

Original Article

Students' Perceptions about Spirituality and Spiritual Care during the COVID-19 pandemic

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Abstract

Introduction: Spirituality and Spiritual Care Perceptions of university students studying in health-related departments during the pandemic have been relatively studied. The spirituality of first and emergency aid technicians, who are indispensable for first responders in the community, can affect the quality of healthcare. However, there are no studies specifically investigating the spiritual care of this health group.

Objective: A cross-sectional and descriptive study to evaluate the spirituality and spiritual care perceptions of university students studying in the first and emergency aid program during the pandemic was conducted.

Methods: All data were obtained from 102 volunteer students during their extracurricular hours using the socio-demographic characteristics form, a questionnaire about spirituality and spiritual care, and the Spirituality Rating Scale which were prepared by the researchers in light of the literature information.

Results: We found that 48.0% of the students did not know the concept of spirituality. The total score of the students on the Spirituality and Spiritual Care Rating Scale is 43.13 ± 10.16 . The scores of students who think that spirituality is the same concept as religion are higher. In addition, we determined that students who think that first and emergency technicians should provide spiritual care have higher perceptions of spirituality and spiritual care. students who wanted to include spirituality in their course contents had higher perceptions of spiritual care.

Conclusions: Our data reveal that the student's perception of spirituality and spiritual care was low. Furthermore, first and emergency aid program students have a key role in spiritual care since they are generally the first responders in public health. We suggest that education for spirituality and spiritual care needs to be integrated into training programs to ensure professional skills and competence.

Keywords: spirituality, spiritual care, students, Covid-19, Turkiye

Introduction

The COVID-19 epidemic, which affects all individuals in society at different levels, has caused sudden and unexpected lifestyle changes. One of those most affected by these changes was university students. The long-lasting pandemic situation has profoundly affected the mental and spiritual health of the community in general and students in particular (Son et al., 2020). In addition to mental, physical and social health, spiritual

health has been neglected in this pandemic (Sakellari et al., 2018).

Spirituality is a key component that provides meaning to values, behaviors, and human experiences (Badanta et al., 2022; Panzini et al., 2017) builds self-confidence and improves the quality of life (Garssen et al., 2017, Salmani et al., 2020). In other words, spirituality is about a person's inner world, beliefs, values, and emotional experiences. Moreover, spirituality can be called a process of understanding and improving a person's

relationship with himself, the universe, or a divine being. Previous studies have suggested that spirituality is a concept generally associated with religion and refers to an aspect or component of religion (Ramezani et al., 2014; Jahandideh et al., 2018). For many people, spirituality is experienced as part of their religious beliefs, and these beliefs form the basis of their spirituality. However, the concept of spirituality is not limited to religious beliefs only (Deb et al., 2016). For some people, spirituality can be experienced beyond the religious context as an inner experience, self-discovery, or a human sense of universal connection. Therefore, it ensures that individuals who are fellows of a community spiritually develop healthy interpersonal relationships and strengthen their social support systems. In the studies conducted with university students, it has been reported that spirituality has a positive effect on students' well-being (Marlin, 2009), its positive relationship with mental health (Deb et al., 2016), higher self-esteem, and students' lower depression and anxiety levels (Ergul & Bayık Temel, 2007; Papazisis et al., 2014; Ross et al., 2018).

Spirituality and related concepts are not included in the faculty's curriculum where the research was carried out. Furthermore, it is stated that the educational method, spiritual guidance and experiential activities in the clinical setting can be more effective learning strategies than the theoretical education in the classroom setting (Tiew et al., 2012).

Although a close relationship between spirituality and health has been relatively known, there is no research on the perceptions of spirituality and spiritual care in associate degree students studying first and emergency aid programs. The first and emergency aid department of the spiritual care education given starting from the student years will enable the students to use coping mechanisms easily, especially in cases of stress or difficulties they encounter before the hospital. As a matter of fact, when factors such as the unknown of the cases they go to and the risk situations are taken into account, the working conditions of those working in the health field are more severe than other professionals. Therefore, spiritual care that supports treatment in healthcare services allows

individuals to participate in their own care and can help them use their spiritual values. In order to improve health care outcomes, health professionals' awareness of their belief system and acceptance of the importance of spiritual needs in health care come to the forefront in performing spiritual care practices (Badanta et al., 2022). It is important to understand the concepts of spirituality and spiritual care. Therefore, In this cross-sectional and descriptive study, we aimed to evaluate the spirituality and spiritual care perceptions of university students studying in the first and emergency aid program.

Research questions:

1. What is the knowledge level of university students studying in the first and emergency aid program about spirituality and spiritual care?
2. Is there a relationship between the perceptions of spirituality and spiritual care of university students studying in the first and emergency aid program?

Materials and Methods

Type of Research: This is a cross-sectional and descriptive study

Population and Sample of the Research: The universe of the study consisted of students studying in the associate degree department of a university located in the eastern region of Turkey (N=120). It was confirmed that in determining the sample size, a total of 92 students should be reached with $\alpha = .05$ and a 95% confidence level (Yazicioglu & Erdogan, 2014). The purpose of the research was explained to the students by the interviewers during extracurricular hours. Students who agreed to participate in the research voluntarily were asked to fill out the surveys completely. Each student was asked to answer the questions in the study within 7-10 minutes. Accordingly, the research survey was completed with 102 students.

Place and Time of Research: The research was collected face-to-face from associate degree students studying at a university between March and April 2022.

Inclusion criteria for research

- Volunteering to participate in the research
- To be studying at the first and emergency aid program

Exclusion criteria from the study

- Not volunteering to participate in the research

Collection of Research Data: The data, socio-demographic characteristics of the students (9,12,13), a questionnaire about spirituality and spiritual care, and the Spirituality Rating Scale were used, which were prepared by the researchers in light of literature information.

Sociodemographic characteristics form: This form consists of six questions prepared by the researchers, containing the students' descriptive information (gender, female, income, class, region of residence, family structure).

Questions Related to Spirituality and Spiritual Care: This form, prepared by the researchers in line with literature information, consists of 12 questions to evaluate students' views on spiritual care (Kalkim et al., 2016; Maarefi et al., 2020; Ross et al., 2018). Some of the questions asked to the students in the form content were as follows: What do you think spirituality is?, What do you think is spiritual care? Have you read any scientific publications (articles, etc.) about spirituality? In your opinion, should first and emergency aid technicians provide spiritual care? It was in the form.

Spirituality and Spiritual Care Rating Scale: The Turkish validity and reliability study of the scale developed by McSherry et al. was carried out by Ergul and Bayik Temel (Ergul & Bayik Temel, 2007). The total score that can be procured from the scale varies between 17 and 85. As the total score obtained from the scale increases, it infers that the perceived level of the concepts of spirituality and spiritual care is also higher (McSherry et al., 2002). The Cronbach Alpha internal consistency coefficient of the scale is 0.760.

Ethical approval: Ethics Committee Permission (2022-E.33141-2022/40) from a state university, institutional permission from the university where the study was conducted, and verbal consent from the participants were obtained to conduct the research.

Data Analysis: The data obtained in the research were evaluated with using the SPSS 22.0 (Statistical Package for Social Sciences, Chicago, Illinois) program. Descriptive statistics including a number and percentage distribution were used to define the general

features of participants. Number, percentage distributions, mean and standard deviation were used to show descriptive features. Normally distributed data were evaluated with the t-test, one-way ANOVA analysis, and the Benforeni test for further analytics. The significance level was accepted as 0.05.

Results

Participants.

When Table 1 is examined, the average age of university students was 21.10 ± 1.76 and 62.7% were women. 53.9% were first-year undergraduate students. 68.6% lived in a nuclear family and 47.1% perceived their income status as medium.

Students' and Spiritual Care.

Table 2 shows students' opinions on spiritual care. When Table 2 is examined; 60.8% of the students stated that first and emergency aid technicians should provide spiritual care, 51.0% stated that they had no knowledge about spiritual care, and 50.1% stated that their views, hopes, perception of care and sensitivities regarding spirituality were related to the department they studied.

Spiritual Education.

According to Table 3; 48.0% of the students indicated that they did not know the concept of spirituality, 89.2% of them stated that religion and spirituality are not the same concepts, and 53.9% of them specified that spirituality should not be included in the first and emergency aid programs, and 51.0% of them wanted to receive spiritual education, 37.3% of them self-suggested and prayed about spirituality, 62.7% specified that there was no relationship between spirituality and age, 52.9% did not want to receive spiritual care, and 45.1% indicated that the spiritual concept encompasses all physiological and psychological dimensions, 35.3% stated that spiritual care should be given to patients and those in the terminal period, 43.1% indicated that spiritual care should be given by psychologists, and 60.8% indicated that spiritual care is necessary.

Spiritual Care Rating Scale.

According to Table 4, the total score of the students on the Spirituality and Spiritual Care Rating Scale is 43.13 ± 10.16 . The scores they got from the sub-dimensions of the Spirituality and Spiritual Care Rating Scale,

respectively; spiritual care is 15.73±5.61, religiousness is 12.84±3.55, and individual care is 9.2±3.12. It was determined that the student's perception levels of the concepts of spirituality and spiritual care were low.

The Distribution of Relationships between Some of the Demographic Characteristics of the Students, Their Opinions on Spiritual and Spirituality, and Their Scores on the Spiritual and Spirituality Scale

Spiritual Dimension and Religiosity

When Table 5 is examined a statistically significant difference was found between the relationship of the spiritual dimension with age and the scores of the religiosity scale, which is one of the sub-dimensions of the scale of perceptions of spirituality and spiritual care (p=0.003). Students who think that the spiritual dimension is related to age have higher religious perceptions. A statistically significant difference was found between the spirituality and the concept of religion, the total scores of the perceptions of spirituality and spiritual care, and the spiritual care and individual care scale scores from the sub-dimensions of the scale (p=0.000). The scores of students who think that spirituality is the same concept as religion are higher. A statistically significant difference was found between the spirituality education status and the total scores of the spirituality and spiritual care perceptions scale and the spiritual care scale scores from the sub-dimensions of the scale (respectively; p=0.002, p=0.037). Students who want to receive spiritual

education have higher perceptions of spirituality and spiritual care. According to the students, a statistically significant difference was found between the spiritual care given by the first and emergency aid technicians and the total scores of the spirituality and spiritual care perceptions scale and the spiritual care and individual care scale scores, which are sub-dimensions of the scale. The scores of the students who stated that the first and emergency aid technicians should provide spiritual care were higher. A statistically significant difference was found between the state of desiring to receive spiritual care for oneself and the total scores of the spirituality and spiritual care perceptions scale and the spiritual care and individual care scale scores from the sub-dimensions of the scale (respectively; p=0.006, p=0.003, p=0.001). Students who want to receive spiritual care for themselves have higher scores. A statistically significant difference was found between the inclusion of spiritual subjects in school education and the total score of the spirituality and spiritual care scale and the scores of the spiritual care scale, which is one of the sub-dimensions of the scale (respectively; p=0.000, p=0.025). No statistically significant difference was found between the total scores of the students' perceptions of spirituality and spiritual care in terms of gender, class levels and family types (p>0.05). Students who want to receive spirituality and spiritual care in their school education have higher scores.

Table 1: Demographic characteristics of students

	n	%
Age (Mean ±SD)	21.10±1.76	
Gender		
Female	64	62.7
Male	38	37.3
Associate degree level		
Associate degree 1st year	55	53.9
Associate degree 2nd year	47	46.1
Family structure		

Nuclear family	70	68.6
Extended family	21	20.6
Parents live separately	11	10.8
Perceived income status		
perception of low income	41	40.2
perception of middle income	48	47.1
Perception of good income	13	12.7
Total	102	100.0

Table 2: Students' opinions on spiritual care

	n	%
Do you think first and emergency aid technicians should provide spiritual care?		
Yes	62	60.8
No	40	39.2
Do you have any knowledge about spiritual care?		
Yes	16	15.7
No	86	84.3
What do you think spiritual care is?		
Behavior that is more kind and sensitive to the individual humane	16	14.7
Conscientiousness	35	34.3
I do not know	51	51.0
In your opinion, what are the factors associated with the first and emergency aid technician that affect the delivery of spiritual care?		
Own opinions on spirituality	8	7.8
Spiritual needs and the way they perceive care	13	12.7
Hope for life/individual willingness/sensitivity	24	23.5
Perception and sensitivity of own views, hopes, and care regarding spirituality	51	50.1
I do not know	6	5.9
Total	102	100.0

Table 3: Students' opinions on spirituality

	n	%
What is the concept of spirituality?		
The individual is more sensitive to herself and her surroundings	34	33.3
Well-being/worthiness/social well-being	19	18.7
I don't know	49	48.0
Are religion and spirituality the same concepts?		
Yes	11	10.8
No	91	89.2
Should spirituality included in the first and emergency aid programs?		
Yes	47	46.1
No	55	53.9
Are you wanted to receive spiritual education?		
Yes	52	51.0
No	50	49.0
What are the spiritual activities you do for yourself?		
In culcating to yourself	25	24.5
Perform prayer/pray	10	9.8
Inculcating to yourself and pray	38	37.3
Do nothing	29	28.4
Is there a relationship between spirituality and age?		
Yes	38	37.3
No	64	62.7
Do you want to receive spiritual care for yourself?		
Yes	48	47.1
No	54	52.9
What do you think are the situations where spirituality is needed?		
Physiological ailments	8	7.8
Psychological disorders	25	16.7
Positive emotional feelings	11	10.8
Negative emotional feelings	11	18.6
Physiological and psychological all dimensions	47	45.1
To whom/who do you think should be given spiritual care?		

To Healthy Individuals	17	16.7
To Patients/Terminal Periods	36	35.3
To the elderly	16	15.7
All individuals	33	32.3
Who do you think should provide spiritual care?		
Doctor/nurse/midwife	10	9.8
Psychologists	44	43.1
Religious commissary	42	41.2
First and emergency technician	6	5.9
Is spiritual care necessary?		
necessary	62	60.8
No necessary	21	22.5
I have no idea	19	16.7
Total	102	100.0

Table 4: Scores Distribution of Students on Spirituality and Spiritual Care Rating Scale

The sub-dimensions of the Spirituality and Spiritual Care Rating Scale	Min.	Max.	Mean ±SD
Spiritual Care	7.00	35.00	15.73±5.61
Religiousness	4.00	20.00	12.84±3.55
Individual care	4.00	20.00	9.2±3.12
Total Score	17.00	85.00	43.13±10.16

Table 5: The Distribution of Relationships between Some of the Demographic Characteristics of the Students, Their Opinions on Spiritual and Spirituality, and Their Scores on the Spiritual and Spirituality Scale

	n	Spiritual Care Mean ±SD	Religiousness Mean ±SD	Individual Care Mean ±SD	Spirituality and Spiritual Care Total Scale
Gender					
Female	64	15.57±5.7.27	12.71±3.52	9.50±3.10	43.21±11.10
Male	38	16.00±4.04	13.05±3.64	8.90±3.16	43.00±8.48
		t=-0.397 p=0.660	t=-1457 p=0.652	t=0.904 p=0.368	t=0.105 p=0.911
Class					

First grade	5	15.21±4.63	12.30±3.34	8.98±2.77	41.78±8.93
Second grade	4	16.34±5.71	13.46±3.71	9.6±3.48	44.72±11.32
	7	t=-1.095 p=0.284	t=-1.656 p=0.104	t=-1.058 p=0.301	t=-1.465 p=0.154
Family structure					
Nuclear family	7	15.61±5.46	12.95±3.56	9.32±3.48	43.30±11.13
Extended family	2	16.57±4.15	11.90±3.76	9.23±1.70	42.95±6.49
Broken family	1	14.90±5.14	13.90±2.84	9.09±2.98	42.45±10.10
	1	F=0.430 p=0.652	F=1.270 p=0.285	F=0.030 p=0.971	F=0.037 p=0.964
Is spirituality associated with age?					
Yes	3	16.13±5.81	13.62±2.83	9.31±3.80	43.75±8.86
No	6	15.50±4.77	11.52±4.24	9.26±2.67	42.10±12.09
	4	t=0.595 p=0.553	t=2.995 p=0.003	t=0.078 p=0.943	t=0.789 p=0.468
Do you have any knowledge about spiritual care?					
Yes	1	16.00±5.15	13.38±4.19	9.46±2.97	43.54±10.22
No	8	14.61±5.65	12.61±3.43	9.07±3.83	40.92±11.01
	6	t=0.891 p=0.375	t=0.729 p=0.539	t=0.422 p=0.732	t=1.854 p=0.395
Are spirituality and religion the same concept?					
Yes	1	16.36±5.05	13.00±3.35	9.67±3.01	44.49±9.70
No	9	10.54±2.46	11.54±4.88	6.09±2.02	31.90±6.34
	1	t=3.750 p=0.000	t=1.281 p=0.201	t=3.821 p=0.000	t=4.184 p=0.000
Would you like to study spirituality?					
Yes	5	16.90±5.51	12.96±3.77	9.82±3.24	45.32±11.45
No	2	14.62±4.63	12.74±3.39	8.78±2.96	41.09±8.40
	5	t=2.245 p=0.002	t=0.301 p=0.764	t=1.673 p=0.098	t=2.115 p=0.037
Do you think first and emergency aid technicians should provide spiritual care?					
Yes	6	17.87±5.31	13.01±3.61	10.52±3.40	46.50±11.96

Yes	40	14.35±4.60	12.57±3.47	8.48±2.66	40.96±8.20
		t=3.549 p=0.001	t=0.610 p=0.540	t=3.382 p=0.002	t=2.562 p=0.013
Do you want to receive spiritual care for yourself?					
Yes	48	17.12±5.03	13.33±3.78	10.20±3.42	46.24±10.72
No	54	14.24±5.03	11.97±3.08	8.46±2.30	39.55±8.55
		t=2.838 p=0.006	t=1.928 p=0.052	t=2.897 p=0.003	t=3.380 p=0.001
Should spirituality issues be included in the first and emergency aid technician education?					
Yes	47	17.56±4.77	13.40±3.02	9.74±3.37	45.16±11.39
No	55	13.59±4.81	12.36±3.91	8.74±2.74	40.76±7.98
		t=4.170 p=0.000	t=1.483 p=0.134	t=-1.625 p=0.102	t=2.220 p=0.025

*: independent t test, **: One Way Anova (Post-hoc Benforrini test), p<0.05

Discussion

The factors affecting the spirituality and spiritual care perception levels of the first and emergency aid program students were examined in the present study. Here, we report that about half of the students did not have knowledge about spirituality and spiritual care, and their perceptions of spirituality and spiritual care were at a low level.

While studies on paramedic students are limited in the literature, there are more studies on students studying in other health-related departments (such as nursing and medicine). Therefore, study results may differ. As a matter of fact, Kalkim et al. (2016). in their study with nursing students, stated that more than half of the students did not have knowledge about spirituality and spiritual care. In a research conducted with anesthesia students in Iran, it was stated that more than half of the students had knowledge about spirituality and spiritual care (Maarefi et al., 2020). In a similar study, the perception of the spirituality of midwifery and nursing students; was stated that they were affected by the education they received and the events in their own lives (Ross et al., 2018). It is crucial

that health professionals have sufficient knowledge and skills to provide spiritually-based holistic care. The spiritual dimension, which is often overlooked, is especially significant for first and emergency aid technicians who encounter people at different stages of their lives, and they need to be aware of how best to meet individuals' religious and spiritual needs (Ramezani et al., 2014).

In the study, it was determined that the vast majority of students equated spirituality with religion. This is supported by other literature examining students in healthcare programs. In the study of Deb et al. (2016), in which they questioned the effects of socio-economic status, social support and religious background on 475 university students, they stated that religion is a positive predictor of spirituality. In the study of Preposi et al.(2017), in which they examined the perspectives of spirituality and spiritual care in nursing students, the students stated that religion and spirituality should be considered together and are inseparable. O'Connell-Persaud and Isaacson (2022) found undergraduate students did not separate religiosity from spirituality and that spirituality and religion mean the same thing. This is supported by Ramezani et al. (2014),

conceptual analysis study covering the years 1950-2012 which discovered that spiritual beliefs and values are not only related to religion. Therefore, these results indicate that students need more guidance to understand the differences between spirituality and religion.

Another finding in the study was that students who wanted to include spirituality in their course contents had higher perceptions of spiritual care. In the studies, it has been determined that there is a close relationship between the students' taking lessons about spiritual care and their ability to give spiritual care, their level of perception of spiritual care and their perception of their roles in spiritual care (Tiew & Creedy, 2012). Therefore, education is significant and necessary for understanding the concept of spirituality and determining the spiritual dimensions (O'Connell-Persaud & Isaacson, 2022). First and emergency aid program students, who are part of the multidisciplinary team, should also have knowledge and skills about spirituality and be equipped with practices in this field to accurately determine their spiritual needs and plan appropriate initiatives to provide holistic care.

In the study, it was found that students who think that first and emergency technicians should provide spiritual care have higher perceptions of spirituality and spiritual care. In the study of Tiew and Creedy (2012), it was stated that the perception of spirituality and spiritual care would be positively affected when healthcare professionals consider spiritual care among their job descriptions. In the study of Wu et al. (2012), with nursing students, it was stated that students who specified that spiritual care was related to nursing care had higher perceptions of spirituality and spiritual care.

For an individual to realize the spiritual needs of others, they must first discover or develop their spiritual side. In our study, students who want to receive spiritual care for themselves have higher perceptions of spirituality and spiritual care. In the study of Tiew and Creedy (2012) it was stated that as the individual's spiritual awareness increases, his/her ability and perception of providing spiritual care also increases. An individual's ability to understand and assess their spiritual needs

depends on the health professionals' spiritual awareness and culturally existing knowledge of relevant spiritual interventions (Ramezani et al., 2014; Wong et al., 2008). This is supported by Jahandideh et al. (2018) whose findings support the need for spiritual education for and in the professional development process in order for the health worker to provide spiritual care. Therefore, the spiritual well-being of the first and emergency aid technicians is also important as it can affect the quality of care they provide and the way they are delivered. A first and emergency aid technician who has not completed her spiritual aspect cannot be expected to have communication skills (giving hope, building confidence, etc.) that will strengthen her/his spirituality while giving spiritual care.

Spiritual care, which is part of daily practice, begins with promoting human contact in a merciful relationship in the health professions and focuses on people's well-being (Giske & Cone, 2015). In the study, the total score of the students' perceptions of spirituality and spiritual care was found to be 43.13 ± 10.16 , and their perceptions of spirituality and spiritual care were found to be low. Although there are no studies evaluating the attitudes of first and emergency aid program students towards spirituality in field studies, studies conducted with nursing and midwifery students have been reported, and it has been seen that the perceived spiritual care dimension is high (Preposi et al., 2017). In the studies conducted with nursing students, the mean score of spirituality and spiritual care perceptions was determined by Abdollahyar et al. (2019) stated as 61.6 ± 9.71 , Babaohamadi et al. (2018) stated as 59 ± 10.9 , Aslan and Unsal (2021) stated as 59.8 ± 9.7 , Kokturk Dalcali and Erden Melikoglu stated as 49.94 ± 6.43 . This result may be related to the absence of courses related to the care dimension in the curriculum contents of the students studying in the first and emergency aid program. In addition, it may be due to the complex structure in the definition of the concept of spirituality, and it makes us think that students are not sufficiently supported and feel inadequate in spirituality and spiritual care

Limitations of the Research—The current study has several limitations. The research

was completed with the participation of students living in the east of Turkey. The research results are limited to the data obtained from students who agreed to participate in the research on the dates when the data collection tools were applied. Spirituality is one of the constructs where participants may refuse to express their inner thoughts for different reasons or may try to portray themselves as having higher spiritual knowledge than they do. Accordingly, in all research on spirituality, paying attention to this fact is useful in terms of drawing conclusions and making generalizations. The current study measured variables using only self-reported questionnaires, which may subject the results to bias. It is recommended to use other evaluation tools and methods such as interviews in future studies to achieve more accurate and reliable results.

Conclusion: Our data suggested that the students' perception of spirituality and spiritual care was low. First and emergency aid program students have a key role in spiritual care because they are generally the first responders in the community health. Students should have the awareness to have the skills and competencies to provide holistic, people-centered, spiritual care delivered with respect, compassion, and compassion through a holistic framework. Education for spirituality and spiritual care needs to be integrated into training programs to ensure professional skills and competence. In addition, it is recommended to conduct more comprehensive scientific studies in different universities to determine the knowledge level of first and emergency department students in the pre-graduate period about spirituality and spiritual care and to increase their awareness of the subject. In parallel with these studies, protective and preventive approaches and spiritual guidance programs can be established.

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