# The Effect of Religious Attitudes of Nursing Students on Their Perceptions of Spiritual Support

## Hemşirelik Öğrencilerinin Dinsel Tutumlarının Manevi Destek Algılarına Etkisi

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**ÖZ**

**Amaç**: Özet Dinsel tutum, sağlık çalışanlarının mesleki yaşamlarındaki tutumları arasında en önemli faktörlerden biridir. Maneviyatı bakım yaklaşımlarına entegre eden hemşireler, hastanın yalnızca fiziksel ve duygusal ihtiyaçlarını değil aynı zamanda manevi ihtiyaçlarını da karşılayan bütüncül ve hasta merkezli bakım sağlamayı amaçlamaktadır. Tanımlayıcı tipte olan bu araştırma, hemşirelik öğrencilerinin dini tutumlarının manevi destek algılarına etkisini ortaya koymak amacıyla yapılmıştır.

**Gereç ve Yöntem** Tanımlayıcı ve kesitsel türdeki bu çalışma, 10.06.2019-10.07.2019 tarihleri arasında bir devlet üniversitesinde öğrenim gören 385 Hemşirelik bölümü öğrencisi ile gerçekleştirilmiştir. Veriler, araştırmacılar tarafından geliştirilen, demografik özellikler ve manevi bakıma ilişkin soruları içeren anket formu, Dini Tutum Ölçeği (RAS) ve Manevi Destek Algısı Ölçeği (SSPS) kullanılarak toplanmıştır. Veriler yüzde, ortalama, t testi ve ANOVA testi kullanılarak değerlendirildi.

**Bulgular:** Araştırmaya katılan öğrencilerin %85,5'inin 18-22 yaş aralığında olduğu, %70,6'sının kadın, %96,9'unun bekar olduğu belirlendi. Öğrencilerin Manevi Destek Algı Ölçeği'nden (SSPS) ortalama puanları 49,03±9,3, Dini Tutum Ölçeği'nden (RAS) ortalama puanları 27,60±4,35 olarak belirlendi. Öğrencilerin manevi destek algıları ile dini tutumları arasında orta düzeyde pozitif bir ilişki bulunmuştur.

**Sonuç:** Hemşirelerin bireysel düşünce sistemi, manevi ihtiyaç ve bakım algısı, kendi yaşam umudu, gönüllülüğü, konuya duyarlılığı, dini bilgi, düşünce ve tutumları hemşirelik bakımında etkilidir. Bu nedenle, öğrenci hemşirelerin, manevi bakım şeklinde hastaya sunacakları manevi desteğe ilişkin bilgi ve uygulamaları dini tutum bilgileriyle birleştirerek öğrenme süreçlerinde sunmaları, farkındalıklarını artırmaları ve bütünsel sağlık sağlamaları önemlidir.

**Anahtar Kelimeler:** Davranış; Din; Hemşirelik öğrencisi; Maneviyat; Manevi destek algısı.

**ABSTRACT**

**Aim**: Religious attitude is one of the most important factors among the attitudes of health professionals in their professional lives. Nurses who integrate spirituality into their care approach aim to provide holistic and patient-centered care that addresses not only the physical and emotional needs of the patient but also their spiritual needs. This descriptive study was conducted to reveal the effect of religious attitudes of nursing students on their perceptions of spiritual support.

**Method:** This descriptive and cross-sectional study was conducted with 385 students of nursing department studying at a state university between 10.06.2019 and 10.07.2019. Data were collected using a questionnaire developed by the researchers and including demographic characteristics and questions on spiritual care, the Religious Attitude Scale (RAS), and the Spiritual Support Perception Scale (SSPS). The data were evaluated using percentage, mean, t test, and the ANOVA test.

**Geliş Tarihi/Recieved:**14.06.2024 **Kabul Tarihi/Accepted:**21.09.2024 **Çevrimiçi Yayın Tarihi/Avaliable Online Date:**31.10.2024 **DOI:** 10.57224/jhpr.1500742

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**Cite this article as:** Yuzer Alsac S., Hobek Akarsu R., The Effect of Religious Attitudes of Nursing Students on Their Perceptions of Spiritual Support. J Health Pro Res. 2024;6(3): 207- 214.

**Results:** It was determined that 85.5% of the students in the study were in the 18-22 age group, 70.6% were female, and 96.9% were single. The mean score of the students from the Spiritual Support Perception Scale (SSPS) was found to be 49.03±9.3, while the mean score from the Religious Attitude Scale (RAS) was 27.60±4.35. A moderate positive relationship was found between the perception of spiritual support and the religious attitude of the students.
**Conculion:** Nurses' individual thought system, perception of spiritual needs and care, their own hope of life, voluntariness, sensitivity to the subject, and religious knowledge, thoughts and attitudes are effective in nursing care. Thus, it is important for student nurses to provide information and practices related to the spiritual support that they will offer to the patient in the form of spiritual care by combining them with religious attitude information during their learning process, to raise their awareness and to provide holistic health care to patients.

**Key Words:** Attitude; Nursing student; Religion; Spirituality; Spiritual support perception

## Introduction

Spirituality, accepted by the World Health Organization (WHO) as a principle of promoting health, is a concrete, highly subjective and multidimensional concept that emerges in human life (1,2). Spirituality is an indispensable element of nursing care. Nurses who integrate spirituality into their care approach aim to provide holistic and patient-centered care that addresses not only the physical and emotional needs of the patient but also their spiritual needs. This may involve discussing the patient's beliefs, values, and concerns, facilitating access to spiritual support services, and incorporating spiritual practices such as prayer, meditation, or rituals into their care plan (3). Nurses also use clinical decision-making, which is critical in determining patients' needs and implementing appropriate interventions. The nurse's education and knowledge, experience, institutional policies and procedures, the patient's health status, the opinions of other healthcare professionals (doctors, therapists, etc.), nurses' communication skills, use of technology such as electronic health records (EHRs), and nurses' personal values, ethical principles, and professional responsibilities play an important role in the decision-making process (4).

Since the late 1960s, nursing theorists have emphasized that spirituality of an individual as well as his physical, emotional and psychosocial dimensions should be given importance. In line with this emphasis, a growing interest is shown in the spiritual dimension (5,6). Many factors influence spiritual care, one of which is religious attitude (7). Religious attitude is one of the most influential factors among the attitudes of health professionals in their professional lives because it is an effective and invisible force affecting an individual's personality and behavior (8).

Although spirituality and religiousness seem to be the same concept, it is stated that spirituality is the sum of our values that determine how we interact with the world, while religiousness is a way of following practices and thoughts that are appropriate to God or the Gods of a particular faith (9). Although spirituality depends on religious attitudes in some individuals, religiousness does not affect spirituality in others. In a study conducted with nurses, it is reported that there is a relationship between spirituality and religious attitude (2). However, it is expected that the religious attitudes of nurses, who are spiritual care providers, should not affect their spirituality so that they can carry out their profession.

It is highly important to determine the relationship between religious attitudes and spiritual support perceptions of nurses who establish one-to-one communication and spend a lot of time with patients. This topic has particularly been studied in western societies. In a country like Turkey, in which the official religion is Islam and different cultures exist, there are not enough studies on this topic. This study was conducted to fill this gap by determining the effect of religious attitudes of nursing students

who will perform the nursing profession in the future on their perception of spiritual support.

## Methods

### Design

This descriptive and cross-sectional study was conducted between 10.06.2019-10.07.2019 in the Faculty of Health Sciences of a university in Central Anatolia. The research was carried out with all nursing students over 18 years of age. 385 students, who were reached without any sample selection method, formed the sample of the study. All the volunteering students were included in the study (n=385). The data was obtained by face-to-face interviews with the students.

### Data collection tools

Data were collected using the Sociodemographic Characteristics Form, The Religious Attitude Scale (RAS), The Spiritual Support Perception Scale (SSPS).

Sociodemographic characteristics form: This form was prepared by the researchers and consisting of 13 questions regarding the demographic characteristics of the students (age, gender, class, marital status, etc.) and spiritual care, the Religious Attitude Scale (RAS), and the Spiritual Support Perception Scale (SSPS) were used to collect data.

The Religious Attitude Scale (RAS): The Religious Attitude Scale (RAS) was developed by Ok (10) to measure the religiousness level of university students. The scale consists of four sub-dimensions which are “cognitive dimension”, “behavioral dimension”, “emotional dimension”, and “relational dimension”. The Cronbach's alpha of the scale was found to be .90. The scale is a 5-point Likert type scale. Participants are asked to rate their agreement with statements related to these sub-dimensions on a scale from strongly disagree to strongly agree. The scale score range varies between the lowest 8 and the highest 40. As the score obtained from the scale increases, the individual's level of religious attitude increases. No standard categorization of the scores for religious attitude level is available; thus, in this study, we made the evaluations categorizing the scores as 8 (low) < 19-29 (moderate) <40 (high).

The Spiritual Support Perception Scale (SSPS): The Spiritual Support Perception Scale (SSPS) was developed by Kavas and Kavas (11) in order to reveal the opinions of doctors, midwives and nurses about spiritual support. The Cronbach's alpha of the scale was found to be 0.94. The scale is a 5-point Likert type scale. Participants are asked to rate their agreement with statements related to these sub-dimensions on a scale from strongly disagree to strongly agree. The score ranges of the scale are 0-20 points - low, 21-40 points - medium and 41-60 points - high, and the highest score that can be obtained is 60. As the average score from the scale increases, the perception level of spirituality and spiritual care increases.

### Statistical Analysis

Data were analyzed using Statistical Package for the Social Sciences software (Version 20). Independent variables of the study consist of the data in the Demographic Characteristics Form, and the scores obtained from the SSPS and RAS are the dependent variables. Statistical analysis of the two independent groups was performed using the t-test parametric test. The analysis results were presented using means, minimum, maximum, and percentage values.

### Ethical Considerations

Approval was received from the Clinical Research Ethics Committee to conduct the research (2017-KAEK-189-2019-06.19-04) and written permission was obtained from the Faculty where the research will be conducted. Before starting to collect data, the purpose of the study was explained to the students by the researcher, and both verbal and written consent was obtained from the students.

### Generalisability

The study was conducted with all nursing department students over 18 years of age. Therefore, the results obtained in the study; As

these are limited to students' answers, the results can only be generalized to this group.

## Results

It was revealed that 85.5% of the students in the study were in the 18-22 age group, 70.6% were female, and 96.9% were single. It was found that 67.8% of the students stayed in a public dormitory, 44.9% lived in the city center and 6% worked in a hospital. It was also found that 31.2% of the students had prior knowledge about spiritual care, and 89.4% of them thought that it was necessary to receive training on spiritual care (Table 1). The mean score of the students from the SSPS was found to be 49.03 ± 9.3, while the mean score from the RAS was 27.60 ± 4.35. The mean scores of RAS sub-dimensions were 8.01 ± 1.84 for the behavioral dimension, 8.03 ± 1.95 for the emotional dimension, 2.86 ± 1.92 for the cognitive dimension, and 8.67 ± 1.67 for the relational dimension.

When the RAS and SSPS mean scores of the students are examined according to the socio-demographic characteristics, it was found that the students in the 18-22 age group compared to the other age groups, the married students compared to the single students, junior students compared to the students in other classes, and the students living in private dorms compared to the students living in public dormitories or at home had significantly higher mean RAS scores ($p < 0.05$; Table 2). When the mean scores from the Spiritual Support Perception Scale, the Religious Attitude Scale, and the Religious Attitude Scale sub-dimensions were examined according to the spirituality characteristics of the students, it was found that the SSPS, RAS and RAS sub-dimension scores of the students who believed that it was necessary to receive training about spiritual care were significantly higher than the other students ($p < 0.05$; Table 3).

When the distribution of mean scores obtained from the SSPS was examined according to religious attitude levels, it was found that the mean score of the students with a high RAS score from the SSPS was 53.94 ± 6.13, and this difference was statistically significant ($p < 0.001$;Table 4).

**Tablo 1**. Descriptive Characteristics of the Students (n=385)

| Descriptive characteristics | n | % |
|---|---|---|
| **Mean age** | 20.81 ± 1.72 | |
| **Age** | | |
| 18-22 | 329 | 85.5 |
| 23-27 | 56 | 14.5 |
| **Gender** | | |
| Female | 272 | 70.6 |
| Male | 113 | 29.4 |
| **Marital status** | | |
| Married | 12 | 3.1 |
| Single | 373 | 96.9 |
| **Class** | | |
| Freshman | 100 | 26.0 |
| Sophomore | 108 | 28.1 |
| Junior | 93 | 24.2 |
| Senior | 84 | 21.7 |
| **School of Graduation** | | |
| Vocational School of Health | 74 | 19.2 |
| Religion intensive high school | 13 | 3.4 |
| Other * | 298 | 77.4 |
| **Place of Residence** | | |
| Public dormitory | 261 | 67.8 |
| Private dormitory | 42 | 10.9 |
| Flat | 82 | 21.3 |
| **Place of longest residence** | | |
| City center | 173 | 44.9 |
| District center | 152 | 39.5 |
| Village-town | 60 | 15.6 |
| **Educational Status of Mother** | | |
| Primary school | 284 | 73.8 |
| High school | 81 | 21.0 |
| University or higher | 20 | 5.2 |
| **Educational Status of Father** | | |
| Primary school | 208 | 54.0 |
| High School | 119 | 30.9 |
| University or higher | 58 | 15.1 |
| **Working Status of the Student** | | |
| Working | 23 | 6.0 |
| Not working | 362 | 94.0 |
| **Type of the clinic where the students work (n=23)** | | |
| Internal Medicine/Surgical Sciences | 9 | 39.1 |
| Intensive care unit | 6 | 26.1 |
| Emergency | 4 | 17.4 |
| Outpatient clinic | 4 | 17.4 |
| **Prior knowledge about spiritual care** | | |
| Yes | 120 | 31.2 |
| No | 265 | 68.8 |
| **Opinions about receiving training on spiritual care** | | |
| I think it is necessary. | 344 | 89.4 |
| I think it is unnecessary. | 41 | 10.6 |

When Table 6 is examined, a moderate positive relationship is observed between spiritual support perception and religious attitude. As the religious attitude score increases, the spiritual support perception score increases as well. No relationship was found between age and religious attitude and spiritual support perception. Only a very weak positive relationship was found between the cognitive dimension of the RAS and age (Table 5). This finding can be attributed to the fact that ages are close to each other. Since the cognitive dimension mostly includes propositions related to thought, it is believed that students had difficulty expressing their thoughts.

## Discussion

Our study revealed that the total mean SSPS score of the students was high (49.03 ± 9.3). In a study conducted by Erenoğlu and Can (12), nursing students' total mean score of spiritual support perception was also found to be high (52.02 ± 6.99). The studies conducted with nursing students so far revealed that their perception of spiritual support is moderate or high. The results of our study coincide with those in the literature (12-16). The mean RAS score of the students in the study was found to be moderate (27.60 ± 4.35). A study conducted in Turkey revealed that the religious attitude levels of the healthcare staff were moderate (26.44 ± 4.80) (8). Studies on religious attitudes of nursing students are quite limited in the literature.

The findings of our study showed that gender, marital status, working status, class, age, school of graduation, and the educational status of the parents did not affect the SSPS mean scores, while marital status and class affected the RAS scores. Sağkal et al., (17) stated that marital status, working status, income, family type, academic achievement and some demographic variables do not affect nurses' perception of spiritual care. Aydın (18) reported that some socio-demographic characteristics (gender, place of residence) do not affect religious attitude, while some other characteristics (educational status of parents) affect religious attitude. In the literature, there are studies conducted with student nurses which indicate that socio-demographic characteristics affect and do not affect the perception of spiritual support and religious attitude (15,18-23). It was found that prior knowledge about spiritual care did not affect the SSPS and RAS mean scores.

**Tablo 2.** Distribution of the Mean Scores From the Religious Attitude Scale and the Spiritual Support Perception Scale According to the Socio-Demographic Characteristics of the Students (n=385)

| Socio-demographic characteristics | Religious Attitude Scale | Spiritual Support Perception Scale |
|---|---|---|
| | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ |
| **Age Group** | | |
| 18-22 | 27.81±4.19 | 49.41±8.85 |
| 23-27 | 26.33±5.06 | 46.80±11.52 |
| Test* | 2.067 | 1.615 |
| *p* | ***0.043*** | 0.111 |
| **Gender** | | |
| Female | 27.69±4.36 | 49.42±9.49 |
| Male | 27.38±4.34 | 48.05±8.86 |
| Test* | 0.644 | 1.284 |
| *p* | 0.520 | 0.200 |
| **Marital Status** | | |
| Married | 30.08±3.80 | 50.00±10.03 |
| Single | 27.52±4.35 | 49.00±9.30 |
| Test* | 2.012 | 0.365 |
| *p* | ***0.045*** | 0.716 |
| **Class** | | |
| 1 | 27.28±3.61 | 48.76±8.18 |
| 2 | 26.93±4.16 | 49.09±9.51 |
| 3 | 28.83±4.53 | 50.80±9.55 |
| 4 | 27.47±4.96 | 47.32±9.87 |
| Test** | 3.618 | 2.116 |
| *p* | ***0.013*** | 0.098 |
| **School of Graduation** | | |
| Vocational School of Health | 27.63±4.02 | 50.43±8.98 |
| Religion intensive high school | 28.53±3.12 | 51.15±8.27 |
| Other | 27.55±4.48 | 48.59±9.42 |
| Test** | 0.320 | 1.506 |
| *p* | 0.727 | 0.223 |
| **Place of residence** | | |
| Public dormitory | 27.78±4.00 | 49.62±8.81 |
| Private dormitory | 28.40±5.05 | 48.09±11.34 |
| Flat | 26.59±4.90 | 47.63±9.66 |
| Test** | 3.168 | 1.668 |
| *p* | 0.230 | 0.190 |
| **Place of longest residence** | | |
| City center | 27.45±4.21 | 48.20±9.99 |
| District center | 27.49±4.74 | 49.51±9.21 |
| Village-town | 28.30±3.68 | 50.18±7.27 |
| Test** | 0.913 | 1.345 |
| p | 0.402 | 0.262 |

**Tablo 3.** Distribution of the Mean Scores From the Religious Attitude Scale and the Spiritual Support Perception Scale According to the Socio-Demographic Characteristics of the Students (n=385) (continued).

| Socio-demographic characteristics | Religious Attitude Scale | Spiritual Support Perception Scale |
|---|---|---|
| | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ |
| **Educational Status of Mother** | | |
| Primary school | 27.60±4.28 | 49.25±9.65 |
| High school | 27.74±4.50 | 48.49±7.60 |
| University or higher | 26.95±4.86 | 48.10±11.01 |
| Test** | 0.264 | 0.314 |
| *p* | 0.768 | 0.731 |
| **Educational Status of Father** | | |
| Primary school | 27.58±4.13 | 49.08±9.76 |
| High school | 28.05±4.76 | 49.68±8.17 |
| University or higher | 26.74±4.19 | 47.50±9.86 |
| Test** | 1.795 | 1.084 |
| *p* | 0.168 | 0.339 |
| **Working Status** | | |
| Working | 27.86±4.15 | 47.17±10.36 |
| Not working | 27.58±4.37 | 49.15±9.25 |
| Test* | 0.303 | -0.987 |
| *p* | 0.762 | 0.324 |

*Independent sample t test **One-way Anova

However, it was found that the SSPS and RAS mean scores of the students who believed that it is necessary to receive training about spiritual care were statistically higher than those of other students. In their study, Erenoğlu and Can (12) found that there was no statistically significant difference between SSPS total mean scores and having prior knowledge about the spiritual care concept. However, the mean scores of the students who were willing to receive training/courses on spiritual care were found to be high (52.94 ± 0.40).

Çelik İnce and Utaş Akhan (15) stated that having prior knowledge about spiritual care did not affect the level of perception of spiritual care. No studies in the literature have yet examined how the willingness to learn and take lessons about spiritual care affects religious attitude. Our study revealed that the students who had high awareness about spiritual care had higher religious attitudes and they wanted to attend classes or receive training on this topic. However, in Turkey, there is no course that includes spiritual care in undergraduate nursing education. The addition of such a course to undergraduate curriculum may contribute to the inclusion of spiritual care in nursing care. Furthermore, arranging schools in a way that students can fulfill their religious beliefs can improve the perception of spiritual care and students' ability to care for the patients by identifying their spiritual care needs.

**Tablo 4.** Distribution of the Mean Scores From The Spiritual Support Perception Scale, The Religious Attitude Scale, And The Religious Attitude Scale Sub-Dimensions According to the Spirituality Characteristics of The Students

| Characteristics | Spiritual Support Perception Scale | Religious Attitude Scale | Religious Attitude Scale Sub-dimensions | | | |
|---|---|---|---|---|---|---|
| | | | Behavioral Dimension | Emotional Dimension | Cognitive Dimension | Relational Dimension |
| | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ | $\bar{X} \pm SS$ |
| **Prior knowledge about spiritual care** | | | | | | |
| Yes | 48.75±9.43 | 28.04±4.37 | 8.20±1.88 | 8.30±1.81 | 2.95±2.10 | 8.56±1.78 |
| No | 49.16±9.27 | 27.40±4.34 | 7.92±1.82 | 7.91±2.00 | 2.82±1.84 | 8.72±1.61 |
| Test* | -0.402 | 1.332 | 1.380 | 1.822 | 0.622 | -0.858 |
| *p* | 0.688 | 0.184 | 0.169 | 0.069 | 0.534 | 0.391 |
| **Opinions about receiving training on spiritual care** | | | | | | |
| I think it is necessary. | 49.83±8.56 | 27.84±4.22 | 8.13±1.78 | 8.18±1.84 | 2.78±1.87 | 8.74±1.63 |
| I think it is unnecessary. | 42.29±12.3 | 25.56±92 | 7.02±2.10 | 6.82±2.46 | 3.58±2.20 | 8.12±1.84 |
| Test* | 3.806 | 3.212 | 3.241 | 3.401 | -2.241 | 2.255 |
| *p* | ***0.000*** | ***0.001*** | ***0.002*** | ***0.001*** | ***0.030*** | ***0.025*** |

*Independent sample t test

When the distribution of the mean scores of spiritual support perception according to religious attitude levels is examined, the mean score obtained from the SSPS by the students with high RAS was found to be 53.94 ± 6.13 and this difference is statistically significant. As the level

of religious attitudes of students increased, so did their perceptions of spiritual support. There are no studies in the literatüre investigating the effect of religious attitude on perception of spiritual support. However, the study conducted by Aydın (18) revealed that religion is a source of making sense of life and that positive attitudes towards religion helps individuals to find more meaning in their lives. For this reason, the students with high religious attitude scores may have made sense of their own lives, and thus, they may be thinking that the lives of the patients they care for are meaningful and thus, they should be given spiritual support.

**Tablo 5**. Distribution of Mean Scores oft Spiritual Support Perception Scale According to Religious Attitude Levels

| **Characteristics** | **Spiritual Support Perception Scale** $\bar{X} \pm SS$ |
|---|---|
| **Religious Attitude Scale** | |
| 8-18 (low) | 34.00±11.56 |
| 19-29 (moderate) | 46.60±9.14 |
| 30-40 (high) | 53.94±6.13 |
| Test* | 56.492 |
| *P* | ***<0.001*** |

*One-way anova

**Tablo 6.** The Correlation Matrixs Of Student's Religious Attitude Scale and Its Sub-Dimensions and the Spiritual Support Perception Scale and Mean Age

| | **Religious Attitude Scale** | | **Behavioral Dimension** | | **Emotional Dimension** | | **Cognitive Dimension** | | **Relational Dimension** | | **Spiritual Support Perception Scale** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $r_p$ | *p* | $r_p$ | *p* | $r_p$ | *p* | $r_p$ | *p* | $r_p$ | *p* | $r_p$ | *p* |
| **Spiritual Support Perception Scale** | 0.521 | ***<0.001*** | 0.488 | ***<0.001*** | 0.513 | ***<0.001*** | -0.279 | ***<0.001*** | 0.537 | ***<0.001*** | - | - |
| **Mean Age** | -0.018 | 0.722 | -0.065 | 0.203 | -0.051 | 0.322 | 0.022 | ***0.017*** | -0.053 | 0.296 | -0.007 | 0.897 |

$r_p$. Pearson Correlation Coefficient

## Conclusions

In our study, it was found that students with better religious attitudes have a higher perception of spiritual support. There is a moderately positive relationship between the perception of spiritual support and religious attitude. As the religious attitude score increases, the spiritual support perception score also increases.

Overall, nursing students' religious attitudes can influence their perception of spiritual support and their approach to incorporating it into their practice. It is important for nursing education programs to provide students with opportunities to explore and discuss their beliefs about religion and spirituality, as well as to develop skills for providing culturally competent and inclusive spiritual care to patients of diverse faith backgrounds.

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