



## Examining the relationship between functioning and spiritual well-being in female patients diagnosed with bipolar disorder

Bipolar bozukluk tanısı konulan kadın hastalarda işlevsellik ve manevi iyilik hali arasındaki ilişkinin incelenmesi

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### ABSTRACT

**Aim:** The aim of this study is to examine the relationship between functionality and spiritual well-being in female patients diagnosed with bipolar disorder.

**Methods:** The research was conducted in a descriptive and correlational study. The research was conducted with 61 female bipolar patients who applied to the psychiatric outpatient clinic of a hospital in eastern Türkiye between January 1, 2023 and January 1, 2024. Personal Information Form, Bipolar Disorder Functioning Scale (BDFQ) and Spiritual Well-Being Scale (FACIT-Sp-12) were used to collect research data. In evaluating research data; Number, mean, percentage distributions, standard deviation and Pearson correlation analyzes were used.

**Results:** It was found that the research participants' mean BDFQ total score was 96.21±20.02, and the FACIT-Sp-12 total score mean was 31.26±9.35. It was determined that there was a positive, statistically significant relationship between the functionality and spiritual well-being score averages of female patients diagnosed with bipolar disorder.

**Conclusion:** It was determined that the functionality of female patients diagnosed with bipolar disorder was at an average level, and their spiritual well-being levels were above average. A positive relationship was found between the functionality and spiritual well-being of female patients diagnosed with bipolar disorder.

**Keywords:** bipolar disorder; female; religion

### ÖZ

**Amaç:** Bu araştırmanın amacı bipolar bozukluk tanısı konulan kadın hastalarda işlevsellik ve manevi iyilik hali arasındaki ilişkinin incelenmesidir.

**Yöntem:** Araştırma tanımlayıcı ve ilişki arayıcı türde yapıldı. Araştırma Ocak 2023 ile Ocak 2024 tarihleri arasında Türkiye'nin doğusunda bulunan bir hastanenin psikiyatri polikliniğine başvuran 61 kadın bipolar hastası ile yürütülmüştür. Araştırma verilerinin toplanmasında Kişisel Bilgi Formu, Bipolar Bozukluk İşlevsellik Ölçeği (BBİÖ) ve Manevi İyilik Hali Ölçeği (FACIT-Sp-12) kullanılmıştır. Araştırma verilerinin değerlendirilmesinde; sayı, ortalama, yüzdelik dağılımlar, standart sapma ve pearson korelasyon analizleri kullanıldı.

**Bulgular:** Araştırma katılımcılarının BBİÖ toplam puan ortalamasının 96.21±20.02 olduğu, FACIT-Sp-12 toplam puan ortalamasının ise 31.26±9.35 olduğu bulundu. Bipolar bozukluk tanısı konulan kadın hastaların işlevsellik ve manevi iyi oluş puan ortalamaları arasında pozitif yönde istatistiksel olarak anlamlı bir ilişki olduğu belirlendi.

**Sonuçlar:** Bipolar bozukluk tanısı konulan kadın hastaların işlevselliklerinin orta düzeyde olduğu, manevi iyilik hali düzeylerinin ise ortalamanın üzerinde olduğu belirlendi. Bipolar bozukluk tanısı konulan kadın hastaların işlevsellikleri ve manevi iyilik halleri arasında pozitif yönde bir ilişki olduğu tespit edildi.

**Anahtar kelimeler:** bipolar bozukluk; din; kadın

### Introduction

Bipolar disorder is a recurrent, chronic mental disorder characterised by mood swings, causing significant impairment in the functioning of the individual (Grande et al., 2016). According to the World Health Organization, bipolar disorder is the sixth leading cause of disability in the world (Nierenberg et al., 2021). The disease has a significant impact on a number of vital activities such as the individual's adaptation to society, communication and interaction with the environment, family life and economic status (Akkaya et al., 2012). There are marked gender differences in terms of the course and consequences of the disease (McIntyre et al., 2020; Miller et al., 2015; Parial, 2015).

Since bipolar disorder is different in women in several respects when compared to men, it requires a special evaluation (Parial, 2015). Biological structures of women,

processes such as menstrual cycle, pregnancy, breastfeeding, postpartum period and menopause may cause bipolar disorder to show different clinical course and characteristics than men (Freeman & Gelenberg, 2005). Women are more likely than men to experience depressive episodes, rapid cycles and antidepressant-induced mania in bipolar disorder (Swaab & Bao, 2020; Pillai et al., 2021). It has been reported that women have a high risk of recurrence of bipolar disorder symptoms during the postnatal period and perimenopause. Psychiatric and medical comorbidity in bipolar disorder is more common in women than in men (Miller et al., 2015). Thyroid disease, migraine, obesity and anxiety disorders are more common in women (Parial, 2015). Therefore, it is emphasised that the effects of the disease on women should be particularly examined (Miller et al., 2015; Parial, 2015).

Bipolar disorder negatively affects many areas of life such as mental and physical health, interpersonal relationships, educational and occupational functions of both gender (McIntyre et al., 2020). In studies conducted in hospitals and community mental health centres, it has been reported that individuals diagnosed with bipolar disorder experience impairment in functioning and loss of ability (Varshney et al., 2021). Functioning is defined as the individual's ability to continue effectively in life, the capacity to achieve tasks and activities that arise in various fields such as autonomous behaviour, work, education, creativity and social relations (Aydemir et al., 2007). It has been stated that patients experience problems in daily life skills such as social interaction, working, maintaining self-care and shopping due to the loss of ability and impaired functioning caused by bipolar disorder (Batinic et al., 2021). It has been reported that especially the functioning of women is negatively affected by disease-related symptoms, comorbid physical and mental illnesses (Miller et al., 2015).

It has been reported that one of the factors affecting the level of functioning in patients with mental illness is spiritual well-being (Elgohary Sallam et al., 2023). The concept of spiritual well-being is related to the individual himself, his environment and the creator (Jackson et al., 2022). Spiritual well-being is the process of perceiving one's place in the universe and finding meaning and purpose in life, which is inherent and continuous (Koburtay et al., 2023). It is emphasised that religious belief and spirituality are among important strategies in the treatment of bipolar disorder (Pesut et al., 2011). It has been reported that spirituality improves the coping skills of bipolar patients, reduces the severity of disease symptoms and relapses (Jackson et al., 2022; Pesut et al., 2011). It is stated that spirituality can help women to manage conflicts better, exhibit more positive problem-solving behaviours and increase functioning (Tunç & Totan, 2021). In line with these results, it is thought that spiritual well-being may be effective on the functioning of female bipolar patients.

Although it has been reported in the literature that the course of bipolar disorder differs in women, studies focusing only on women are quite limited in number (Freeman & Gelenberg, 2005; Miller et al., 2015; Parial, 2015). There is no research examining the relationship between functioning and spiritual well-being in women diagnosed with bipolar disorder. This study was conducted to determine the relationship between functioning and spiritual well-being levels of women diagnosed with bipolar disorder. The holistic approach, which is the most widely accepted in patient care, emphasizes the importance of addressing not only the physical, social, and psychological needs of patients but also their spiritual needs. Therefore, psychiatric nurses can enhance the spiritual well-being and functionality of patients diagnosed with bipolar disorder through the holistic nursing care they provide (Karakaş et al., 2020). Psychiatric nurses hold a crucial position in addressing patients' mental health needs and enhancing their overall functionality through their roles in providing care, education, counseling, and research (Altun et al., 2024; Can Öz & Turan 2021; Şahin et al., 2019). It is thought that the data of this study will shed light on the concepts of functioning and spirituality and the relationship between these concepts in women diagnosed with bipolar disorder. Thus, research findings will provide important data for mental health nursing interventions and future studies.

## Research questions

Q1: What are the spiritual well-being scores of female patients diagnosed with bipolar disorder?

Q2: What are the functionality scores of female patients diagnosed with bipolar disorder?

Q3: Is there a relationship between the functionality scores and spiritual well-being scores of female patients diagnosed with bipolar disorder?

## Methods

### Study design

The research was conducted in a descriptive and correlational study.

### Setting and participants

The research was conducted in the psychiatry outpatient clinic of a hospital located in eastern Türkiye between January 1, 2023 and January 1, 2024. The population of the study consists of women who applied to the psychiatric outpatient clinic of a university hospital in the east of Türkiye for 1 year. The sample of the research consisted of women who agreed to participate in the study and filled out the forms completely. No sample selection was made in the research, and the study was completed with 61 people who applied to the psychiatry outpatient clinic during the dates the research was conducted, met the inclusion criteria and volunteered to participate in the study. Criteria for inclusion in the study; It was defined as being between the ages of 18-65, having been diagnosed with Bipolar Disorder according to the DSM-5 diagnostic criteria for at least 1 year, being open to communication and cooperation, and being in remission. People diagnosed with dementia and/or other organic disorder and using alcohol or psychoactive substances were excluded from the study.

### Data collection tools

Personal Information Form, Bipolar Disorder Functioning Questionnaire (BDFQ) and Spiritual Well-Being Scale (FACIT-Sp-12) were used to collect research data.

### Personal information form

This form, prepared by the researchers in line with the literature, consists of a total of 7 questions that include information about the participants' age, marital status, education level, working period, income level, duration of illness and presence of a family history of the disease.

### Bipolar Disorder Functioning Questionnaire (BDFQ)

BDFQ was developed by Aydemir and his colleagues in 2007 to determine the functionality levels of bipolar patients (Aydemir et al., 2007). The scale is a 52-item, three-point Likert type self-report scale. BDFQ consists of 11 subscales. These sub-dimensions: "emotional functioning", "intellectual functioning", "sexual functioning", "feelings of stigmatization", "social withdrawal", "household relations", "relations with friends", "participation to social activities", "daily activities and hobbies", "taking initiative and self sufficiency" and "occupation". The total score that can be obtained from the scale is between 52 and 156. As the total score from the scale increases, the level of functionality also increases. In the study of Aydemir et al. (2007) the Cronbach alpha value of the scale was found to be 0.91. In this study, the Cronbach's alpha value of the scale was found to be 0.93.

### Spiritual Well-Being Scale (FACIT-Sp-12)

FACIT-Sp-12 was developed by Peterman et al. in 2002 to determine the spiritual well-being levels of individuals. (Peterman et al., 2002). The validity and reliability study of the Turkish version of the scale was conducted by Aktürk and his

colleagues in 2017 (Aktürk et al., 2017). The scale consists of a total of 12 questions, and the 4 and 8 items are reverse scored. The scale consists of 3 sub-dimensions: "meaning", "peace" and "faith". FACIT-Sp-12 is a 5-point Likert-type scale where each statement is scored between 0 and 4. The total score that can be obtained from the scale is between 0 and 48. As the total score from the scale increases, the level of spiritual well-being also increases. In the Turkish validity and reliability study, Cronbach's alpha value was found to be 0.87 (Aktürk et al., 2017). In this study, the Cronbach's alpha value of the scale was found to be 0.89.

#### Data analysis

SPSS 24 statistical package program was used to evaluate the research data. Normal distribution of the data was evaluated using skewness and kurtosis values. Descriptive statistics (mean, standard deviation, range, numbers and percentages) and Pearson correlation analysis were used to analyze the study data, which was found to be suitable for normal distribution.

#### Ethical considerations

Before starting the research, approval was received from Muş Alparslan University Scientific Research and Publication Ethics Committee dated 15.09.2022 and numbered 62739. After ethical approval was obtained, institutional permission was obtained from Atatürk University Research Hospital, dated and numbered 03.11.2022. Verbal and written informed consent was obtained from the participants in the study. This study was conducted in accordance with the ethical standards of the Declaration of Helsinki.

#### Results

Table 1. Descriptive characteristics of the patients (n=61)

Characteristics	n	%
Age (X±SD; Min-Max)	37.36±12.55; 18-65	
Diagnosis year (X±SD ; Min-Max)	10.41±9.56 ; 1-40	
<b>Marital status</b>		
Married	31	50.8
Single	30	49.2
<b>Educational status</b>		
Literate	6	9.8
Primary education	30	49.2
High school	15	24.6
Undergraduate education	10	16.4
<b>Income status</b>		
Income<expense	13	21.3
Income=expense	38	62.3
Income>expense	10	16.4
<b>Employment status</b>		
Employed	15	24.6
Unemployed	46	75.4
<b>Family history of illness</b>		
Yes	29	47.5
No	32	52.5

When the distribution of the descriptive characteristics of the women in the study is examined (Table 1), it can be seen that 50.8% of the participants are married, 49.2% are primary school graduates, 75.4% are not working, 62.3% have an income equal to their expenses, and 52.5% have no family history of bipolar disorder, the average age was 37.36±12.55 and the duration of the disease was 10.41±9.56.

Table 2 shows the distribution of the mean BDFQ and FACIT-Sp-12 scores of the participants. When the mean scores of BDFQ sub-dimensions were analysed; it was found that the mean score of "emotional functioning" sub-dimension

Table 2. Mean FACIT–Sp-12 and BDFQ scores of the patients

	Min-Max	X±SS
<b>FACIT–Sp-12</b>		
Meaning	4-16	11.30±3.20
Peace	3-16	10.00±3.25
Faith	3-16	9.97±4.01
<b>Total</b>	15-48	31.26±9.35
<b>BDFQ</b>		
Emotional functioning	3-9	6.28±1.79
Intellectual functioning	4-12	8.67±2.06
Sexual functioning	4-10	6.66±1.18
Feelings of stigmatization	4-12	8.74±2.26
Social withdrawal	3-9	6.00±2.12
Household relations	6-18	11.85±3.87
Relations with friends	5-15	9.43±3.32
Participation to social activities	8-21	11.41±3.99
Daily activities and hobbies	8-23	13.77±4.83
Taking initiative and self sufficiency	3-9	5.39±2.05
Occupation	5-12	8.01±2.30
<b>Total</b>	61-133	96.21±20.02

FACIT–Sp-12: Spiritual Well-Being Scale; BDFQ: Bipolar Disorder Functioning Questionnaire

was 6.28±1.79, the mean score of "intellectual functioning" sub-dimension was 8.67±2.06, the mean score of "sexual functioning" sub-dimension was 6.66±1.18, the mean score of "feelings of stigmatization" sub-dimension was 8.74±2.26, the mean score of "social withdrawal" sub-dimension was 6.00±2.12, the mean score of "household relations" sub-dimension was 11.85±3.87, the mean score of "relations with friends" sub-dimension was 9.43±3.32, the mean score of "participation to social activities" sub-dimension was 11.41±3.99, the mean score of "daily activities and hobbies" sub-dimension was 13.77±4.83, the mean score of "taking initiative and self-sufficiency" sub-dimension was 5.39±2.05 and the mean score of "occupation" sub-dimension was 8.01±2.30, while total BDFQ mean score was 96.21±20.02. When the mean scores of FACIT-Sp-12 sub-dimensions were examined, it was found that the mean score of "meaning" sub-dimension was 11.30±3.20, the mean score of "peace" sub-dimension was 10.00±3.25, the mean score of "faith" sub-dimension was 9.97±4.01, while total FACIT-Sp-12 mean score was 31.26±9.35. The relationship between BDFQ and FACIT-Sp-12 mean scores is shown in Table 3.

A statistically significant positive correlation was found between the mean BDFQ total score and the mean FACIT-Sp-12 total score ( $p=0.000$ ). A statistically significant positive correlation was found between the mean BDFQ "emotional functioning", "intellectual functioning", "social withdrawal", "household relations", "relations with friends", "participation to social activities", "daily activities and hobbies" and "taking initiative and self-sufficiency" sub-dimension scores and FACIT-Sp-12 total mean score ( $p<0.05$ ). No statistically significant correlation was found between the mean BDFQ "sexual functioning", "feelings of stigmatization", and "occupation" sub-dimension mean scores and FACIT-Sp-12 total mean score ( $p>0.05$ ). A statistically significant positive correlation was found between FACIT-Sp-12 total mean score and total mean scores of all sub-dimensions and BDFQ total mean score ( $p=0.000$ ).

#### Discussion

This study aimed to examine the relationship between functioning and spiritual well-being levels of women diagnosed with bipolar disorder, and the results of the study were

Table 3. Relationship between FACIT–Sp-12 and BDFQ score averages

Scales	FACIT–Sp-12							
	Meaning		Peace		Faith		Total	
<b>BDFQ</b>								
Emotional functioning	r= 0.181	p= 0.164	r= 0.310	<b>p= 0.015*</b>	r= 0.280	<b>p= 0.029*</b>	r= 0.289	<b>p= 0.024*</b>
Intellectual functioning	r= 0.293	<b>p= 0.022*</b>	r= 0.314	<b>p= 0.014*</b>	r= 0.321	<b>p= 0.012*</b>	r= 0.346	<b>p= 0.006**</b>
Sexual functioning	r= -0.030	p= 0.818	r= 0.061	p= 0.641	r= 0.036	p= 0.782	r= 0.026	p= 0.840
Feelings of stigmatization	r= 0.032	p= 0.808	r= 0.011	p= 0.931	r= -0.005	p= 0.972	r= 0.013	p= 0.922
Social withdrawal	r= 0.243	p= 0.059	r= 0.407	<b>p= 0.001**</b>	r= 0.417	<b>p= 0.001**</b>	r= 0.403	<b>p= 0.001**</b>
Household relations	r= 0.393	<b>p= 0.002**</b>	r= 0.393	<b>p= 0.002**</b>	r= 0.356	<b>p= 0.005**</b>	r= 0.424	<b>p= 0.001**</b>
Relations with friends	r= 0.500	<b>p= 0.000**</b>	r= 0.511	<b>p= 0.000**</b>	r= 0.599	<b>p= 0.000**</b>	r= 0.605	<b>p= 0.000**</b>
Participation to social activities	r= 0.208	p= 0.107	r= 0.188	p= 0.147	r= 0.388	<b>p= 0.002**</b>	r= 0.303	<b>p= 0.018*</b>
Daily activities and hobbies	r= 0.459	<b>p= 0.000**</b>	r= 0.392	<b>p= 0.002**</b>	r= 0.472	<b>p= 0.000**</b>	r= 0.495	<b>p= 0.000**</b>
Taking initiative and self sufficiency	r= 0.368	<b>p= 0.003**</b>	r= 0.270	<b>p= 0.035*</b>	r= 0.419	<b>p= 0.001**</b>	r= 0.399	<b>p= 0.001**</b>
Occupation	r= 0.149	<b>p= 0.000**</b>	r= 0.183	p= 0.158	r= 0.042	p= 0.750	r= 0.132	p= 0.309
<b>Total</b>	r= 0.440	<b>p= 0.000**</b>	r= 0.449	<b>p= 0.000**</b>	r= 0.511	<b>p= 0.000**</b>	r= 0.525	<b>p= 0.000**</b>

\*p<0.05; \*\*p<0.01; FACIT–Sp-12: Spiritual Well-Being Scale; BDFQ: Bipolar Disorder Functioning Questionnaire

discussed in the light of the relevant literature.

Bipolar disorder is characterized by high rates of relapse and frequent hospitalizations and impairments in coping skills, functioning and quality of life (Strawbridge et al., 2022). Increasing patients' compliance with treatment, quality of life, coping skills and functioning levels are among the most important goals of the treatment process in bipolar disorder (Özdel et al., 2021). In this study, spiritual well-being levels of female patients with bipolar disorder were found to be above moderate. Can Öz and Turan (2021) found that the psychiatric patients had moderate levels of spiritual well-being. Atsira et al. (2020) found that 70% of patients diagnosed with bipolar disorder had moderate levels of spiritual well-being. Spirituality has been reported to be an important resource for the well-being of patients (Best et al., 2015). In addition, studies with psychiatric patients have shown that spiritual well-being plays an important role in improving quality of life (Da Silva & Pereira, 2017) and increasing coping (Das et al., 2018). These results support the results of our study.

In this study, it was found that female patients diagnosed with bipolar disorder had moderate levels of functioning. Similarly, in their studies conducted in Türkiye with patients diagnosed with bipolar disorder, Şahin et al. (2019) and Altun et al. (2024) also reported moderate levels of functioning in patients. International literature also highlights, similar to this study, that patients with bipolar disorder often do not achieve high levels of functionality and that this issue needs to be addressed (Sylvia et al., 2017). Therefore, it is considered important to regularly assess the functionality levels of patients diagnosed with bipolar disorder, support adherence to treatment to enhance functionality, and implement appropriate nursing interventions to improve their ability to perform daily living activities.

In this study, a positive relationship was found between the spiritual well-being and functioning levels of the patients. In the literature review, no study examining the relationship between spiritual well-being and functioning in female patients diagnosed with bipolar disorder was found. Therefore, in the discussion of the research findings, the findings were interpreted with similar literature results. In a study conducted with psychiatric patients, Can Öz and Turan (2021) emphasized that there was a positive relationship between spiritual well-being levels and subjective functioning levels of

patients. In a study conducted by Moreira-Almeida et al. (2014) on individuals with psychotic disorders who were followed up during outpatient treatment, it was reported that individuals with spiritual practices showed fewer negative symptoms and had better quality of life and social functioning. Forrester-Jones et al. (2017) reported that the majority of individuals with severe chronic mental disorders considered spirituality as an important factor for recovery. It has been suggested that individuals with schizophrenia who have high spiritual well-being have higher satisfaction with life and less hallucinatory symptoms (Fadly & Keliat, 2017). In a study conducted by Atsira et al. (2020) it was stated that patients diagnosed with bipolar disorder had increased positive feelings about their illnesses and their functioning could be positive with an increase in spiritual well-being levels. This research finding suggests that spiritual interventions to be applied to female patients diagnosed with bipolar disorder may increase functioning. A positive relationship was found between spiritual well-being and emotional state, mental functioning and social isolation levels of patients in this study. In a study conducted with psychiatric patients, a positive relationship was found between spiritual well-being and emotional state of patients (Can Öz & Turan, 2021). Spirituality has been positively associated with a range of mental health indicators, ranging from subjective well-being to improved coping capacity (de Oliveira Maraldi, 2020). Spirituality has been found to reduce the prevalence of mental illness, depression, suicidal thoughts and attempts (Agorastos et al., 2014). In a study conducted by Kassem et al. (2021) with psychiatric patients in Lebanon, high levels of spirituality were associated with lower social isolation. It is thought that spirituality can provide positive emotions, reduce negative thoughts and feelings of loneliness in female bipolar patients.

In this study, no significant relationship was found between spiritual well-being levels of patients and sexual functioning, feeling of stigmatization and employment status. No studies were found in which these dimensions of spirituality and functioning were addressed together in bipolar patients. Social and cultural characteristics may have had an impact on these findings of the research. The lack of a relationship between spiritual well-being and sexual functioning in the study may have been influenced by the possibility that women may have given abstaining answers about sexuality. As a result of the

lack of a relationship between spiritual well-being and the feeling of stigmatization, social factors such as social stigmatization, disease-related otherization and exclusion may have a great impact on stigmatization. The lack of an effect of spiritual well-being on working may be attributed to the fact that a significant number of the women participating in the study were not working.

In this study, a positive relationship was found between the spiritual well-being levels of the patients and their family and friend relationships. In a study conducted by Jackson et al. (2022) it was stated that in the family relationships of patients diagnosed with bipolar disorder, spouses trusted each other on the basis of spirituality and that this trust-based relationship would positively affect the functioning and coping strategies of individuals in the family. In a study conducted by Çuhadar et al. (2015) in patients diagnosed with bipolar disorder, it was reported that family functioning positively affected the coping attitudes of patients, and patients with healthy family functioning were better able to use adaptive coping strategies. It is stated that women's higher sensitivity in issues such as compliance with treatment, problem solving, expressing emotions, and seeking social support may support functioning positively (Can Öz & Turan, 2021). It can be said that spiritual well-being of patients contributes to their relationships with family members and friends. In this study, a positive relationship was found between the spiritual well-being levels of patients and their ability to take initiative, presence of hobbies, and their participation in social and daily activities. It is stated that spirituality encourages participation in social activities in patients diagnosed with bipolar disorder and may positively affect the functioning of patients (Granek et al., 2018).

In a study by Ozawa et al. (2017) it was reported that strengthening spirituality would have some positive effects on functioning by supporting daily living activities of individuals. It is thought that including spirituality-enhancing interventions in nursing care in female patients diagnosed with bipolar disorder may increase social relationships and daily living skills in patients. Negative functioning in bipolar disorder is reported to be a serious risk factor that may increase the likelihood of developing a manic or depressive episode. Therefore, psychosocial approaches that can support this patient group in coping effectively with stress, improving functioning, increasing compliance with treatment and improving quality of life should be implemented (Mert & Kelleci, 2023). Religion and spirituality are used as a source of strength to relieve suffering and improve functioning in individuals with chronic illness (Lucchetti et al., 2012). It is recommended that health professionals and nurses be aware of patients' religious and spiritual care needs and include spiritual care in their interventions (Fadly & Keliat, 2017; Forrester-Jones et al., 2017; Karakaş et al., 2020).

## Conclusion

In this study, it was found that female patients diagnosed with bipolar disorder had moderate level of functioning and above average level of spiritual well-being. It was found that spiritual well-being is related to emotional and mental functionality, participation in daily and social activities, acquiring hobbies, taking initiative, and self-efficacy. A relationship was found between the functioning and spiritual well-being of female patients diagnosed with bipolar disorder. In line with these results, it is recommended that functioning and spiritual well-being should be evaluated regularly in

women with bipolar patients and psychiatric nurses should give importance to spiritual care interventions in the care process. It is recommended that in-service trainings should be organised to improve the spiritual care behaviours of nurses within the holistic approach and that nurses should participate in activities such as congresses, symposiums and courses that include spiritual care among their themes. It is also recommended that the study should be conducted with a larger sample group including male bipolar patients and sample groups with different mental illnesses. The limitations of this study are that it was conducted only on women and in a single centre and the sample could not be selected in a probabilistic manner. Therefore, the results may not represent the whole population.

## Conflict of Interest

There is no conflict of interest.

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## Ethics Committee Approval

Ethical approval for this study was obtained to Ethical Committee of Muş Alparslan University (Date: 15.09.2022 and Number: 62739).

## Informed Consent

Before starting the research, the women participating in the study were informed about the study and their written and verbal consent was obtained.

## Peer-Review

Externally peer-reviewed.

## Author Contributions

Z.Ö.: Literature Search, Study Conception/Design, Materials, Data Analysis, Drafting of Manuscript, Interpretation.

M.D.: Literature Search, Study Conception/Design, Materials, Data Analysis, Drafting of Manuscript, Interpretation.

A.O.: Literature Search, Study Conception/Design, Materials, Data Analysis, Drafting of Manuscript, Interpretation.

E.A.: Literature Search, Study Conception/Design, Data Collection.

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