



The Effect of Spirituality on Psychological Resilience in Women During the Pandemic Period

Pandemi Döneminde Maneviyatın Kadınlarda Psikolojik Sağlamlığa Etkisi

Sibel Ozturk¹, Nazlı Akar²

¹Department of Midwifery, Faculty of Health Science, Ataturk University, Erzurum;

²Department of Midwifery, Faculty of Health Sciences, Kafkas University, Kars, Türkiye.

ABSTRACT

Aim: It was carried out to evaluate the effect of spirituality and spirituality on psychosocial resilience in women during the pandemic period.

Material and Method: It is a descriptive and cross-sectional study. The study sample consisted of 335 women who met the research criteria. The research was carried out between April 2022 and June 2022 in a province in the Eastern Anatolia Region of Türkiye. Personal data formula, Spirituality and Brief Psychological Resilience Scale were used to collect data.

Results: The average score women received from the spirituality scale was 108.21 ± 13.81 , and the average score they received from the short endurance scale was 19.84 ± 4.65 . Spirituality levels were statistically significant between those who spent the COVID-19 disease process in the hospital and those who spent it at home ($p < 0.05$). As women's spirituality levels increased, their psychological resilience levels also increased ($p < 0.05$). There is a positive relationship between women's spirituality levels and psychological resilience.

Conclusion: Women with high levels of spirituality have a higher potential to cope with challenges such as epidemics and pandemics.

Key words: COVID-19; pandemic; psychological resilience; spirituality; women

ÖZET

Amaç: Pandemi döneminde maneviyat ve maneviyatın kadınlarda psikososyal dayanıklılığa etkisini değerlendirmek amacıyla yapılmıştır.

Materyal ve Metot: Tanımlayıcı ve kesitsel bir çalışmadır. Araştırmanın örneklemini araştırma kriterlerini karşılayan 335 kadın oluşturmuştur. Araştırma, Türkiye'nin Doğu Anadolu Bölgesi'nde yer alan bir ilde Nisan 2022 ile Haziran 2022 tarihleri arasında gerçekleştirildi.

Verilerin toplanmasında kişisel veri formu, Maneviyat ve Kısa Psikolojik Sağlamlık Ölçeği kullanılmıştır.

Bulgular: Kadınların maneviyat ölçeğinden aldıkları ortalama puan $108,21 \pm 13,81$, kısa dayanıklılık ölçeğinden aldıkları ortalama puan ise $19,84 \pm 4,65$ 'tir. COVID-19 hastalık sürecini hastanede geçirenler ile evde geçirenler arasında maneviyat düzeyleri istatistiksel olarak anlamlı bulundu ($p < 0,05$). Kadınların maneviyat düzeyleri arttıkça psikolojik dayanıklılık düzeylerinin de arttığı tespit edildi ($p < 0,05$). Kadınların maneviyat düzeyleri ile psikolojik dayanıklılıkları arasında pozitif bir ilişki bulunmaktadır.

Sonuç: Maneviyat düzeyi yüksek kadınların salgın ve pandemi gibi zorluklarla baş etme potansiyeli daha yüksektir.

Anahtar kelimeler: COVID-19; pandemi; psikolojik dayanıklılık; maneviyat; kadın

Introduction

As in other disasters, the COVID-19 pandemic has triggered changes that have affected the daily routines of humanity¹⁻³. In addition to the physical impacts of the uncertainties and challenges it has caused, the COVID-19 pandemic has also had considerable spiritual and psychological effects^{4,5}. These effects include loneliness, anxiety, depression, stigma, fear of death, etc. such situations^{2,4,6}.

The pandemic period has created various concerns and fears in individuals, such as fears of contracting the disease, losing loved ones, feeling unsupported and lonely in the isolation process for treatment, and socio-economic problems⁷⁻⁹. The intensity of the reactions displayed against these concerns and fears varies from one individual to another. While some individuals can cope with their challenges, others are underwhelmed by these challenges^{7,10,11}.

İletişim/Contact: Nazlı Akar, Department of Midwifery, Faculty of Health Sciences, Kafkas University, Kars, Türkiye. • **Tel:** +90 474 225 1567; +90 541 870 8353 • **E-mail:** nazakr80@gmail.com • **Geliş/Received:** 12.09.2023 • **Kabul/Accepted:** 07.05.2024

ORCID: Sibel Öztürk: 0000-0003-3236-1495 • Nazlı Akar: 0000-0001-8310-1234

Psychological resilience is the ability of an individual to overcome a difficulty and adapt to it^{12,13}. Individuals with high levels of psychological resilience have a stronger capability to cope with the challenges they encounter^{12,14}. Psychological resilience, which means fighting against problems and recovering in difficult living conditions, has been especially important in the COVID-19 pandemic period¹⁰.

Spirituality, which is a component of holistic mid-wifery care, is a factor that affects the recovery of individuals and their adaptation to situations such as health and disease^{11,15}. In challenging life conditions, the person is attracted to spirituality to reach comfort and hope, overcome stress, anxiety, and fear, and feel powerful. Thus, through spirituality, individuals feel safe and maintain a healthy life^{7,15,16}. In general, individuals need psychological resilience and spirituality when they feel insecure and cannot take the situation that is being experienced under control^{5,17}. Thus, this study was carried out to evaluate the impact of women's spirituality and spirituality on their psychosocial resilience during the pandemic period, which is difficult to cope with.

Method

Research Design and Sample

It is a cross-sectional and descriptive study. The research was carried out between April 2022 and June 2022 in a province in the Eastern Anatolia Region of Türkiye. The study's sample size was determined using the formula of unknown sample population ($n = t^2 pq/d^2$)¹⁸. The sample size was calculated as 246.335 people were included in the study.

Research Question

Does the COVID-19 pandemic have an impact on the spirituality and psychological resilience of women?

Inclusion Criteria

Being a woman over the age of 18 and having a minimum education level of primary school.

Instruments

Personal Data Form

It consists of 15 questions including, socio-demographic characteristics of women and information about the pandemic^{12,26,31}.

Spirituality Scale

A validity and reliability study was conducted by Şirin (2018). The measurement tool consists of 27 items, 3 of which (8, 13, 26) are reverse items. The scale was developed as a 5-point Likert. Scoring for each item is as follows: "Not applicable to me at all=1", "Not applicable to me=2", "Somewhat applicable to me=3", "Fairly applicable to me=4", "Completely Applicable to me=5". The measurement tool consists of 7 sub-dimensions. These sub-dimensions; "Spiritual Coping" (9, 12, 20, 21, 23), "Transcendence" (19, 22), "Spiritual Experience" (3, 11, 24, 25, 27), "Seeking Meaning" (7, 14, 15, 17), "Spiritual Contentment" (6, 8, 13, 26), "Connection" (1,2,4,18) and "Harmony with Nature" (5, 10, 16). The total score that can be obtained on the scale varies between 27 and 135, and high scores indicate that the person has high spirituality; Low scores indicate that the person has low spirituality. The Cronbach's alpha coefficient of the scale is 0.9017. The Cronbach alpha coefficient of this study was found to be 0.87.

Brief Resilience Scale (BRS)

It was developed by Smith et al.²⁰ in 2008 to measure people's psychological resilience levels. A Brief Resilience Scale Turkish reliability and validity study was conducted by Doğan²¹ in 2015. The scale is a self-report measurement tool consisting of 6 items, 3 of which are negative (items 2, 4 and 6). The scale consists of a single sub-dimension. The scale was developed as a 5-point Likert and from each item to the statement specified, "Not at all suitable=1", "Not suitable=2", "Somewhat suitable=3", "Appropriate=4", "Completely appropriate=5" is asked to choose one of the options. The total score that can be obtained on the scale varies between 5 and 30, and high scores indicate high psychological resilience; Low scores indicate that the person has low psychological resilience. Cronbach's alpha coefficient of BRS is 0.81²¹. The Cronbach alpha coefficient of this study is 0.83.

Collection of Data

Research data were collected through face-to-face interviews with women who agreed to participate in the study voluntarily. A personal data form and the Spirituality and Brief Psychological Resilience scale were used to collect data. The collection time for each data set was between five and seven minutes.

Statistical Analysis

The analysis of the data obtained in the study was done using the IBM Statistical Package for Social Sciences (SPSS) program version 22.0. Normal distribution analyses of the study were performed. As a result of the analysis, Skewness and Kurtosis coefficients were evaluated, and it was determined that the data showed normal distribution¹⁸. For statistical analysis, one-way analysis of variance (ANOVA), independent sample t test, Pearson correlation, and post hoc (Tukey, LSD) were performed. The statistical significance level is $p < 0.05$.

Ethics Principles of the Research

Ethics committee decision number B. 30.2. ATA. 0.01.00/138 was taken on 27.01.2022 by the Clinical Research Ethics Committee of Ataturk university to initiate and conduct the study. The women participating in the study were informed about the study. The women were informed that all data collected in this study would be kept confidential. Verbal and written consent was obtained from women who agreed to participate in the study.

Results

The mean age of the participants was 32.12 ± 10.59 . While 42.1% of the participants had a high school education, 41.2% had an income-generating job. It was found that 42.1% of the participants had contracted COVID-19. The average score of women on the spirituality scale was 108.21 ± 13.81 . Women's average score on the Brief Psychological Resilience Scale was determined as 19.84 ± 4.65 (Table 1).

Regarding the pandemic-related experiences of the participants, a significant difference was determined in their Spirituality Scale scores concerning their statuses of needing spiritual support ($p = 0.024$). It was found that the participants who needed spiritual support had a higher mean spirituality score (109.81 ± 13.66). The COVID-19 pandemic was defined by 26.3% of the participants as "a punishment to humanity." The highest mean spirituality score was determined among the participants who defined the pandemic as a punishment. The post hoc analysis determined that the significance stemmed from the participants who called it "a punishment given to humanity". There is a significant difference between women's spirituality score averages according to their definition of the pandemic ($p = 0.011$) (Table 2).

The mean general spirituality score of the participants was found to be high. The participants who stated they were not careful about the pandemic restrictions had a significantly lower mean spirituality score than those who stated they were careful about the restrictions and those who said they were sometimes careful ($p = 0.045$). Similarly, considering the statuses of the participants to follow masking and social distancing measures, the lowest mean spirituality score (103.23 ± 10.21) was

Table 1. Sociodemographic characteristics and COVID-19 diagnosis statuses of the participants

| | $\bar{X} \pm SD$ | Min-max |
|--------------------------------------|------------------|---------|
| Age | 32.12±10.59 | 18–64 |
| Spirituality score | 108.21±13.81 | 64–134 |
| Brief resilience score | 19.84±4.65 | 6–30 |
| | n | % |
| Educational status | | |
| Primary-secondary school | 63 | 18.8 |
| High school | 141 | 42.1 |
| University | 131 | 39.1 |
| Employment status | | |
| Employed | 138 | 41.2 |
| Unemployed | 197 | 58.8 |
| History of COVID-19 diagnosis | | |
| Yes | 141 | 42.1 |
| No | 194 | 57.9 |

Table 2. COVID-19-related behaviors of the participants and their mean spirituality scores

| Behaviors | n | % | $\bar{X} \pm SD$ | Test and p-value |
|---|-----|------|------------------|------------------|
| Needed psychological support | | | | |
| Yes | 93 | 27.8 | 109.58±14.26 | t=1.120 p=0.264 |
| No | 242 | 72.2 | 107.69±13.62 | |
| Received psychological support | | | | |
| Yes | 13 | 3.9 | 106.84±16.43 | t=0.389 p=0.697 |
| No | 321 | 96.1 | 108.36±13.65 | |
| Needed spiritual support | | | | |
| Yes | 179 | 53.4 | 109.81±13.66 | t=2.274 p=0.024 |
| No | 156 | 46.6 | 106.39±13.79 | |
| Defines the pandemic as punishment to humanity | | | | |
| Natural disaster | 26 | 7.8 | 100.42±14.34 | f=4.603 p=0.011 |
| Infectious disease | 221 | 65.9 | 108.78±13.60 | |
| Felt desperate | | | | |
| Yes | 63 | 18.8 | 106.95±15.24 | f=2.187 p=0.114 |
| No | 57 | 17 | 105.38±15.59 | |
| Sometimes | 215 | 64.2 | 109.33±12.76 | |
| Was concerned about the pandemic | | | | |
| Yes | 85 | 25.4 | 108.21±15.30 | f=0.121 p=0.886 |
| No | 49 | 14.6 | 107.34±14.66 | |
| Sometimes | 201 | 60 | 108.43±12.97 | |

Table 3. The effect of the attitudes of the participants towards protective measures on their spirituality levels

| Attitudes of the participants | n | % | $\bar{X} \pm SD$ | Test and p-value |
|---|-----|------|------------------|------------------|
| Was careful about pandemic-related measures | | | | |
| Yes | 175 | 52.2 | 107.32±14.39 | f=3.121 p=0.045 |
| No | 18 | 5.4 | 102.61±13.68 | |
| Sometimes | 142 | 42.4 | 110.03±12.85 | |
| Obedied mask-wearing and social distancing rules | | | | |
| Yes | 219 | 64.4 | 107.58±14.42 | f=2.670 p=0.071 |
| No | 17 | 89.2 | 103.23±10.21 | |
| Sometimes | 99 | 29.5 | 110.46±12.63* | |
| Has been vaccinated | | | | |
| Yes | 299 | 89.2 | 108.22±13.91 | t=0.036 p=0.702 |
| No | 36 | 10.8 | 108.13±13.10 | |

* post hoc testi (LSD, Tukey)

Table 4. The effect of the progress of the disease in the participants who had tested positive for COVID-19 on their spirituality

| Support requirement status | n | % | $\bar{X} \pm SD$ | Test and p-value |
|--|-----|------|------------------|------------------|
| Experienced COVID-19 at (n=141) | | | | |
| Home | 120 | 85.1 | 106.33±13.87 | t=2.418 p=0.017 |
| Hospital | 21 | 14.9 | 114.61±17.67 | |
| Needed psychological support | | | | |
| Yes | 54 | 38.3 | 109.14±14.65 | t=1.004 p=0.317 |
| No | 87 | 61.7 | 106.58±14.78 | |
| Needed spiritual support | | | | |
| Yes | 91 | 64.5 | 109.54±14.81 | t=2.184 p=0.031 |
| No | 50 | 35.5 | 103.96±14.00 | |

found in those who did not follow mask-wearing and social distancing rules ($p=0.071$). It was determined that the difference between the groups stemmed from the women who answered sometimes (Table 3).

A significant difference was found between the spirituality levels of those who experienced COVID-19 at the hospital and those who experienced it at home ($p=0.017$). The spirituality scores of the participants who had tested positive for COVID-19 and were treated at the hospital were higher. Among women with positive COVID-19 test results, a statistically significant difference in spirituality scores was found between those who needed spiritual support and those who did not ($p=0.031$) (Table 4).

It was determined that as the spirituality levels of the participants increased, their psychological resilience levels also increased ($p<0.001$). Additionally, a significant correlation was found between all dimensions of the Spirituality Scale and psychological resilience ($p=0.000$) (Table 5).

Discussion

In the present study, the effect of the COVID-19 pandemic on psychological resilience and spirituality in

Table 5. The relationship between spirituality and psychological resilience

| Spirituality scale and dimensions | Psychological resilience | |
|-----------------------------------|--------------------------|-------|
| | r | p |
| Spiritual coping | 0.306** | 0.000 |
| Transcendence | 0.117* | 0.032 |
| Spiritual life | 0.249** | 0.000 |
| Search for meaning | 0.218** | 0.000 |
| Spiritual satisfaction | 0.296** | 0.000 |
| Connection | 0.187** | 0.001 |
| Harmony with nature | 0.166** | 0.002 |
| Spirituality total | 0.337** | 0.000 |

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed)

women was examined. The spirituality levels of the participants were found to be high in general. In Turkish culture and Islamic belief, spirituality is gained through experiencing certain challenges. This is because experiencing these challenges is considered valuable in God's eyes²². The spiritual levels of the participants of this study may have been found high as Turkish society is known for its commitment to its religious and cultural values; besides, it was stated that spirituality increases and deepens in situations such as difficult living conditions and traumas²³ (Table 1).

In this study, the spirituality levels of the participants who stated they needed spiritual support were high.

This may have resulted from the inclination of the participants towards spiritual support and their increased need for spiritual support to cope with the pandemic. In a metaanalysis study, it was reported that spirituality provided support for mental relief in crises and times of danger²⁴. Individuals have the capacity to use their spiritual values as a source of power in difficult processes such as disease and treatment²⁵. The women who participated in this study may have desired to use this aspect of spirituality to cope with the stress that the COVID-19 pandemic caused them.

Spirituality is effective in many aspects of life. Therefore, health should be evaluated through a spiritual approach as a part of holistic midwifery care²⁵. In a study conducted by Kımter²⁶ (2020), 46% of the participants stated that the COVID-19 pandemic was “God’s test for humanity”. In the present study, the participants with high levels of spirituality defined the pandemic as “a punishment to humanity”, thus associating it with religion (Table 2).

Additionally, it was determined in the present study that the spirituality mean score of the women who did not practice the relevant measures and did not obey the rules regarding mask-wearing and social distancing was lower, while the spirituality mean score of those who obeyed these rules was higher. Studies examining the relationship between spirituality and health, have stated that spiritual practices protect individuals from harmful habits, provide them with a healthy living space, and guide them toward a regular life. Studies in the literature have reported that individuals with more established spirituality feel physically, socially, and emotionally healthier^{25,27} (Table 3).

The mean spirituality score of the participants of this study who had been diagnosed with COVID-19 and recovered from it at the hospital was found to be higher. Spiritual values give hope to individuals. It is seen that the spiritual needs of individuals rise to peak levels in emergencies and unexpected situations such as disasters²². As the participants who experienced COVID-19 at the hospital went through a more difficult process compared to those who stayed at home, they may have benefited more from their spiritual emotions to hold on to life (Table 4).

There is a positive relationship between women’s spirituality levels and psychological resilience. In this study, psychological resilience was found to have increased as the spirituality levels of the participants increased. The

study conducted by Kasapoglu²⁸ (2020) reported that individuals with high spirituality levels had stronger psychological resilience. Gulerce and Maraj²⁹ (2021) stated that spirituality had a positive correlation with psychological resilience, and it had high value in terms of coping with situations such as desperation. In the study they conducted with African and American women during the COVID-19 pandemic, Barney et al.³⁰ (2021) found that they turned towards religious issues more and emphasized spirituality. The study by Killgore et al.¹⁷ (2020) determined that those who prayed more frequently had higher levels of psychological resilience. Considering the results of the present study and other studies in the literature, it is seen that spiritual support provided in the pandemic period and other situations causing distress positively affects individuals’ coping with problems and increases their psychological resilience levels (Table 5).

Conclusion

In this study, the general spirituality levels of the participants were found to be high. It was determined that spirituality was effective on the participants’ psychological resilience during the COVID-19 pandemic, they paid more attention to the measures taken in this process, and developed positive behaviors. The spirituality levels of the participants who had tested positive for COVID-19 and been hospitalized were found to be higher. As the spirituality levels of the participants increased, so did their psychological resilience. Addressing the spiritual dimension of patient care and drawing the attention of healthcare professionals to this issue is important for both patients and families. Healthcare professionals should also consider spiritual support while providing holistic healthcare services.

Study Limitations

This study was conducted in a city in eastern Türkiye. Individuals living in other parts of the country may have given different answers.

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Declaration Conflict of Interest

The authors have no conflict of interest to declare.

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