



## Research article

# The comparison of spiritual well-being and empathic tendencies in midwifery students: A cross-sectional study from Turkey

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## ABSTRACT

This study aimed to investigate the relationship between spiritual well-being and empathic tendencies of midwifery students and the affecting factors. The sample of this descriptive-correlation type study, one of the descriptive research methods, included 237 midwifery students. The data were collected using the Descriptive Information Form, the Empathic Tendency Scale, and the Spiritual Well-Being Scale. Empathic tendency was higher among those who chose the midwifery department voluntarily, those who liked the department, those who felt that the department was suitable for them, those who participated in social and scientific activities, those who wanted to progress in the profession, those who wanted to work in the field and those who followed publications related to the field; Spiritual well-being was higher among those who felt that the department was suitable for them, those who participated in social and scientific activities, those who wanted to progress in the profession, those who participated in activities that provided the development of the profession, those who wanted to work in the field and those who followed publications related to the field. It was determined that the empathic tendencies and spiritual well-being of midwifery students were at a moderate level, and as a result of the comparison of Empathic Tendency Scale and Spiritual Well-being scale scores, there was a significant positive relationship between them.

## 1. Introduction

As one of the oldest professions, midwifery is based on various traditional practices in primitive times, and in line with the developments in the field of medicine over time, it has become a professional and continues to exist more effectively today [1]. Midwifery is defined as “a profession involving people who provide care and counseling during pregnancy, birth and postnatal period, perform normal births, and are trained to take care of the newborn” by the World Health Organization (WHO) and as “a reliable and responsible professional occupational group that provides care and advice for the woman in the birth and postnatal period, carries out the birth, cares for the newborn and works in cooperation with the woman” by the International Confederation of Midwifery [2].

According to one of the international definitions, the most basic competency criteria of the midwifery profession is to be with the woman and communicate based on an empathetic approach [3,4]. As a skill that is highly emphasized today, empathy forms the basis of health practices as it is a significant part of communication and is one of the most indispensable components of professional values

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[5,6]. With its various definitions from the past to the present, the concept of empathy is explained in the most general sense as the individuals' putting themselves in the place of the other party, looking at events from her/his perspective, or responding to the other person's emotional experience [7,8].

The focus of care provided by midwives and nurses, who are health professionals, is empathy-based skills, and the way of communication established with these skills meets the emotional needs of women [3,9,10]. Clinical empathy, whether verbal or nonverbal, is a critical element of health care [11]. Empathic communication between health professionals and women creates mutual trust, enhances birth-related satisfaction and control, reduces blood pressure, anxiety, pain, and fear of childbirth, facilitates mothers' participation in care, and most importantly improves maternal/newborn health status, thus a holistic care process is achieved, and the perception of the profession is also positively affected [3,11,12].

Spirituality as well as empathic approach is an important factor in health care practices. Originating from Latin, spirituality is a concept that means to feel life, find life worth living, be alive, and breathe, and it is among the factors that can impact the life of society, traditions and customs, and the health of individuals [13–16]. The concept of spirituality which has harbored different meanings throughout history is related to concepts like religion and beliefs, and it functions in a wide range that cannot be restricted to religious beliefs and practices [14]. Spirituality is an approach that is accepted in holistic care as a valuable part of a coping process and holistic care that makes a significant contribution in challenging situations [16, 17]. In the framework of holistic health care, the spiritual dimension has become at least as critical as other dimensions. Spirituality enhances individuals' desire for life and facilitates coping with demanding situations. Therefore, spirituality undoubtedly deserves more attention in social care and human-oriented care services in health-related professions [17]. Relevant studies argue that there are inadequacies and deficiencies in the level of knowledge, attitudes about the concept of spirituality and spiritual care, and lack of training about spirituality in health workers in general [16].

As health professionals, midwives are responsible for protecting the integrity of a person. They encounter many crises like risky pregnancies, perinatal loss, infertility, hysterectomy, menopause, gynecological cancer diseases, puberty, and adjustment to parenthood. Midwives are also expected to care for a group of patients with mental needs. In such cases, they offer help by approaching them with a holistic approach at a professional level [17,18]. Therefore, spiritual care has a considerable place in the midwifery profession, provides psychological, social, or religious care, and answers basic human questions such as the meaning of life, suffering, and death [13,15].

In this context, spirituality and an empathic approach are essential factors in midwifery education. To our knowledge, there are no studies in the literature on the comparison of midwifery students' empathic approaches and spiritual well-being. This study aims to investigate the factors influencing the spiritual and empathic approach in student years when students step into the profession, the issues to be addressed in the education and training process, suggestions, and the relationship between the empathic approaches and spiritual well-being of midwifery students.

### 1.1. Research questions

How are spiritual well-being and empathic tendencies of midwifery students?

What is the relationship between spiritual well-being and empathic tendencies of midwifery students and what are the factors affecting them?

## 2. Methods

### 2.1. Research design

The study design is cross-sectional and population-based.

### 2.2. Population and sample of the research

The population of the study consisted of students at Health Sciences University, Hamidiye Faculty of Health Sciences, Department of Midwifery (N: 287). No sample selection was made in the study, and it was planned to reach all students. A total of 237 students who agreed to participate in the study and were present in the classroom at the time of data collection were recruited for the study. The study was completed between 01.05.2022-01.09.2022.

#### 2.2.1. Inclusion criteria

The inclusion criteria were voluntary acceptance to participate in the study.

#### 2.2.2. Exclusion criteria

The student was not at school at the time the data was collected, wanted to leave the study at any time, filled out the survey forms incompletely or incorrectly, and was a foreign national.

### 2.3. Ethical considerations

To conduct the study, permission was obtained from the faculty and the ethics committee (Ethics Committee Date: 05.04.2022, Number No: 22/211). Participants were informed that the data would be kept confidential, and the principle of volunteerism was

ensured. The informed consent statement was received from the participants. Those who agreed to participate in the study were interviewed face to face and were asked to fill in the questionnaire forms.

#### 2.4. Data collection tools

Data collection was carried out in 3 stages.

1. Descriptive Information Form: Descriptive information form questions the sociodemographic characteristics of midwifery undergraduate students.
2. The Empathic Tendency Scale (ETS): The ETS was developed by Üstün Dökmen in 1988 to evaluate the level of empathy in daily life. The test reliability of the scale was found to be 0.91. The ETS is a Likert-type 5-point scale with 20 items. The options are “Completely Agree” = 5, “Fairly Agree” = 4, “Undecided” = 3, “Fairly Disagree” = 2, and “Completely Disagree” = 1. The scores on the positive items are directly used, and the scores on the negative items are reversed when calculating. The minimum and the maximum scores to be obtained from the scale are 20 and 100. The total score represents the empathic tendency score. High scores indicate a high empathic tendency [19]. The Cronbach’s alpha coefficient of the scale is 0.82, which was found to be 0.73 in this study.
3. The Spiritual Well-Being Scale (SWBS) The scale, which was developed by Ekşi et al. (2017) and whose Turkish validity and reliability were performed, was prepared for adults to give meaning to their lives in personal, environmental, and social aspects in the light of the values and ultimate meanings of the person. The scale has 29 items and 3 sub-dimensions (harmony with nature, anomie, and transcendence). The scale is a 5-point Likert type: 1-Not sure at all, 2-Slightly sure, 3- Moderately sure, 4-Quite sure, 5- Extremely sure. It includes questions about how much confidence it gives to depend on divine power, how much harmony with nature, and how much meaning it gives to one’s life. A minimum of 29 and a maximum of 145 points can be obtained from the scale. The questions in the anomie sub-dimension (3,7,11,15,19,23,26) are reverse scored. High scores on the scale indicate high spiritual well-being levels of the individuals [20]. The Cronbach’s alpha coefficient of the scale is 0.88, which was found to be 0.931 in this study.

#### 2.5. Statistical Method(s)

The data were analyzed with SPSS 26 software. Normality control of continuous variables was performed with the Shapiro-Wilk test, and Kruskal Wallis test, Mann-Whitney *U* test were used to compare the groups in variables that did not conform to normal distribution. Spearman correlation coefficients were used to analyze the linear relationship between the scale scores. The statistical significance level was considered 0.05 in all analyses.

### 3. Results

Some socio-demographic characteristics of the students are given in Table 1.

Of the students, 3% were married, 7.6% were foreign nationals, 65% lived with their families, and 25.7% lived in dormitories.

Of the midwifery students, 75.9% chose the department willingly, 58% chose it at their will, and 92.7% liked their department. 72.6% participated in social activities, 57% participated in scientific activities, 78.1% wished to work in the field, and 61.2% followed field-related publications.

**Table 1**  
Some sociodemographic characteristics of the students.

Age (mean ± sd, min-max): 20.92 ± 2.29 (18–33)					
Education Level	n	%	Maternal education level	n	%
1. year	79	33.3	Literate	30	12.7
2. year	77	32.5	Primary- secondary education	137	57.8
3. year	32	13.5	High school and over	70	29.5
4. year	49	20.7	Total	237	100.0
Total	237	100.0			
Income level	n	%	Family structure	n	%
Income less than expenses	34	14.3	Authoritarian	25	10.5
Income equal to expenses	200	84.4	Democratic	43	18.1
Income more than expenses	3	1.3	Protective	155	65.4
Total	237	100.0	Others	14	5.9
			Total	237	100.0
Paternal education level	n	%	Place of residence	n	%
Primary- secondary education	137	57.8	With family	154	65.0
High school and over	100	42.2	With others/dormitory	83	35.0
Total	237	100.0	Total	237	100.0

The mean score was  $67.75 \pm 7.85$  for the ETS, and  $117.57 \pm 15.89$  for the SWBS (Table 2).

The comparison of the Empathic Tendency Scale and Spiritual Well-Being scale scores showed a statistically significant positive difference (Table 3).

As a result of the comparison of the Empathic Tendency Scale and Spiritual Well-Being scale scores of students, significant positive relationships were found. As the empathic tendencies of the students increased, their spiritual well-being also increased.

As a result of the comparison of the Empathic Tendency Scale and Spiritual Well-Being Scale scores of midwifery students with some variables, significant differences were found between empathic tendency and the reasons for choosing the midwifery department, liking the department, finding the department suitable, participating in social and scientific activities, wishing to progress in the profession, wishing to work in the field, and following field-related publications (Table 4,  $p < 0.05$ ).

The empathic tendency was higher among those who willingly chose the midwifery program, those who liked the program, those who found the department suitable for themselves, those who participated in social and scientific activities, those who wished to progress in the profession, those who wished to work in the field, and those who followed field-related publications.

There are statistically significant differences between spiritual well-being and finding the department suitable for themselves, participating in social and scientific activities, wishing to progress in the profession, participating in activities for professional development, wishing to work in the field, and following field-related publications (Table  $p < 0.05$ ).

Spiritual well-being was higher among those who found the department suitable for themselves, those who participated in social and scientific activities, those who wished to progress in the profession, those who participated in activities for professional development, those who wished to work in the field, and those who followed field-related publications.

There were no statistically significant differences between the scale scores and the students' classes, maternal education, income status, family structure, and place of residence ( $p > 0.05$ ). There were significant differences only between paternal education and spiritual well-being ( $U:5791.50$ ,  $p:0.042$ ), and those whose fathers' education level was primary education had higher spiritual well-being.

#### 4. Discussion

According to the data, the mean total score of the students' ETS was 67.75. In the studies conducted by Aydın and Aker (2020) and Oran and Kurul (2019), the empathic tendencies of midwifery students in Turkey were also found to be at a moderate level [21,22]. Our study results are similar to other studies with midwifery students in different populations around the world [9,23,24].

In this study, no significant differences were found between the class of the students and their empathic training or spiritual well-being. Contrary to this study, it is reported in the literature that students' awareness and empathic tendencies increase as they move into the upper classes [9,23,25]. The reason for the difference between this study and the literature may be due to many factors like the educational status of the students' families, place of residence, economic status, number of clinical practices, and participation of students in academic and social activities.

The empathic tendencies of the students were found to be higher among those who willingly chose the midwifery department, those who liked the department, those who found the department suitable for themselves, those who participated in social and scientific activities, those who wished to progress in the profession, those who wished to work in the field, and those who followed field-related publications. Similarly, in the study conducted by Aydın and Aker (2020) with midwifery students, it was found that the empathic tendency of students who willingly chose the profession was higher. In another study, the empathic tendencies of midwives who willingly chose the profession were determined to be higher [21,26]. Knowing and willingly choosing the profession is very crucial in terms of both enhancing the motivation of students and achieving professional satisfaction, which also positively affects students' empathic tendencies.

In the literature, there are no studies conducted with midwifery students in our country to determine spiritual well-being. In a study conducted with university students, it was reported that spiritual well-being was statistically higher in women than in men [27]. This result is thought to be because most of the students who choose the midwifery and nursing professions are women and their spiritual well-being is high. In a study conducted with midwifery and nursing students in Iran, it was similarly reported that the mean score of the spiritual well-being scale was  $93.01 \pm 13.78$ . It was reported that spiritual well-being increased with increasing years of education [28]. Similarly, in a study conducted with a large number of nursing and midwifery students, it was reported that spiritual care competence can develop in parallel with education and students' perceptions of spirituality contribute to this development [29]. In this study, it was found that the spiritual well-being of the students was high.

**Table 2**  
The Empathic Tendency Scale (ETS) and the Spiritual Well-Being Scale (SWBS) scores.

	Midwifery students (N:237)	
	Mean $\pm$ SD	Min-Max
<b>The Empathic Tendency Scale</b>	$67.75 \pm 7.85$	49–90
<b>The Spiritual Well-Being Scale</b>		
Transcendence subdimension	$64.10 \pm 10.43$	17–75
Harmony with nature sub-dimension	$30.74 \pm 4.95$	9–35
Anomie subscale	$22.73 \pm 5.76$	7–35
Total scale score	$117.57 \pm 15.89$	59–145

**Table 3**  
Comparison of the Empathic Tendency Scale and the Spiritual Well-Being Scale scores.

Midwifery students (N:237)		Transcendence subdimension	Harmony with nature sub-dimension	Anomie sub-dimension	Total score
The Empathic Tendency Scale	r	0.224**	0.284**	0.486**	0.404**
	p	0.001	0.001	0.001	0.001

p: Spearman Correlation.

**Table 4**  
Comparison of the Empathic Tendency Scale and Spiritual Well-Being scale scores with some variables.

	Empathic Tendency	Transcendence subdimension	Harmony with nature sub-dimension	Anomie sub-dimension	Total score
	Median(%95CI)	Median (%95 CI)	Median (%95 CI)	Median (%95 CI)	Median (%95 CI)
<b>Reasons for choosing the profession</b>					
At your will	68.00 (51–90) <sup>a</sup>	69.00 (33–75)	33.00 (15–35)	24.00 (11–35)	123.00 (83–145)
Against your will	64.00 (49–80) <sup>b</sup>	70.00 (43–75)	30.00 (24–35)	21.00 (12–31)	117.00 (83–141)
Easy to find a job	67.50 (52–87) <sup>a</sup>	65.50 (17–75)	32.00 (9–35)	23.00 (7–34)	117.00 (59–143)
Test value	KW: 9.257 p: 0.010*	KW: 3.794 p: 0.150	KW: 1.966 p: 0.134	KW: 3.840 p: 0.147	KW: 3.189 p: 0.203
<b>Liking the department</b>					
Yes	68.00 (49–90)	68.00 (17–75)	32.00 (9–35)	23.00 (7–35)	122.00 (59–145)
No	64.00 (55–75)	64.00 (46–72)	31.00 (25–35)	21.50 (9–29)	115.00 (90–131)
Test value	U: 1420.00 p: 0.049*	U: 1486.00 p: 0.82	U: 1909.00 p: 0.823	U: 1503.50 p: 0.094	U: 1491.50 p: 0.86
<b>Suitability of the department</b>					
Very suitable	71.00 (52–90) <sup>a</sup>	67.50 (38–75)	33.00 (15–35)	24.00 (11–35) <sup>a</sup>	121.50 (83.00–145) <sup>a</sup>
Suitable	67.00 (49–86)	68.00 (17–75)	32.00 (9–35)	23.00 (7–35) <sup>a</sup>	122.00 (59–144) <sup>a</sup>
Unsuitable	63.00 (54–73) <sup>b</sup>	62.00 (35–71)	31.00 (21–35)	17.00 (8–29) <sup>b</sup>	113.00 (75–131) <sup>b</sup>
Test value	KW: 14.290 p: 0.001*	KW: 4.163 p: 0.125	KW: 2.695 p: 0.260	KW: 13.970 p: 0.001*	KW: 7.544 p: 0.023*
<b>Participation in social activities</b>					
Yes	68.00 (54–90)	67.00 (17–75)	33.00 (9–35)	24.00 (7–35)	121.50 (59–145)
No	64.00 (49–82)	69.00 (35–75)	32.00 (21–35)	21.00 (7–33)	119.00 (75–142)
Test value	U: 4225.50 p: 0.004*	U: 5178.50 p: 0.381	U: 5137.00 p: 0.332	U: 4200.00 p: 0.003*	U: 5202.00 p: 0.410
<b>Participation in scientific activities</b>					
Yes	68.00 (54–88)	67.00 (17–75)	32.00 (9–35)	24.00 (7–35)	121.00 (59–144)
No	65.00 (49–90)	69.00 (35–75)	32.00 (19–35)	22.00 (7–35)	121.00 (75–145)
Test value	U: 5718.00 p: 0.025*	U: 6134.50 p: 0.150	U: 6751.50 p: 0.797	U: 5422.00 p: 0.005*	U: 6881.00 p: 0.994
<b>Wishing to progress in the profession</b>					
Yes	68.00 (52–90)	68.50 (17–75)	33.00 (9–35)	23.50 (7–35)	123.50 (59–145)
No/undecided	64.00 (49–88)	64.00 (35–75)	31.00 (15–35)	22.00 (8–32)	117.00 (75–142)
Test value	U: 4505.00 p: 0.004	U: 4984.00 p: 0.060	U: 5047.50 p: 0.078	U: 4749.50 p: 0.018	U: 4765.50 p: 0.020
<b>Wishing to work in the field</b>					
Yes	68.00 (52–90)	68.00 (17–75)	33.00 (9–35)	23.00 (7–35)	122.00 (59–145)
No/undecided	64.00 (49–79)	66.00 (35–75)	31.00 (21–35)	21.50 (8–32)	116.50 (75–142)
Test value	U: 3317.00 p: 0.001*	U: 4449.50 p: 0.408	U: 4348.00 p: 0.286	U: 3716.00 p: 0.012*	U: 4199.50 p: 0.162
<b>Participation in activities for professional development</b>					
Yes	68.00 (52–90)	70.00 (17–75)	33.00 (9–35)	23.00 (7–35)	124.00 (59–145)
No	67.00 (49–88)	65.00 (28–75)	31.00 (19–35)	23.00 (7–35)	117.00 (75–142)
Test value	U: 6534.00 p: 0.366	U: 5590.00 p: 0.007*	U: 6190.50 p: 0.113	U: 6834.50 p: 0.725	U: 5876.50 p: 0.030*
<b>Following field-related publications</b>					
Yes	69.00 (54–90)	69.00 (17–75)	33.00 (9–35)	24.00 (7–35)	124.00 (59–145)
No	65.00 (49–88)	64.00 (33–75)	31.00 (20–35)	22.00 (8–31)	115.00 (75–139)
Test value	U: 4869.50 p: 0.001*	U: 5088.50 p: 0.002*	U: 5257.00 p: 0.006*	U: 5354 p: 0.010*	U: 4965.50 p: 0.001*

CI: Confidence Intervals; \*:  $p < 0,05$  was considered statistically significant; <sup>a,b</sup>: It shows the groups where the difference originates.

Spiritual well-being among students was higher among those who found the department suitable for themselves, those who participated in social and scientific activities, those who wished to progress in the profession, those who participated in activities for professional development, those who wished to work in the field, and those who followed field-related publications. There are few studies on students' spiritual well-being in the literature, so it is recommended to conduct more studies on the subject. Students' liking the department, adopting the profession, and developing themselves in this field are the most significant factors that enable them to be

spiritually well. At this point, it is understood how important it is for individuals to perform the profession they love and progress on this path both empathically and spiritually.

The comparison of midwifery students' Empathic Tendency Scale and Spiritual Well-Being scale scores revealed significant positive relationships between them. As students' empathic tendencies increase, their spiritual well-being also increases. Contrary to our study, midwifery students in China have poor humanistic caring ability, which needs to be further improved. Interventions that cultivate empathy, resilience, and professional identity have the potential to advance the humanistic caring ability of midwifery students [30]. It was observed that spiritual cognitions had an indirect effect on altruism through empathy in a study with adolescence [1]. In another study with nursing students, it was concluded that spiritual care competence showed a positive relationship with existential well-being, empathy, and self-esteem, and the importance of developing an intervention program to strengthen spiritual care competence was highlighted [31]. A study with midwifery students in China showed that empathy education that nurtures empathy and humanistic care ability should be included in basic curricula [32]. No studies are comparing spiritual well-being and empathic approach in the literature. For this reason, this study is important in terms of contributing to the literature.

## 5. Conclusion

In this study, the spiritual well-being and empathic approach of midwifery students were compared and influencing factors on these concepts were determined. The midwifery profession, by its nature, is based on responsibility, understanding women, and meeting their needs. For this reason, the empathic tendencies and spiritual aspects of prospective midwives must be developed, and further relevant studies should be carried out.

The empathic tendency is a feature that can be developed through training. In addition to the basic professional knowledge and skills of midwifery students who will use empathy intensively throughout their professional lives, it would be beneficial to provide training related to empathy and spirituality and enhance the effectiveness of the courses in this content. There are a limited number of studies on empathic tendency and spiritual well-being in the national and international literature, and there are almost no studies on midwifery students. In this context, it is thought that conducting more studies with midwifery students, who will be responsible for mother-baby health in the future and will be the closest health professional to women during birth and pregnancy, will contribute to the literature and professional awareness. It is also considered necessary to share the results of this and similar studies with students and health professionals to raise their awareness.

## Limitations

The limitation of the study is that the study was conducted only in one department of a faculty and only with female students.

## Data availability statement

The data is stored by the authors. No personal data was used. Data will be shared if necessary.

## CRediT authorship contribution statement

**Handan Ozcan:** Writing – review & editing, Writing – original draft, Visualization, Software, Resources, Methodology, Data curation. **Yeliz Dinçer:** Software, Resources, Methodology. **Büşra Poturoğlu:** Writing – original draft, Resources, Data curation. **Sümeyyenur Kaya:** Visualization, Methodology, Formal analysis.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this research.

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