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Araştırma Makalesi/Research Article

The Relationship Between Religious Attitudes and Spiritual Support Perceptions of Nurses Working in Surgical Clinics

Cerrahi Kliniklerinde Çalışan Hemşirelerin Dini Tutumları ile Manevi Destek Algıları Arasındaki İlişki

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ABSTRACT
Objective: The aim of this study is to examine the relationship between the religious attitudes of nurses working in surgical clinics and their spiritual support perceptions.
Method: This descriptive and cross-sectional study was conducted between November 2022 and March 2023 with 304 nurses working in the surgical clinics of a training and research hospital and a public hospital. Data were collected using the nurse introductory characteristics form, religious attitude scale and spiritual support perception scale.
Results: The religious attitude scale score of the nurses working in the surgical units was determined as 20.52±12.70 and the spiritual support perception scale score was 39.64±14.52. It was determined that there was a positive, moderately significant relationship between religious attitude and perception of spiritual support. (p<.01), (r=.68).
Conclusion: Religious attitude and perception of moral support among nurses working in surgical clinics affect each other and is an important issue that should not be ignored. It is recommended that more scientific studies be conducted to increase awareness of these issues.
Keywords: Surgical procedures, nurse clinicians, religion, spirituality.

ÖZ
Amaç: Bu araştırma, cerrahi kliniklerinde çalışan hemşirelerin dini tutumları ile manevi destek algıları arasındaki ilişkiyi belirlemek amacıyla yapılmıştır.
Yöntem: Tanımlayıcı ve kesitsel tipte olan bu çalışma, Kasım 2022-Mart 2023 tarihleri arasında bir eğitim ve araştırma hastanesi ile bir kamu hastanesinin cerrahi kliniklerinde çalışan 304 hemşire ile gerçekleştirilmiştir. Araştırmanın verileri hemşire tanıtıcı özellikler formu, dini tutum ölçeği ve manevi destek algısı ölçeği kullanılarak toplanmıştır.
Bulgular: Cerrahi ünitelerde çalışan hemşirelerin dini tutum ölçeği puanı 20.52±12.70, manevi destek algı ölçeği puanı ise 39.64±14.52 olarak belirlenmiştir. Dini tutum ile manevi destek algısı arasında pozitif yönde orta düzeyde anlamlı bir ilişki olduğu tespit edilmiştir. (p<.01)(r=.68)
Sonuç: Cerrahi kliniklerde çalışan hemşirelerde dini tutum ile manevi destek algısı birbirini etkilemekte olup gözardı edilmemesi gereken önemli bir konudur. Bu konulara ilişkin farkındalığı arttırmak için daha fazla bilimsel çalışma yapılması önerilmektedir.
Anahtar kelimeler: Cerrahi prosedürler, hemşire, din, maneviyat.

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Introduction

The institutions where health, treatment, care, and rehabilitation services are provided and the qualifications of health professionals providing these services are among the priority issues needed in terms of human health. Health services are services provided by public or private organizations for the protection, diagnosis, treatment, and care of individuals' health. In the execution of these services, different professional groups take on administrative and professional roles and work in coordination (Genç & Durğun, 2018). Among these professional groups, nurses, who spend the most time with the patient and take care of them, have a significant role in the provision of health care services. This care requires that not only the physical but also the psychological and many other aspects of the individual be handled holistically (Yelboğa & Işık, 2022).

The most comprehensive approach to the provision of health care services is a holistic approach. In this approach, the human being is considered as a whole with physical, mental, emotional, socio-cultural, and spiritual dimensions (Kavas, 2015). Although spiritual care has always existed in the history of nursing in the form of religiosity, it has been neglected in the provision of health care services. However, since the 1980s, the spiritual dimension of nursing services has become a priority area that attracts the attention of both theorists and practitioners (Macit & Karaman, 2019). According to the statements of the International Council of Nurses and the American Nurses Association, spiritual health needs are as important as the physical organs that make up the body (Macit & Karaman, 2019). The 1981 Lisbon Declaration of the World Medical Association states that "the patient has the right to accept or reject spiritual and spiritual consolation, including the assistance of an appropriate religious representative." In addition, in the 1994 Amsterdam Declaration of the World Medical Association, the importance of the right to spiritual care is emphasized by stating that "everyone has the right to have their own cultural and moral values, religious and philosophical beliefs, and to demand respect for them." (Kavas, 2015).

Religious attitude is the way of consistently directing one's feelings, knowledge, thoughts, and behaviors related to religion (Peker, 1993). A person's knowledge and beliefs about religion, his/her interest in the commandments and prohibitions of religion, and fulfilling the requirements of the religion he/she believes in, defending what he/she believes in, the importance he/she attaches to religious activities, and the coincidence of his/her behaviors with religion and religion constitute his/her religious attitude. The feelings, thoughts, and behavioral tendencies aroused by the concept of religion in the person form a harmonious and continuous whole over time (Genç & Durğun, 2018). Therefore, religious attitudes are effective on individuals' tendencies in their social and professional lives.

Religion and spirituality are seen as especially beneficial among older people, both in terms of giving meaning to death and giving hope at the end of life. Religion and spirituality have also been found to be effective in overcoming disability, illness, and negative life events (Hill vd., 2013).

Spiritual support has ceased to be a service offered only to patients close to death and has become a service that covers every patient, the patient's relatives, and health personnel. Spiritual support has positive returns for both the giver and the receiver. However, most health personnel may ignore the spiritual aspect of the sick individual. It is often thought that the spiritual aspect is the responsibility of religious officials, psychologists, or nurses (Gülpembe vd., 2021). In the nursing literature, the term spirituality is defined as a search for meaning, commitment to a religion, balancing energy, and basic trust. It recognizes the spiritual aspect of nursing care and defines that providing spiritual care is the duty of all nurses (Kavak vd., 2014).

It has been stated that to recognize the spiritual needs of others, nurses must first discover their own spirituality. It has been observed that nurses' individual mindsets, perspectives on life, perceptions of spiritual care, and spiritual needs affect the quality of spiritual care they will provide (Tambağ vd., 2015). Nurse researchers have pointed out that spiritual care has not yet been given due attention in their field in Turkey, and the reason for this is the insufficiency of nurses' awareness of the subject and research in this field (Ergül Ş, 2004; Yılmaz M, 2009).

The surgical process has psychological effects as well as physiological effects. These effects reveal the need for care that includes a holistic approach for the individual. Perception of spiritual support, religious beliefs and values are important elements of this holistic approach and there are not enough studies on nursing care in the literature. For this reason, the research results will contribute to a care

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environment that includes a holistic approach with more effective standards in nursing care.

In light of the data collected and the findings obtained, answers to the following questions have been sought for in this study:

1. Is there a relationship between the religious attitude scale and moral support perceptions of nurses according to their demographic characteristics?

2. Is there a relationship between nurses' perceptions of religious attitude and spiritual support?

This research is carried out to determine the relationship between the religious attitudes of nurses working in surgical clinics and their spiritual support perceptions.

Methods

Study participants

The population of this descriptive and cross-sectional study consisted of 354 nurses working in the surgical clinics of a training and research hospital and a state hospital. The study sample was not selected and consisted of 304 nurses in these clinics who agreed to participate between November 2022 and March 2023. At the end of the study, using the G*Power software version 3.1, with the effect size of 0.44 and p = 0.05, and with a sample size of 304, Student's t-test (marital status) revealed that the power of the study was 0.98. These values indicate that the sample volume is sufficient. Agreeing to participate in the research, having at least 6 months of professional experience, nurses who could communicate verbally and answered the data collection form completely were included in the study.

Data collection tools

Nurse Descriptive Characteristics Form: It comprises of 11 questions that probe the nurses' descriptory traits, including age, gender, marital status, educational attainment, income level, and clinic they work in.

Religious Attitude Scale: The Religious Attitude Scale was developed to measure the level of religiosity of college students. The elements of knowledge, emotion, and behavior emphasized by social psychology were considered in the elaboration of the scale. The scale consists of four sub-dimensions: "cognitive dimension", "behavioral dimension", "emotional dimension" and "relational dimension". The cognitive dimension measures individuals' gauges how much a person participates in a religion's distinctive religious practices, while the cognitive dimension gauges their overall attitudes regarding religion. Because the item being tested is the subject of religion, the relationship with "God," one of the primary sources of belief, is measured in the relationship dimension. The emotional component measures a person's feelings and sentiments toward religion and religious issues.

The scale has eight items and is formatted as a five-point Likert scale. Changed from "disagree at all," "agree a little," "agree halfway," "agree most of the time," and "agree completely" are the statements on the scale. The scale's possible scores range from 8 to 40, and the greater the score, the more religious the respondent is inclined to be. The level of religious attitude has been classified as 8 (low), 19–29 (middle), and 40 (high), despite the lack of a standard score for it. The sole sub-dimension of the scale that is subject to reverse scoring is the cognitive sub-dimension; all other dimensions are evaluated using a simple score (Ok, 2011).Cronbach's alpha coefficient of the scale was found to be .98 in this study.

Spiritual Support Perception Scale: To ascertain the views of physicians, midwives, and nurses on moral support, Kavas and Kavas (2014) created the "Spiritual Support Perception Scale," a five-point Likert-type measure. 0.940 is the Cronbach alpha value. The scale created to gauge healthcare professionals' perspectives on moral support is described as follows by Kavas and Kavas: "The scale has a total of 15 questions and is one dimension. It is calculated by assigning a score between 0 and 4 to each item that contains the phrases "I do not agree," "I am undecided," "I agree," and "I totally agree." The responses to the items are added up to get the scale's overall score. There is a maximum score of 60. " According to Kavas and Kavas, the scale's authors, "as the average score improves, the level of perception of spirituality and spiritual care increases, and as the overall score average increases, the level of perception of the ideas of spiritual support positively increases. There are three levels of perception for spiritual support: 0 (low), 20–40 (medium), and 60 (high). The study indicated that the reliability of the spiritual support perception scale was 0.944.(Kavas, 2015). Cronbach's alpha coefficient of the scale was found to be .98 in the present study.

Data Collection

The data of the study were collected using the nurse introductory characteristics form, the religious attitude scale and the spiritual support perception scale. The duration of answering the questions in the

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data collection form applied by the face-to-face interview method was 10-15 minutes. 5 minutes of this time is reserved for providing information about the research and the participant's approval, and 10 minutes is reserved for answering the questions.

Ethics Issues

The Non-Interventional Clinical Research Ethics Committee of Mardin Artuklu University granted approval prior to the collection of data for this study (Decision date and number: 09.11.2022, 2022/13-23). The organizations where the research was carried out gave their written consent (E-37201737-949). Written and verbal consent was obtained from the individuals participating in the research.

Data analysis

Descriptive statistics such as numbers, percentages and averages were calculated in the SPSS 25 (Statistical Package for Social Sciences) Windows package programme to evaluate the data collected from the questionnaires and scales. The normality of the data was determined by the skewness and kurtosis values. As a result of the examinations, it was determined that the data had a normal distribution. The mean scale scores of the groups were compared using the Student's t-test and one-way Anova test, and Pearson correlation tests were used to look at the link between the variables

Results

Within the scope of the research, it was found that the average age of nurses working in surgical clinics was 33.00±6.64, 94% were women, 52.3% were married and 76% had a license degree. 51% of the participants had children and the average number of children was above It was found to be 1.36±1.61. It was determined that their working time in the profession was 14.59±6.10 years and 18.4% worked in the general surgery clinic. It was determined that the professional experience of nurses was between 6-10 years of the year, 26.6% of the study was between 3-6 years of the year, and 33.6% was between 1-3 years of the year (Table 1).

In this study, no significant difference was found between the Religious Attitude Scale score and the nurses' gender, marital status, educational status, whether or not they have children, clinical unit, years of professional experience in the institution, and years of working ($p > .05$, Table 1). In addition, in this study, no significant relationship was observed in the relationship examined between the level of religious attitude and the variables of age and number of children ($p > .05$, Table 1).

This research participating nurses spiritual support perception scale point averages with gender, education status, professional experience year in the institution, and in unit study year to variables according to significant difference not found ($p>.05$, Table 1); marital status, child owner whether not working, clinic unit to variables according to significant difference found ($p<.01$, Table 1). According to the Tukey Post Hoc test, it was determined that the unit significance was due to the group working in general surgery intensive care units and that the Spiritual Support Perception levels of this group were higher than the others. When examining the relationship between the Spiritual Support Perception scale score and the age variable, there was no significant, albeit borderline, relationship ($p>.05$); It was found that there was a positive, weakly significant relationship between the number of children they had ($p<.01$, Table 1).

Table 1. Comparison of the mean scores of the religious attitude scale and the spiritual support perception scale according to the introductory and some characteristic distributions of nurses (n=304)

Features			Religious attitudes scale	Test and Significance	Spiritual support perception scale	Test and Significance
	n	%	$\bar{X} \pm SD$		$\bar{X} \pm SD$	
Gender						
Woman	159	52.3	20.69±12.91	t = .24	39.77±14.73	t = .15
Male	145	47.7	20.33±12.52	p=.80	39.51±14.33	p= .87
Marital Status						
Married	140	46.1	21.22±13.00	t = 1.03	42.50±13.00	t = 3.78
Single	164	53.9	19.70±12.34	p=.30	36.30±15.51	**p=.00****
Education Status						
Health Job High School	62	20.4	20.83±12.41		39.50±14.80	
Associate degree	7	2.3	30.85±15.61		45.71±20.98	
Licence	231	76.0	20.16±12.61	F=1.65	39.60±14.35	F=.60
Post graduate	4	1.3	18.75±14.54	p=.17	34.00±6.68	p=.60

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Table 1. (continue) Comparison of the mean scores of the religious attitude scale and the spiritual support perception Scale according to the introductory and some characteristic distributions of nurses (n=304)

Features			Religious attitudes scale	Test and Significance	Spiritual support perception Scale	Test and Significance
	n	%	$\bar{X} \pm SD$		$\bar{X} \pm SD$	
Child Ownership Status						
Yes	149	49.0	20.68±12.71	t = .21	452.22±12.68	t = 3.08
No	155	51.0	20.37±12.74	p=.83	37.17±15.74	**p=.002****
Working Unit						
General surgery	56	18.4	23.66±13.16		43.94±13.54	
Otohinolaryngolgy	29	9.5	21.03±12.93		38.17±15.82	
Neurosurgery	33	10.9	17.42±14.14		37.81±13.71	
Urology	40	13.2	19.51±12.26		41.86±11.02	
Orthopedics	40	13.2	21.40±13.56	F=1.27	38.95±15.31	F=2.85
Generalsurgery intensive care	14	4.6	23.21±13.12	p=.24	45.85±12.18	**p=.002****
Child surgical	28	9.2	19.46±12.41		39.96±14.07	
Chest surgical	29	9.5	22.89±13.22		41.86±15.29	
Emergency service	28	9.2	16.00±11.33		28.92±16.61	
Operating room	2	0.6	10.50±2.12		40.50±6.36	
Other	8	2.6	18.62±9.16		33.00±6.30	
Vocational your experience						
6 months – 1 year	32	10.5	22.21±13.81		38.96±19.21	
1 to 3 years	49	16.1	20.34±13.40		34.81±17.29	
3 – 6 years	58	19.1	19.41±11.85	F=1.24	38.18±14.25	F=1.94
6 – 10 years	70	23.0	21.41±13.13	p=.28	42.05±13.12	p=.08
10 – 15 years	49	16.2	17.32±11.86		41.10±10.65	
15-20 years	46	15.1	23.00±12.20		41.89±12.61	
In the institution Study your year						
6 months – 1 year	37	12.2	21.62±13.67		37.67±19.11	
1 to 3 years	73	24.0	22.38±13.50	F=1.07	37.42±16.97	F=1.28
3 – 6 years	81	26.6	19.08±11.85	p=.37	38.95±13.44	p=.26
6 – 10 years	60	19.7	18.35±12.36		41.58±11.84	
10 – 15 years	35	11.6	22.34±12.48		42.91±10.95	
15-20 years	18	5.9	20.94±12.39		43.05±10.43	
In unit study year						
6 months – 1 year	58	19.1	22.81±13.79		39.34±17.41	
1 - 3 years	102	33.6	20.92±12.93	F=1.79	37.75±15.39	F=.90
3 – 6 years	96	31.6	19.67±12.30	p=.13	41.65±12.86	p=.46
6 – 10 years	34	11.2	16.38±10.34		39.94±11.12	
10 – 15 years	14	4.6	24.07±12.73		40.21±12.80	
Age			33.00±6.64	r= -.09, p=.10		r = .11, p= .054
Child number			1.36±1.61	r= .00, p= .93		r = .16, **p= .00****

*X: Average , SD: Standard Deviation , r: correlation , F: One Way Anova , t: Student t, *p<0.05 ;* *p<0.01*

It was determined that the mean religious attitudes scale score of the nurses working in the surgical units was 20.52±12.70, and the mean spiritual support perceptions scale score was 39.64±14.52. As a result of the correlation analysis between the scales, it was observed that there was a moderately positive correlation between religiousattitude and the perception of spiritual support, and this situation was statistically significant (p<.01, r=. 68) (Table 2).

The nurses' mean religious attitudes total scale score was 20.52±12.70, and their spiritual support perception was 39.64±14.52. The mean scores of the subscale of the Religious Attitude Scale were found to be 5.02 ± 3.27, 5.17 ± 3.31, 5.03 ± 3.27, and 5.29 ± 3.16, respectively, for the emotional, relational, cognitive, and behavioural subscales (Table 3).

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Table 2. Religious attitude of nurses and spiritual support perception total scale points between of the relationship examination (n=304)

	Possible Score Range	$\bar{X} \pm SD$	Received Score Range	Test and Significance
Religious attitude	8-40	20.52±12.70	8-40	r = .68
Perception of spiritual support	0-60	39.64±14.52	0-60	p= .00**

*X: Average , SD: Standard Deviation , r: correlation , *p<0.05,* *p<0.01*

Table 3. Means of Religious Attitude and Spiritual Support Perception Total Scale and Subscale Scor

Scale and subscales	Min	Max	$\bar{X} \pm SD$
Religious attitude			
Total Scale Score	8	40	20.52±12.70
Subscales			
Emotional	2	10	5.02±3.27
Relational	2	10	5.17±3.31
Cognitive	2	10	5.03±3.27
Behavioral	2	10	5.29±3.16
Perception of spiritual support			
Total Scale Score	0	60	39.64±14.52

X: Average , SD: Standard Deviation

Discussion

Spiritual care uses a specialized approach and tries to help patients develop their spiritual beliefs (personal growth, motivation, and morale), become more committed to living, find inner peace, and get rid of their spiritual issues and worries. It is crucial for the nurse to be aware of their own emotions, to be able to control them, to understand others, and to build effective communication skills in the patient-nurse connection in order to provide spiritual and holistic care (Asi Karakaş et al., 2020). As a result of the literature review, no research was found examining the relationship between the perceived spiritual support perception and religious attitude of nurses working in surgical clinics. For this reason, studies on the subject in the literature were examined and the findings were discussed.

The mean religious attitudes scale score of the nurses working in the surgical units was found to be moderate with 20.52±12.70, and the mean score of the perception of spiritual support scale was found to be moderate with 39.64±14.52. When the literature was examined, it was found that the religious attitudes scale average (26.44±4.80) was at a moderate level in the group of health workers including nurses in the study of Genç and Durğun, similar to this study. These results support this research (Genç & Durğun, 2016). The current study's data provides evidence to support the existing knowledge about religious attitudes and spiritual support among healthcare workers, specifically nurses in surgical units. In the literature studies (Kavas E, 2015; Macit & Karaman, 2019) on the determination of the spiritual support perception level of nurses, the average score was found to be above 40 and at a high level. The spiritual support perception score average of this study approached 40, as did Oğuzhan et al. When the mean spiritual support perception of the nurses in the study was compared with the result of the mean spiritual support perception (30.93±9.01), it can be said that the nurses participating in this study had a good level of spiritual support perception and were aware of the importance of moral support or care in the treatment process. The results of this study seem to be supported by the literature.

In this study, no significant difference was found between the religious attitude scale averages and nurses' gender, marital status, educational status, whether they had children, the clinical unit they worked in, the years of professional experience, and the years of work in the institution and unit (p>.05, Table 1). In addition, in this study, the relationship between the level of religious attitude and the variables of age and number of children was examined and it was found that there was no significant result (p>.05, Table 1). When we exemined literature, similar to this study, in the study of Genç and Durğun, no significant difference was found in the scale scores between the levels of religious attitudes according to the variables of gender, marital status, unit of work, educational

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status and age, and results supporting this study were found (Genç & Durğun, 2016).

There was no significant difference between the spiritual support perception scale score averages of the nurses participating in the study and the variables of gender, educational background, years of professional experience, and years of working in the institution and unit (p>.05, Table 1); however It was found that there was a significant difference according to the variables of marital status, having children or not, and the clinical unit in which the worked. (p>.05, Table 1). In studies examining nurses' perceptions of moral support and related introductory characteristics, no significant difference was found in spiritual support perception level in terms of sociodemographic characteristics such as gender, education level, working year, and marital status (İşbilen Esendir & Kaplan, 2018; Kavas, 2015; Uzelli Yılmaz vd., 2019). In the study of Macit and Karaman, it was determined that, apart from gender, age, marital status, total professional years, and working time in their institution, they were not determining factors in spiritual support perception (Macit & Karaman, 2019).

In this study marital status results according to at significant spiritual support perception levels difference is married nurses single of those higher is found. Spiritual support perception level with nurses determination for the purpose of made in studies to the situation according to difference is not detection (İşbilen Esendir & Kaplan, 2018; Kavas, 2015; Uzelli Yılmaz vd., 2019); nurses spirit levels detection to be made with relating to made some in studies civil to the situation according to married in those spirit level significant aspect higher found (Kim vd., t.y.; Özcan vd., 2020). Married people often have social support networks and emotional links. With the support they receive from their families, married nurses may feel more satisfied with their work, which may increase their spirituality.

Another noteworthy finding from this study is that the average spiritual support perception score for those with children is significantly higher. However, a literature study found that there was no nursing study in which the impact of participants having children on spiritual support perception levels was investigated. However, another nursing study with spirituality found that nurses with children had higher levels of spirituality. (Özcan vd., 2020).

One of the results found in this study was that spiritual support perception level was found to be significantly higher in the general surgery intensive care group compared to the units studied. Similar to this research findings, Tambağ et al. in the study they conducted with the nurse working in the intensive care unit, it was observed that there was a significant difference in the spiritual support perception levels of the nurses according to the intensive care unit they worked in. It is interpreted that it is higher than the surgical intensive care because the patients stay longer in the internal medicine intensive care unit (Tambağ vd., 2015). Working in surgical intensive care units may cause critical situations and encountering patients, communication problems with anxious patient relatives, and nurses' constant presence in stressful environments. Therefore, it will be valuable to seek spiritual resources that can help intensive care nurses to cope with these situations effectively, protect their health, and prevent their performance and service quality from decreasing (Moradnezhad vd., 2017). Therefore, it is interpreted that the level of spirituality of intensive care nurses is higher than other units. Uzelli et al. in the study conducted by the nurses, no significant difference was found according to the units they worked in (Uzelli Yılmaz vd., 2019). In the study of surgical nurses on spirituality, no significant difference was found according to the units studied (Aydın, 2022).

Another finding in this research is that the relationship between the spiritual support perception scale score and the age variable is examined, although there is no meaningful boundary relationship (p>.05); there was a positive, weak, meaningful relationship between the number of children she had (p<.01, Table 1). Some studies conducted on nurses related to spiritual support perception showed no significant differences per age variable (Macit & Karaman, 2019; Uzelli Yılmaz vd., 2019); a study with health workers involving nursing women showed significant variations in spiritual support perception scale averages for age variables (İşbilen Esendir & Kaplan, 2018). Similarly, another study among nurses working in Iran found that the relationship between spirituality, spiritual care and age correlation was meaningful (Abdollahyar vd., 2019).

When the significant results of this study were reviewed, a significant positive relationship was found between the number of children variable and spiritual support perception. Therefore, only one similar study was found that could compare results; however, in this study on the spirituality of surgical

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nurses, no significant difference was found according to the number of children (Aydın, 2022). The differences in the number of children can be explained by the number of samples reached between the studies, the individual characteristics of the participants and the differences in the scales used.

The correlation analysis used in this study to determine the strength and direction of the relationship between the scales revealed that there was a statistically significant relationship between the nurses working in surgical units' perceptions of spiritual support and their religious attitudes. ($p<.01$) ($r= .68$) (Table 2). According to the results of the analysis of the relationship between spiritual support perception and religious attitude, in the study of Genç and Durğun, which was conducted with healthcare professionals including doctors, nurses and midwives, similar to this research, a positive and significant relationship was found, $r=0.569$, $p=0.000$) and it seems to support this study findings (Genç & Durğun, 2018). Chiang et al. in his study on 619 nurses to examine the relationship between religion and spiritual care, as a result of regression analysis, it was found that religious beliefs had a significant positive effect on perceptions of spiritual care (Chiang vd., 2020). In addition, Azarsa et al. in their study with nurses working in the intensive care unit, it was found that there was a significant relationship between religion and spiritual care in the sub-dimension correlation analysis of spirituality scales (Azarsa vd., 2015). The consistency of our findings with other studies in the religious and cultural context may show that spirituality is a common subject and that the application of spiritual advice in the nurse-patient relationship in all religions will make an important contribution to the treatment process.

Conclusion and Recommendations

In this study, which was conducted to investigate the relationship between the religious attitude and the spiritual support perception in nurses working in surgical units; It was determined that the levels of religious attitude and spiritual support perception were moderate. The findings of the scales' correlation analysis revealed a favorable, marginally significant association between the religious attitude and the perception of spiritual assistance. In addition, spiritual support perception level is higher in married, having children and working in the surgical intensive care unit; It was found that there was a significant relationship between the number of children and spiritual support perception. However, no significant results were found regarding religious attitude from the sociodemographic variables of the participants. In line with these results;

-Inclusive programs that take into account the religious and spiritual needs of nurses and respect different beliefs and values should be developed.

-Nurses should be trained on the importance of moral support and how it can be provided to patients.

-More comprehensive studies should be conducted including nurses in different surgical units and different belief groups.

-Nursing roles and areas of expertise focusing on moral support should be created.

-Nurses should be given time and space to meet their needs regarding religion and spirituality.

Limitations

The limitations of the research are that it was conducted in two hospitals located in a province in the southeast of Turkey, with people who volunteered to participate in the research between the specified dates, and that only nurses working in surgical clinics were included in the study, so the results cannot be generalized to all clinical nurses. The reluctance of nurses to spare time to fill out the questionnaire and scales is the difficulty encountered during the implementation of the research.

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What did the study add to the literature?

- Considering the less of studies on the subject in the literature, this study contributed to the first comprehensive examination of the religious attitudes

and perceptions of spiritual support of nurses working in surgical units.

- The importance of moral support needs of nurses working in surgical units and the need for further research in this field were emphasized.

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