Table 4).***

To determine the factors influencing Spiritual Care Competence, a Multiple Linear Regression model was developed. Variables such as age, class, SSPS score, previous education on spiritual care/spiritual midwifery, previous experience in providing spiritual care to women, belief that spiritual care is part of holistic care, and the expression that midwifery care practices include spirituality were included in the model. The final model, after backward elimination, is presented in Table 5. Among the independent variables in the model, the SSPS had the strongest influence with a Beta value of 0.55, and this effect was statistically significant ($p < 0.001$). Previous experience in providing spiritual care to women also had a positive effect on spiritual care competence (Beta = 0.10, $p = 0.031$). Additionally, accepting the statement "Spiritual care is part of holistic care" had a significant positive effect (Beta = 0.12, $p = 0.008$). However, being a third-year student showed a negative effect on SCCS (Beta = -0.12, $p = 0.010$), indicating lower spiritual care competence. The variables in the model explained 36.5% of the variance in SCCS, and the model was statistically significant ($p < 0.001$) ***(Table 5).***

Table 4. Assessment of The Relationship Between SSPS and SCCS

Scales		Assessment and implementation of spiritual care	Professionalization and enhancing the quality of spiritual care	Personal support and patient counseling	Referral to professionals	Attitude towards the patient's spirituality	Communication	SCCS
SSPS	**r**	0.330	0.280	0.428	0.326	0.574	0.543	0.435
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.001**

p: Spearman's Rho Correlation

Table 5. Factors Affecting Spiritual Care Competence

	Unstandardized Coefficients		Standardized Coefficients	95.0% Confidence Interval for B		t	p
	B	Std. Error	Beta	Lower Bound	Upper Bound		
(Constant)	1.53	0.17		1.19	1.87	8.92	<0.001
SSPS	0.03	0.00	0.55	0.03	0.04	11.99	<0.001
Performing a practice related to spiritual care for women in the past	0.24	0.11	0.10	0.02	0.45	2.16	0.031
Spiritual care is a part of holistic care	0.38	0.14	0.12	0.10	0.66	2.66	0.008
3rd Grade	-0.26	0.10	-0.12	-0.46	-0.06	-2.58	0.010
Dependent Variable: SCCS; R^2: 0.365; F:46.263; p<0.001							

p:Multiple Linear Regression

Discussion

Holistic care focuses on addressing both psychological and physiological needs. In this context, healthcare professionals are expected to be competent in both physiological and psychological care. In a study by Mooley and Gair, it was emphasized that the care provided by midwives, which elevates the spiritual well-being of women and meets their needs, offers a life experience that fosters confident motherhood. The sacred nature of the childbirth process deeply impacts the mother's spirit. Therefore, it is highlighted that midwives' who lack empathy, show unkind behavior, and are insensitive to the needs of women can traumatize mothers and make them feel powerless. It is also noted that a mother's mental distress may persist for a long time due to the midwives' attitudes after childbirth.[11]

In our study, 57.9% of the students reported being familiar with the concept of spiritual care. When asked what the concept of spiritual care meant to them, the students provided definitions such as "health belief" (57.4%), "responsibility towards others" (21.5%), "belief in illness" (7.6%), "life after death" (7%), among others. In a related study, nurses reported encountering the concept of spiritual care in daily life but lacked sufficient knowledge about it. They categorized spiritual care into subgroups such as psychological support, emotional support, and religious support.[12] In our study, 94.2% of the students stated that they had not received any prior education on spiritual care/spiritual midwifery, 76.6% expressed a desire for such education, and 90.5% believed that courses including spiritual care practices should be part of the curriculum (Table 2). In a study by Mermer et al., 93.4% of the students believed that spiritual care was necessary, 20.3% reported having received information on spiritual care, and one-third of these students had obtained this knowledge from undergraduate courses. Additionally, 69% of the students emphasized the significant role of spiritual care in midwifery practice. The study found that the students who had practiced spiritual care during their midwifery education and those who had heard about and received information on spiritual care had higher SSCRS scores.[13] Another study highlighted the positive attitudes of nursing students towards spirituality and the provision of spiritual care.[14] In their study, Kostak and Çelikalp found that only 28.8% of nurses and midwives had received education on spirituality and spiritual care during their training, and only 46.5% provided spiritual care to patients.[15]

In our study, the students emphasized the necessity of spiritual care (89.9%) and its role as part of holistic care (90.2%). They also highlighted that midwives' perceptions of spiritual support would influence their ability to identify patients' spiritual care needs and provide care accordingly (91.5%) and that they felt inadequate in meeting the spiritual care needs of the individuals they cared for (Table 2). The average score on the Spiritual Support Perception Scale (SSPS) was 45.76±15.82, which was evaluated as "High." The findings of other studies support our results. In a study by Cangöl et al., the total SSCRS score of the students was 3.87 ± 0.49, and 77% of the students had a high perception of spirituality and spiritual care.[16] In another study, the average score on the Moral Support Perception Scale was found to be 48.43 ± 6.29.

In our study, the average score on the Spiritual Care Competence Scale (SCCS) was 3.32±0.93, indicating "Not Competent." When the six sub-dimensions of the SCCS were evaluated in detail, only the "Attitude Towards Patient Spirituality" and "Communication" dimensions were found to be "Competent" (Table 3). A significant relationship was found between the Spiritual Support Perception Scale and the Spiritual Care Competence Scale. Students with higher perceptions of spiritual support were found to be more competent in providing spiritual care (Table 4). Ross et al. reported that students who perceived themselves as competent in providing spiritual care had higher average spiritual care perception scores. Additionally, students who were competent in spiritual care/spiritual education were noted to have a broader perspective.[8]

In our study, it was found that engaging in spiritual care practices and considering spiritual care as part of holistic care had a positive impact on spiritual care competence (Table 5). Many studies emphasize that spiritual practices, as part of holistic care, positively contribute to the healing process and quality of life of individuals

receiving care.[17-21]

Conclusion

In providing holistic care, it is essential to address the individual's needs through both physiological and psychological evaluations. The necessity of holistic care for protecting and promoting women's health, reducing complications, facilitating early discharge, contributing to the national economy, and fostering a healthy society is an indisputable fact. In this context, it is crucial for midwives to be knowledgeable about and provide care related to concepts such as spirituality, spiritual support, and spiritual care.

Our study found that even the students with a high perception of spiritual support were not competent in providing spiritual care. To ensure that students become competent in care, it is necessary to integrate spiritual care into the curriculum, provide opportunities for students to practice care and counseling in this area, and enable them to work with role model instructors who offer spiritual support and spiritual care in clinical settings. Furthermore, to update and enrich the existing body of scientific knowledge, there is a need for more research in this area.

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Ethical Approval

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Author Contributions

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Asena Ayça Özdemir: Analyses and interpretation, writing-review, editing.

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References

1. Arslan H, Konuk Şener D. Studying the concepts of stigma, spirituality and comfort ın accordance with meleis' concept development process. Maltepe University Journal of Nursing Science and Art 2009;2(1):51-58. https://www.academia.edu/34063693/Stigma_Spirit%C3%BCalite_Ve_Konfor_Kavramlar%C4%B1n%C4%B1n_Meleis_in_Kavram_Geli%C5%9Ftirme_S%C3%BCrecine_G%C3%B6re_%C4%B0rdelenmesi

2. Gilliat-Ray S. Nursing, professionalism, and spirituality. Journal of Contemporary Religion 2010;18(3):335–349. https://doi.org/10.1080/1353790031000160169 5

3. Coyle J. Spirituality and health: towards a framework for exploring the relationship between sprituality and health. J Adv Nurs 2002; 37(6): 589-97. https://doi.org/10.1046/j.1365-2648.2002.02133.x

4.Wong KF, Lee LYK, Lee JKL. Hong Kong enrolled nurses' perceptions of spirituality and spiritual sare. Int Nurs Rev 2008; 55: 333–340. https://doi.org/10.1111/j.1466-7657.2008.00619.x

5. Pembroke NF, Pembroke JJ. The spirituality of presence in midwifery care. Midwifery 2008;24(3):321-327. https://doi.org/10.1016/j.midw.2006.10.004

6. Crowther S, Hall J. Spirituality and spiritual care in and around childbirth. Women and Birth 2015;28(2):173-178. https://doi.org/10.1016/j.wombi.2015.01.001

7. Hall J. Spirituality and midwifery. Spirituality across Disciplines: Research and Practice 2016;217-228. https://doi.org/10.1007/978-3-319-31380-1_17
8. Ross L, et al. Factors contributing to student nurses'/midwives' perceived competency in spiritual care. Nurse Education Toda 2016; 36: 445-451. https://doi.org/10.1016/j.nedt.2015.10.005
9. Kavas E, Kavas N. Spırıtual support perceptıon (MDA) scale: development, valıdıty and relıabılıty. Turkısh Studies-International Periodical For The Languages, Literature and History of Turkish or Turkic 2014;9/2:905-915. http://dx.doi.org/10.7827/TurkishStudies.6161
10. Kabakçı EN. Examination of spiritual care competence in midwives. Eskişehir Osmangazi University Health Sciences Institute Midwifery Department, Master Thesis 2019.
11. Moloney S, Gair S. Empathy and spiritual care in midwifery practice: Contributing to women's enhanced birth experiences. Women and Birth 2015;28(4):323-328. https://doi.org/10.1016/j.wombi.2015.04.009
12. Dural G. Spiritual care experiences of nurses working in intensive care units: A qualitative study. Nursing in Critical Care 2024; 29(3):545-554. https://doi.org/10.1111/nicc.12975
13. Mermer G, Demirelöz Akyüz M, Ozturk Can H. Midwifery students' perceptions of spirituality and spiritual care: An example from Western Turkey. Journal of Religion and Health 2019;58 666-676. https://doi.org/10.1007/S10943-018-0685-0
14. Al Qadire M, et al. Perceptions of spirituality and predictors of competence in spiritual care among nursing students in five middle eastern countries: A cross-sectional survey. Nurse Education Today 2024; 140: 106249. https://doi.org/10.1016/j.nedt.2024.106249
15. Kostak MA, Celikkalp U. Nurses and midwives opinions about spirituality and spiritual care. International Journal of Caring Sciences 2016;9(3): https://research.ebsco.com/c/ylm4lv/viewer/pdf/kdw2lddtfj
16. Cangöl E, Sögüt SC, Garip S. The relationship between the sense of professional belonging and perceptions of spirituality and spiritual care among turkish midwifery students. Journal of Religion and Health 2024;63(3):1818-1829. https://doi.org/10.1007/s10943-023-01978-2
17. Atashzadeh-Shoorideh F, Zakaryaee NS, Fani M. The barriers and facilitators in providing spiritual care for parents who have children suffering from cancer. Journal of Family Medicine and Primary Care 2018;7(6):1319-1326. https://doi.org/10.4103/jfmpc.jfmpc_76_18
18. Imeni M, et al. The effect of spiritual care on the body image of patients undergoing amputation due to type 2 diabetes: a randomized clinical trial. Iranian Journal of Nursing And Midwifery Research 2018;23(4):322-326. https://doi.org/10.4103/ijnmr.IJNMR_113_15
19. Kamali Z, et al. Effect of spiritual care education on postpartum stress disorder in women with preeclampsia. J Edu Health Promot 2018;7:73. https://doi.org/10.4103/jehp.jehp_170_17
20. Karaca T, Altınbaş Y. Perception of spiritual care support and spiritual care adequacy of nursing students in Turkey: a quasi-experimental study. Journal of Religion and Health 2024;63(3):1775-1785. https://doi.org/10.1007/s10943-023-01931-3
21. Erişen M, Karaca Sivrikaya S. Spiritual care and nursing. GÜSBD 2017;6(3):184-190. https://dergipark.org.tr/tr/download/article-file/386011