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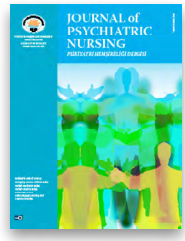

Original Article

Evaluation of the spiritual care needs of risky pregnants from the perspective of the patient and the clinician: A qualitative research

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Abstract

Objectives: Being diagnosed with a risky pregnancy and complications developing during pregnancy cause both stress and uncertainty for women and their families, so women with risky pregnancies need spiritual care more. For this reason, this research was conducted to determine the spiritual care needs of risky pregnant women which require a multidisciplinary approach.

Methods: The research is a phenomenological descriptive type of qualitative research. The study was completed with 20 participants, including 10 pregnant women who were hospitalized in the obstetrics and gynecology clinic and diagnosed with risky pregnancy, and 10 clinicians who were responsible for the care and treatment of pregnant women in the clinic. Data were collected using a semi-structured interview form. Data analysis was supported by the MaxQda 2020 Pro package program.

Results: The two themes that emerged in this study are the perspectives of pregnant women and the perspectives of clinicians. Each theme is categorized as spirituality and spiritual care perceptions, spiritual care needs and experiences, and barriers to spiritual care.

Conclusion: According to the findings obtained from the study, it is seen that the views of pregnant women and clinicians on spiritual care are similar. Supportive relationships and providing respectful maternal care are among the spiritual care needs of women with risky pregnancies, and these help to maintain the spiritual well-being of pregnant women.

Keywords: Pregnancy-high risk; spiritual therapies; spirituality.

Although pregnancy is a physiological phenomenon, it is an important process because it causes physical, mental, and social changes in women's lives. Sometimes, some situations during pregnancy may put the health of mother and baby at risk and pregnancy is defined as a risky pregnancy.[1] High-risk pregnancy is defined as a physiological and psychosocial process that endangers the life and health of the mother, fetus, or newborn, and increases the risk of illness and death.[2,3] Being diagnosed with a risky pregnancy and complications during pregnancy create both stress and uncertainty for women and their families. In addition, these pregnant women may experience feelings of guilt, grief, alienation, and loneliness, their need for prayer increases, and they need more spiritual care in the management of pregnancy complications and risks.[4] Spirituality is generally expressed as a complex concept that includes the non-physical aspects of human life experienced through associating human life with God, self, others, and nature. Spirituality is related to all aspects of

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an individual's health and illness, guides the daily habits of their life, and is expressed as a source of support, strength, and healing for the individual.[5] Fisher defines spirituality as a fundamental aspect of an individual's general health and well-being, which ensures the integration and coordination of all aspects of health, including the physical, psychological, social, and emotional domains.[6] To meet the spiritual care needs of high-risk pregnant women, no single approach is sufficient by itself and a multidisciplinary approach is required. Nurses, midwives, and physicians can provide effective spiritual care and support in line with their professional practice.[4,7,8]

When we look at the studies on spirituality, it is seen that the importance of spirituality has been examined,[9,10] and the knowledge levels of nurses and students on spirituality have been investigated.[11-13] However, it has been determined that there are no studies on the dimensions of physicians, nurses, midwives, and patients in determining the spiritual care needs of risky pregnant women. For this reason, this research was conducted to determine the spiritual care needs of high-risk pregnant women, which requires a multidisciplinary approach, from the point of view of the clinician and the patient.

What is known about this topic?

- Spiritual care is based on unconditional love, affirms the individual's worth, and is influenced by his/her spiritual and cultural beliefs, physical states, feelings, thoughts, and cultural affiliations.
- The spiritual care needs of the patients include social support, good communication, and elimination of information deficiencies. According to clinicians, patients' spiritual care needs include good communication, empathy, and evaluating the individual in all aspects.

What does this article add to the existing knowledge?

- In this study, the spiritual care needs of women with risky pregnancies were defined from the point of view of clinicians and pregnant women. Clinicians stated that receiving spiritual care by pregnant women causes positive obstetric outcomes. The pregnant women stated that spiritual care provided respectful maternal care and they felt better spiritually.

What is the contribution to the field?

- It is thought that the findings obtained from the study will help to standardize spiritual care in clinics and will guide health personnel in terms of determining and providing spiritual care needs of risky pregnant women.

Materials and Method

Type of Research

The research is a phenomenological descriptive type of qualitative research. In this study, descriptive phenomenology developed by Husserl (1981) was chosen as a perspective.[14] The consolidated criteria for reporting qualitative research checklist were used in the research group, study design, analysis, and writing of findings.[15]

Research Question and Sub-questions

- What are the spiritual care needs of pregnant women at risk from the point of view of clinicians and patients?
- What are the spiritual care experiences of risky pregnant women?
- What are the clinicians' experiences in providing spiritual care to rısky pregnant women?

Participants

The study was completed with 20 participants, including 10 pregnant women who were hospitalized in the obstetrics and gynecology clinic of a university hospital and diagnosed with risky pregnancy, and 10 clinicians who were responsible for the care and treatment of pregnant women in the clinic. The snowball sampling method, which is one of the purposeful sampling methods, was used in the inclusion of the participants in the research. The purpose of the snowball sampling method is to identify individuals who can be a rich source of information on the subject of the research. For this purpose, the questions "Who can be the most knowledgeable on this subject? Who or whom would you suggest I talk to about this matter?" were directed to the responsible physician and nurse of the clinic, and the clinicians and patients who could participate were reached. The data collection process ended when the interviews reached data saturation and the second author (who conducted the interviews) decided that they had provided enough rich and detailed material for them to understand and see the basic structures.

Inclusion Criteria

For Patients

- Being able to speak and understand Turkish
- Being diagnosed with a high-risk pregnancy
- Being inpatient.

For Clinicians

1. Being able to speak and understand Turkish
2. Carrying out the treatment and care of patients with a diagnosis of risky pregnancy.

Procedure

Research data were collected between April and May 2022 using a semi-structured interview form (Table 1). The semi-structured interview form was prepared based on the literature.[16,17] Preliminary interviews were conducted with two clinicians and two patients before starting the study, and the adequacy of the interview form was tested. As the questionnaire could be understood by the participants at the end of the pre-interview, no change was needed. Preliminary interviews were not included in the research data. Individual in-depth interviews were conducted face-to-face in a quiet environment without interruption. The interviews lasted between 30 and 53 min. The purpose and method of the research were explained to the participants and interviews were held with the participants who agreed to it. Before starting the interview, the participants were told that the interviews would be recorded and their informed consent was obtained. The recorded interviews were converted into written text in digital environment.

Table 1. Individual in-depth interview questions

Questions for pregnant women	Questions for clinicians
What does spirituality mean to you?	What does spirituality mean to you?
How would you define "spirituality" and "religion"? What are the main differences?	How would you define "spirituality" and "religion"? What are the main differences?
What does spiritual care mean to you?	What does spiritual care mean to you?
Do you think that spiritual care should be provided in health services? If yes, why? If no, why not?	Do you think that spiritual care should be provided in health services? If yes, why? If no, why not?
What did you experience regarding spiritual care in the health institution? Can you tell us an example where you felt that you received spiritual care? If yes, by whom did you receive care? When did you get it? What did it do? If no, why couldn't you get it?	What did you experience about spiritual care with risky pregnant women in the health institution? Can you tell me an example where you provided spiritual care?
What are the negative practices that a healthcare professional can do to risky pregnant women? Can you share an example where your spirituality was not addressed or negatively affected?	What is the most negative thing a healthcare professional can do to a risky pregnant woman? Can You Share Your Experiences? Have you had an experience where spiritual care was not available or was negative?
What are the positive practices that a healthcare professional can do to risky pregnant women? Can you share an example where your spirituality was addressed or positively affected?	What is the most positive thing a healthcare professional can do to a risky pregnant woman? Can You Share Your Experiences? Have you had an experience where spiritual care was available or was positive?

Analysis

The conventional content approach was adopted in the data analysis of the research. In this approach, researchers avoid predetermining themes and codes.[18] Giorgi and Giorgi's (2003) descriptive phenomenological psychological method was used to code the data.[19] The phenomenological reduction method was adopted throughout the data analysis. Supported by Giorgi's four-step phenomenological approach, data analysis is an iterative (linear manner) process. The first codes were created by reading the transcripts, the codes were grouped under themes, each theme was clearly defined, striking quotes were selected, data analysis was made, and the analyses were reported. The coding structure (code-subcategory-category-theme) was created by reading the data repeatedly. Data analysis was supported by the MaxQda 2020 Pro package program.

Reliability

Reliability means that in qualitative studies, the researcher observes the participants as they are and is as unbiased as possible.[20] Ensuring reliability is achieved through various methods such as transferability and validation. The researcher who conducted the interviews used the researcher's notebook during the interviews to ensure reliability. The research notebook was used to record logical and accurate notes during the study and helped the researcher while creating the coding structure. Themes and categories were created by the researchers as a result of repetitive interviews, by making a joint decision. At the end of the data analysis, coded documents were sent to a pregnant participant and a clinician participant, and the opinions of the participants were evaluated.

Ethical Disclosures

Written permission was obtained from the Presidency of the Non-Interventional Ethics Committee of Fırat University before starting the research (Date and Number: April 7, 2022 and 8015). The participants were told that the interviews would be recorded, that the data would be used for research purposes only, and that their identities would be kept confidential. In addition, the participants were informed that they could end the interview at any time or leave the study.

Findings

The ages of the pregnant women who were interviewed in-depth individually were between 24 and 42 and the clinicians were between 28 and 48 years old. Two of the pregnant women who participated in the study received undergraduate education and eight received secondary education. Three of the interviewed clinicians were nurses, two were midwives and five were physicians. Descriptive characteristics of pregnant women and clinicians are shown in Tables 2 and 3.

Three hundred and sixty-six codes were extracted from the data obtained from individual in-depth interviews. Two themes, six categories, and 15 subcategories were revealed from these codes. The two themes that emerged in this study are the perspectives of pregnant women and the perspectives of clinicians. The hierarchical code-subcode model of the first and second themes is shown in Figures 1 and 2.

Theme 1: Perspectives of Pregnant Women

The first theme is divided into three categories and eight subcategories perceptions of spirituality and spiritual care, spiritual care needs and experiences, and barriers to spiritual care.

Perceptions of Spirituality and Spiritual Care

The category of perceptions of spirituality and spiritual care is divided into three subcategories religious beliefs, cultural values, and social support.

Table 2. Descriptive features of pregnant women

Interviewer number	Interviewer type	Age	Education	Working status	Medical diagnosis
K1	Pregnant woman	40	High school	Not working	Venous thromboembolism
K2	Pregnant woman	40	Bachelor's degree	Not working	Gestational hypertension
K3	Pregnant woman	33	Bachelor's degree	Working	Preeclampsia
K4	Pregnant Woman	42	High School	Working	Gestational diabetes mellitus (GDM)
K5	Pregnant woman	24	High school	Not working	Premature rupture of membranes
K6	Pregnant woman	27	High school	Not working	Preeclampsia
K7	Pregnant woman	25	High School	Not working	GDM
K8	Pregnant woman	27	Bachelor's degree	Working	Preeclampsia
K9	Pregnant woman	30	High school	Not working	Premature birth threat
K10	Pregnant woman	32	High school	Not working	GDM

Table 3. Descriptive features of clinicians

Interviewer number	Interviewer type	Age	Education	Working years
K11	Nurse	29	Bachelor's degree	9
K12	Nurse	33	Master's degree	11
K13	Midwife	33	Bachelor's degree	11
K14	Physician	35	Bachelor's degree	7
K15	Physician	40	Bachelor's degree	13
K16	Midwife	35	Bachelor's degree	10
K17	Nurse	28	Bachelor's degree	4
K18	Physician	40	Bachelor's degree	11
K19	Physician	38	Bachelor's degree	9
K20	Physician	48	Master's degree	21

Religious Beliefs

Some of the pregnant women who participated in the study stated that the concepts of religion and spirituality complement each other. The majority of pregnant women explained the concept of spirituality within the framework of religious beliefs such as worshiping, praying, and believing in a creator. The participants stated that the spirituality of the people who fulfill the religious rules is stronger. They stated that people who follow religious rules avoid hurting other people, thus respecting spiritual values.

"Spirituality and religion… I think they are interconnected. The person who already has strong religious beliefs gives values to the person across them more. A person who adheres to their religion strengthens their spirituality by fulfilling the requirements of religion such as worship and prayer. (K1; age 40; pregnant; VTE)

"The person with strong religious beliefs is more kind, gentle and considerate towards other people. Since they are more respectful towards people's values, they also respect the spiritual values of the other person. (K5; age 24; pregnant; EMR)

Cultural Values

Some of the participants stated that spirituality is shaped according to the social and cultural value system of the society we live in. Participants emphasized that it is important to provide care for individuals without considering them separately

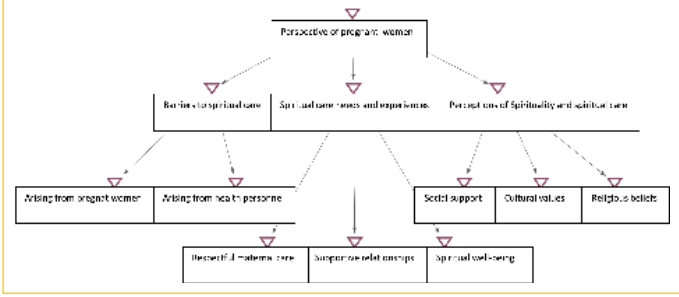

Figure 1. The hierarchical code-subcode model of the first theme.

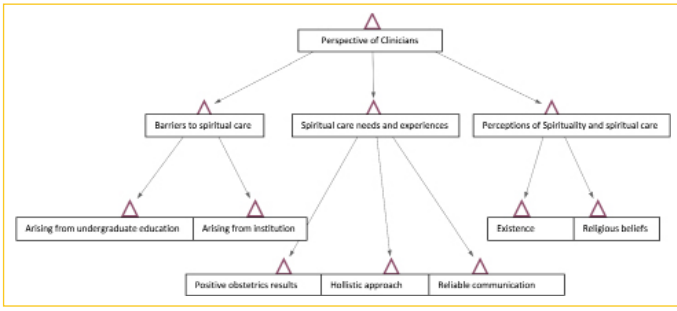

Figure 2. The hierarchical code-subcode model of the second theme.

from the society they live in. They think that spiritual care will be provided when they receive care by paying attention to social and cultural values.

"In my opinion, a person's spirituality can be shaped according to their values… For example, when I help the elderly, I feel very peaceful. But another person can feel the same feeling by feeding an animal." (K3; age 33; pregnant; preeclampsia)

"We receive spiritual care when they (health care workers) are empathetic to our traditional values. I feel more positive when they respect my actions and practices. I think that's spiritual care." (K6; 27 years old; pregnant; preeclampsia)

Social Support

The pregnant women stated that they felt at peace when they were cared for and supported by their spouses, parents, and other children. They stated that being supported by their social environment is included in spiritual care.

"Having my family by my side… My spouse's support… My spouse being with me, giving me morale all the time… My spouse always supports me by saying "you have a risk of premature birth, take care of yourself, do not lift heavy, do not do housework".. I think these words are spiritual care. Because when my spouse says these things, I am happy, my anxiety is lessened." (K7; 25 years old; pregnant; GDM)

Spiritual Care Needs and Experiences

The category of spiritual care needs and experiences is divided into three subcategories. These are supportive relationships, respectful maternal care, and spiritual well-being.

Supportive Relationships

The pregnant women who participated in the study stated that they experienced intense stress due to the risky pregnancy process and that they expected understanding and respect from the health-care professionals during this process. They stated that when they felt that they were understood and respected by the health personnel, they developed a supportive relationship with the health personnel and they needed this relationship. They stated that when a supportive relationship with healthcare professionals develops, their self-confidence increases and they have more confidence in the health-care institution and healthcare professionals.

"When the healthcare personnel comes to me smiling and saying hello, it makes me happy. I feel relieved… I think the healthcare worker should respect my wishes and be understanding when I have pain. When they support me in this way, they provide spiritual care. When nurses act like this, I trust them more and I believe that they want my well-being and my baby's well-being. When I am in such a relationship with them, my spiritual anxiety decreases." (K1; age 40; pregnant; VTE)

Respectful Maternal Care

The participants stated that it was important for their spiritual health that the health personnel approach them with a smiling face, understanding and caring about the wishes of the patient. They stated that they were worried not only about their own health, but also about their babies, other children, and spouses during the risky pregnancy process and that the health personnel should provide care considering these situations. They stated that they feel more positive and healthy when healthcare workers act in such a supportive way. They stated that providing care according to the mental state of pregnant women helps to provide respectful maternal care.

"I am inpatient at the hospital because I have a risky condition. I have other children at home waiting for me… So I'm worried. On top of all this, when the employees (health personnel) treat me badly, sulk or snap at me, I become even more worried. For this reason, I think employees (health personnel) should act with this in mind. They should respect my concerns about my health and act accordingly." (K8; 27 years old; pregnant; preeclampsia)

"I feel healthier and happier when nurses, midwives and physicians treat us well, listen to us and pay attention to our wishes. I think our need for spiritual care is to be heard and respected. Receiving respectful care." (K3; age 33; pregnant; preeclampsia)

Spiritual Well-Being

The pregnant women stated that supportive relationships and respectful maternal care are among the spiritual care needs and these contribute positively to the provision and maintenance of their spiritual well-being. Participants stated that worrying about themselves, their babies, and their families threatens their spiritual well-being, and the supportive and respectful behavior of healthcare professionals helps to alleviate these concerns. In this way, they emphasized that the spiritual well-being of women with risky pregnancies can be supported.

"If the people who work here (health personnel) treat us with respect, if they treat us in a warm, kind and supportive way, there is a relief (showing their heart) here. I feel peaceful and happy. So I'm mentally fine. My fears about my baby may not go away, but they decrease and I feel relieved every time I see that nurse." (K2; age 40; pregnant; GHT)

Barriers to Spiritual Care

The category of barriers to spiritual care is defined by two subcategories: barriers caused by pregnant women and barriers caused by health personnel.

Barriers Caused by Pregnant Women

In addition to mentioning the role of supportive relationships in receiving spiritual care, the pregnant women also stated that the behavior of pregnant women is important in relationships. They stated that in addition to the healthcare worker's respect for the pregnant woman, pregnant women, and their families should respect the healthcare professionals. Participants stated that when a negative attitude towards health workers is displayed, the caregivers also have a negative attitude towards pregnant women and therefore they cannot receive spiritual care.

"I think we should have a positive attitude, not just healthcare professionals. We, too, can hurt healthcare workers. As such, the other employee may act colder while caring for us." (K1; age 40; pregnant; VTE)

Barriers Caused by Healthcare Personnel

The pregnant women stated that due to the workload of health workers, they could delay their spiritual care. They mentioned that they only found time to deal with physical health problems because they were dealing with more than one pregnant woman. For this reason, they emphasized that the number of health workers should be increased or the working hours should be regulated. They stated that some health personnel behaved rudely and were intolerant.

"They are very busy. I think that's why they don't have time. Planning the treatment, and after the application, there is not time for spiritual care. Because the patients are many, the workers are few. In my opinion, the number of health workers should be increased or working hours should be planned. They must work in humane conditions." (K8; 27 years old; pregnant; preeclampsia)

"The structure and character of some health personnel is like that. Maybe they don't like people, I don't know. They are rude to patients, they are unsympathetic. In my opinion, such people should not be in the health sector." (K1; age 40; pregnant; VTE)

Theme 2: Perspective of the Clinicians

The second theme is divided into three categories and nine subcategories perceptions of spirituality and spiritual care, spiritual care needs and experiences, and barriers to spiritual care.

Perceptions of Spirituality and Spiritual Care

This category is divided into two subcategories. These are religious beliefs and existence.

Religious Beliefs

Some of the clinicians stated that the concepts of spirituality and religion are used interchangeably and confused. They stated that spirituality is not dependent only on religion, but people who fulfill religious rules and responsibilities have higher spirituality.

"Spirituality does not mean religion. But when we pray and worship, our soul becomes more peaceful. It affects our spirituality positively and strengthens our spiritual side." (K11; age 29; nurse)

Existence

The majority of clinicians defined spirituality as attempts to fulfill the purpose of human existence. Participants stated that people's pursuit of practices that are good for their souls stems from the existence of human beings, and therefore, things that are good for the soul strengthen spirituality.

"Spirituality is our purpose of existence… In human existence, there is a search for spiritual peace, to serve their own soul. People who do these are stronger spiritually. Therefore, spirituality is the reason for human existence…" (K18; age 40; physician)

Spiritual Care Needs and Experiences

The second category is divided into three subcategories as reliable communication, holistic approach, and positive obstetric outcomes.

Reliable Communication

Clinicians stated that pregnant women need reliable communication with healthcare professionals the most. They mentioned that reliable communication is provided between the pregnant women and them when the health personnel behaved close to the pregnant women in a smiling manner and when they are open to communication. They emphasized that risky pregnant women experience more anxiety, therefore, starting a reliable communication with pregnant women is necessary to control this anxious situation experienced by pregnant women. They stated that women are more positive and their spiritual care needs can be met when they have reliable communication with risky pregnant women.

"I think health personnel should be more friendly and smiling towards women… When we (health personnel) act like this, women trust us (health personnel) more. They want to communicate, they are not afraid of us. For this reason, we are better able to provide appropriate treatment for them, as they share their concerns with us more easily." (K15; age 40; physician)

"The thing that pregnant women with risky conditions need most is positive communication, reliable communication. When you provide this, you provide spiritual care because you can alleviate their mental distress because the woman trusts you." (K13; age 33; midwife)

Holistic Approach

Clinicians participating in the study stated that a holistic approach should be adopted when caring for high-risk pregnant women. They stated that while evaluating pregnant women, not only their physical health, but also their social, mental, and spiritual health should be evaluated so that full care can be given. Clinicians emphasized that pregnant women receive deficient care when only their physical health is evaluated and they need a holistic approach to provide spiritual care.

"We need to have a holistic perspective while providing care and treatment. After all, spiritual care is a part of holism, so someone who does not have a holistic perspective may ignore spiritual care. While evaluating the pregnant women, especially the risky pregnant women we treat, it is necessary to evaluate the factors such as the psychological state which is related to the physical parameters. If we adopt the philosophy of holism, we can provide them. This is what pregnant women need as well." (K20; age 48; physician)

Positive Obstetric Results

Clinicians stated that the clinical condition of the pregnant women who received spiritual care progressed more stable and they had more positive obstetric outcomes both in labor and postpartum period. They stated that especially when

pregnant women with hypertension problems receive spiritual care, their blood pressure remains within normal limits. They stated that when the spiritual care of these women was neglected, their blood pressure could rise due to the anxiety they experienced. In addition, they stated that postpartum newborn health is more positive because women who receive spiritual care are more stress-free during birth.

"Blood pressure stays within normal limits when we take care of the woman's treatment and provide spiritual care in the hospital, for example... Because you don't treat the woman like an object, you listen to her anxious situation, you talk to her, you support her... When you take care of the woman like this, the childbirth goes more smoothly because the stress of the woman decreases and the newborn is affected more positively. For example, the APGAR score is higher." (K13; age 33; midwife)

Barriers to Spiritual Care

This category is divided into two subcategories. Subcategories are: Barriers arising from the institution and barriers arising from undergraduate education.

Barriers Arising from the Institution

Clinicians stated that the conditions of the health institution should be improved to provide spiritual care. They stated that the spiritual care needs of risky pregnant women can be ignored due to the lack of personnel employment in the health institution, long working hours, and the inability to meet the spiritual needs of the personnel.

"Even if you want to provide spiritual care, you don't have time. If you have time, you run out of energy due to working hard. When the number of personnel is low, we are left with a lot of work, so we cannot evaluate the spiritual needs of the patients. For this reason, the working conditions of health institutions should be regulated." (K16; age 35; midwife)

"Until my spiritual needs are met, I cannot meet someone else's. I have to be well spiritually so that I can heal someone else. If my motivation and morale are low, I make the pregnant women I provide care feel this too. The institution must meet the spiritual needs of its employees for morale and motivation." (K15; age 40; physician)

Barriers Arising from Undergraduate Education

Some of the clinicians stated that spiritual care is not given enough place in undergraduate education. They stated that spiritual care training programs should be organized because spiritual care is not adequately explained in the undergraduate education of health personnel.

"Whether it is a physician, nurse or midwife, spirituality is not sufficiently integrated into the education of health personnel. For this reason, the graduated health personnel do not know what spirituality is, what spiritual care is, and how to give spiritual care. I think post-university training should be organized or iir must be ntegrated into undergraduate education." (K19; age 38; physician)

Discussion

This study aims to evaluate the spiritual care needs of women with high-risk pregnancies from the point of view of clinicians and pregnant women. According to the findings obtained from the research, it is seen that the views of pregnant women and clinicians on spiritual care are similar. It has been revealed that the spiritual care needs of risky pregnants are the establishment of supportive relationships and respectful maternal care. It has been determined that spiritual well-being is achieved when pregnant women are provided with care and treatment in this way. According to clinicians, the spiritual care needs of pregnant women are to provide reliable communication and to receive care from a holistic perspective. It has been revealed that positive obstetric results are obtained when pregnant women receive spiritual care. According to pregnant women and clinicians, there are some barriers to the provision of spiritual care.

Studies show that the concept of spirituality and spiritual care is mostly perceived in relation to religious and cultural issues.[21-23] It is emphasized in the literature that nurses and midwives often explain spirituality in religious terms and as an integral part of the care process.[21] In a focus group study conducted by Selman et al.[16] in 2018, it is seen that the concept of spirituality is defined by clinicians and patients by adhering to religious, social, and cultural values. In this study too, it was revealed that the majority of pregnant women and clinicians explained the concept of spirituality by associating it with religious, social, and cultural issues and that spiritual care could be provided depending on these values.

Similar to the findings of this study, it has been emphasized in the literature that a supportive, respectful, and therapeutic relationship should be provided with the woman throughout the care process to meet the spiritual care needs of women with risky pregnancies.[24] In a qualitative study conducted by Esan et al.[25] in 2022, it was revealed that respectful maternal care has factors such as effective communication with pregnant women, supporting women, and giving importance to their spiritual needs, and that women's spiritual needs should be evaluated to provide respectful maternal care. In another study, it was determined that midwives thought that the spiritual care needs of women and their families should be met to provide respectful maternal care.[26] Similar to the literature, this study also shows that respectful maternal care is among the spiritual care needs. The fact that women receive spiritual care has a positive effect on the initiation and maintenance of respectful maternal care.

The positive effect of spiritual care on obstetric outcomes has also been noted in studies.[27-29] In a study, physicians stated that physical health markers were better due to decreased anxiety levels of women who received spiritual care, and thus, spiritual care had a placebo effect in addition to medical treatment.[27] In a randomized controlled study conducted by Kamali et al.[29] in 2018, it was revealed that the risk of postpartum stress disorder decreased in women with preeclampsia who

received spiritual care compared to the control group. Since spiritual care positively affects obstetric outcomes, it is necessary to evaluate the spiritual care needs of women who have a high-risk pregnancy and these should not be neglected.

When the findings obtained from the research were examined, it was determined that there were obstacles in front of providing spiritual care. It is emphasized in the literature that clinicians do not fully know about spirituality and spiritual care. It was stated that spiritual care was disrupted due to insufficient spiritual care education during undergraduate education, current clinical practice problems, and lack of qualification of health personnel. In addition to these, it has been emphasized that factors such as the spiritual needs of the health personnel and the lack of time can also prevent spiritual care. Training programs should be organized to increase the competence and qualification of clinicians in spirituality and spiritual care.[23] In a study, the barriers to providing spiritual care were stated as lack of knowledge, time constraints, and lack of personnel and resources.[30] Our study is similar to the literature in this respect and the participants stated that they could not provide spiritual care due to factors such as deficiencies in undergraduate education and lack of time.

Conclusion

As a result, it has been revealed that spiritual care can be provided by establishing supportive relationships between clinicians and pregnant women, and spiritual care is essential in providing respectful maternal care. It has been revealed that women who have received spiritual care have positive obstetric outcomes, but further studies are needed on the subject. There are a number of obstacles to the provision of spiritual care. For this reason, it is recommended to increase research on spiritual care and develop strategies to ensure that pregnant women receive spiritual care.

Limitations

Since the study was conducted only with pregnant women with risky pregnancy diagnosis and inpatient treatment in the obstetrics clinic of a single university hospital, and the clinicians responsible for their care and treatment, it cannot be generalized.

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

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References

1. Mirzakhani K, Ebadi A, Faridhosseini F, Khadivzadeh T. Well-being in high-risk pregnancy: An integrative review. BMC Pregnancy Childbirth 2020;20:526.
2. Ölçer Z, Oskay Ü. Stress in high-risk pregnancies and coping methods. J Educ Res Nurs [Article in Turkish] 2015;12:85–92.
3. Baltacı N, Başer M. Anxiety, prenatal attachment and nurses' role in risky pregnancies. J Dokuz Eylul Univ Nurs Fac [Article in Turkish] 2020;13:206–12.
4. Breen GV, Price S, Lake M. Spirituality and high-risk pregnancy: Another aspect of patient care. AWHONN Lifelines 2006;10:466–73.
5. Mohsen AJ, Eslami-Akbar R. Spiritual needs of hospitalized patients from nurses' viewpoints: A qualitative study. Arch Venez de Farmacol y Ter 2020;39:916–25.
6. Fisher JW, Francis LJ, Johnson P. Assessing spiritual health via four domains of spiritual wellbeing: The SH4DI. Pastor Psychol 2000;49:133–45.
7. Ellis MR, Campbell JD, Detwiler-Breidenbach A, Hubbard DK. What do family physicians think about spirituality in clinical practice? J Fam Pract 2002;51:249–54.
8. Errico LSP, Bicalho PG, Oliveira TCFL, Martins EF. The work of nurses in high-risk prenatal care from the perspective of basic human needs. Rev Bras Enferm 2018;71(Suppl 3):1257–64.
9. Çınar F, Aslan FE. Spiritualism and nursing: The importance of spiritual care in intensive care patients. J Acad Res Nurs [Article in Turkish] 2017;1:37–42.
10. Yılmaz M. A dimension of holistic care: Spirituality, nature and relationship with nursing. J Anatol Nurs Health Sci [Article in Turkish] 2011;14:61–70.
11. Eğlence R, Şimşek N. Hemşirelerin maneviyat ve manevi bakım hakkındaki bilgilerinin değerlendirilmesi. Acıbadem Univ Health Sci J [Article in Turkish] 2014;5:48–53.
12. Gönenç İM, Akkuzu G, Altın RD, Möroy P. Views of nurses and midwives on spiritual care. Gümüşhane Univ J Health Sci [Article in Turkish] 2016;5:34–8.
13. Ozbasaran F, Ergul S, Temel AB, Aslan GG, Coban A. Turkish nurses' perceptions of spirituality and spiritual care. J Clin Nurs 2011;20:3102–10.
14. Moran D. Introduction to phenomenology. 1st ed. New York: Routledge; 2000.
15. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. Int J Qual Health Care 2007;19:349–57.
16. Selman LE, Brighton LJ, Sinclair S, Karvinen I, Egan R, Speck P, et al. Patients' and caregivers' needs, experiences, preferences and research priorities in spiritual care: A focus group study across nine countries. Palliat Med 2018;32:216–30.
17. Narenji F, Nahidi F, Ebadi A, Nasiri M. Spiritual health care during pregnancy from Iranian mothers' perspective: A qualitative study with content analysis approach. Ment Health Relig Cult 2018;21:1–12.
18. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. Qual Health Res 2005;15:1277–88.

19. Giorgi AP, Giorgi BM. The descriptive phenomenological psychological method. In: Camic PM, Rhodes JE, Yardley L, editors. Qualitative Research in Psychology: Expanding perspectives in methodology and design. Washington, DC: American Psychological Association; 2003.
20. Cypress BS. Exploring the philosophical, paradigmatic, conceptual-theoretical underpinnings of qualitative research: A focus on a phenomenological study in ıntensive care unit. Dimens Crit Care Nurs 2017;36:208–16.
21. McSherry W, Jamieson S. The qualitative findings from an online survey investigating nurses' perceptions of spirituality and spiritual care. J Clin Nurs 2013;22:3170–82.
22. Kalish N. Evidence-based spiritual care: A literature review. Curr Opin Support Palliat Care 2012;6:242–6.
23. Attard DJ, Ross DL, Weeks KW. Developing a spiritual care competency framework for pre-registration nurses and midwives. Nurse Educ Pract 2019;40:102604.
24. Holness N. High-Risk pregnancy. Nurs Clin North Am 2018;53:241–51.
25. Esan OT, Maswime S, Blaauw D. A qualitative inquiry into pregnant women's perceptions of respectful maternity care during childbirth in Ibadan Metropolis, Nigeria. Sex Reprod Health Matters 2022;30:2056977.
26. Moridi M, Pazandeh F, Hajian S, Potrata B. Midwives' perspectives of respectful maternity care during childbirth: A qualitative study. PLoS One 2020;15:e0229941.
27. Mustafa M, Batool A, Fatima B, Nawaz F, Toyama K, Raza AA. Patriarchy, maternal health and spiritual healing: Designing maternal health interventions in Pakistan. Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems 2020.
28. Kamaara E, Nyongesa P, Ayanga HO, Choge-Kerama EJ, Chelagat D, Koech JK, et al. Hospital-based spiritual care for mothers of neonates at RMBH in eldoret, Kenya: A situational analysis. Health Soc Care Chaplain 2019;7:145–67.
29. Kamali Z, Tafazoli M, Ebrahimi M, Hosseini M, Saki A, Fayyazi-Bordbar MR, et al. Effect of spiritual care education on postpartum stress disorder in women with preeclampsia. J Educ Health Promot 2018;7:73.
30. Kızılca Çakaloz D, Demir R, Çoban A, Taşpınar A. Evaluation of midwives' perceptions of spirituality and spiritual Care in Aydın, Turkey. J Relig Health 2023;62:3285–300.