




## ASSESSMENT OF THE CORRELATION BETWEEN SPIRITUAL WELL-BEING AND HOPE LEVELS OF SOCIETY DURING THE COVID-19 PANDEMIC

COVID-19 PANDEMİ SÜRECİNDE TOPLUMUN SPİRİTÜEL İYİ OLUŞ VE UMUT DÜZEYLERİ ARASINDAKİ İLİŞKİNİN DEĞERLENDİRİLMESİ

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### ABSTRACT

**Objective:** In this research, the relationship between society's spiritual well-being and hope levels of the COVID-19 pandemic process was evaluated.

**Methods:** The type of research is descriptive and correlational. The research was carried out between 4-17 May 2020. The forms were delivered to individuals online. 722 participants who answered the questions on the form completely were thrown into the research.

**Results:** The average age of the participants was 27.50±8.31, 77.7% were female and 47% were students. It was found that 82.4% of the participants had sufficient information about COVID-19, 67.7% had taken sufficient personal measures for COVID-19, 90.2% did not have any COVID-19-diagnosed patients in their environment, and 2.5% had friends infected with COVID-19, 26% experienced a sense of fear about COVID-19. Score average of BHS total and sub-dimension was found respectively as; BHS total (5.40±4.48), loss of motivation (2.28±1.71), feelings and expectations about the future (1.10±1.42), and hope (1.76±1.76). SWBS total score average was found as 110.96±17.63. A negative and statistically significant association was found between SWBS with loss of motivation, negative feelings and expectations about the future sub-dimension, and BHS total score averages (p<0.05).

**Conclusion:** It was found that the hopelessness levels of the society were low and their spiritual well-being levels were good. In addition, it was found that as the spiritual well-being levels of society increased the hope, motivation positive feelings, and expectations about the future levels increased.

**Keywords:** COVID-19, Hope, Hopelessness, Society, Spiritual Well-Being.

### ÖZET

**Amaç:** Araştırma, COVID-19 pandemi sürecinde toplumun spirütüel iyi oluş ve umut durumları arasındaki ilişkiyi belirlemek için yapıldı.

**Gereç ve Yöntem:** Bu çalışmada, COVID-19 pandemi sürecinde toplumun manevi iyilik hali ile umut düzeyleri arasındaki ilişki değerlendirildi. Tanımlayıcı, kesitsel ve ilişki arayıcı tipteki araştırma, 4-17 Mayıs 2020 tarihleri arasında yapıldı. Anket formu online bireylere ulaştırıldı. Anket sorularını eksiksiz cevaplayan 722 birey çalışmaya dahil edildi. Verilerin toplanmasında Kişisel Bilgi Formu, Spirütüel İyi Oluş Ölçeği (SİÖÖ) ve Beck Umutsuzluk Ölçeği (BUÖ) kullanıldı.

**Bulgular:** Katılımcıların yaş ortalaması 27.50±8.31 olup %77.7' si kadın, %47' si öğrencidir. Katılımcıların %82.4' ünün COVID-19 hakkındaki bilgisinin yeterli olduğu, %67.7' sinin COVID-19 için aldığı kişisel önlemlerin yeterli olduğu, %90.2' sinin çevresinde COVID-19 tanısı alan hasta olmadığı ve %2.5' inin arkadaşının COVID-19 tanısı aldığı, %26' sının COVID-19 ile ilgili korku duygusu yaşadığı belirlendi. BUÖ toplam ve alt boyut puan ortalamaları sırasıyla şöyledir; BUÖ toplam (5.40±4.48), motivasyon kaybı (2.28±1.71), gelecekle ilgili duygular ve beklentiler (1.10±1.42), umut (1.76±1.76). SİÖÖ toplam puan ortalaması ise 110.96±17.63 olarak bulundu. SİÖÖ ile motivasyon kaybı, gelecekle ilgili olumsuz duygular ve beklentiler alt boyutları ve BUÖ puan ortalamaları arasında negatif yönde önemli olan korelasyon bulundu (p<0.05).

**Sonuç:** Katılımcıların spirütüel iyi oluşluğunun iyi düzeyde ve umutsuzluklarının düşük düzeyde olduğu belirlendi. Ayrıca katılımcıların spirütüel iyi oluşluk puanları arttıkça umut, motivasyon, gelecekle ilgili beklentiler ve olumlu duyguları da arttığı sonucuna varıldı.

**Anahtar Kelimeler:** COVID-19, Spirütüel İyi Oluşluk, Toplum, Umud, Umutsuzluk.

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## INTRODUCTION

COVID-19, which caused a “pandemic”, is a very serious emergency health problem (Ministry of Health, 2020). As of April 22, 2020, while 2.629.378 cases were reported in the world, 183.520 deaths were reported (World Health Organization, 2020). The pandemic was first found in Turkey on 10.03.2020 and as of April 22, 2020, while the number of cases was reported as 98.674 in Turkey, the number of deaths was reported as 2.376 (Ministry of Health, 2020).

It has been reported that COVID-19 is characterized by respiratory failure and it has a clinical picture ranging from sepsis, septic shock, and multi-organ failure to systemic symptoms (Huang et al., 2020). The best way to manage the COVID-19 pandemic, which has a high spreading rate, is to flatten the epidemic curve. A series of precautions are taken in Turkey to flatten the epidemic curve. To slow and keep control of the spread of the virus, individual precautions are taken such as using masks and individual quarantine, hand cleaning with non-drug chemicals; environmental precautions are taken such as cleaning the surfaces in social areas; and social precautions are taken such as the shopping malls, closure of schools, canceling mass activities, restaurants, and cafes, job mobility in all sectors and reduction of workload in the public sector (Aslan, 2020).

This pandemic process can be stressful for individuals and societies. These precautions taken to be protected from the disease cause individuals to spend time away from the social environment. In addition, individuals experience overwhelming emotions such as fear and anxiety about the disease. There is no exact information about when this extraordinary situation will come to an end. This situation causes individuals’ plans about their near future to change suddenly. The increase in the number of patients and the deaths that occur due to disease during the pandemic prevent individuals from looking at the future with hope and creates pessimism (Psychiatric Association of Turkey, 2020).

Disease, suffering, and being faced with death can be perceived as individual threats. In such situations, the individual is not at peace with herself/himself. When the individual cannot manage the coping process successfully, he/she can have difficulty finding the meaning of life and become hopeless (Yilmaz, 2011). Hope is the belief of individuals that they will achieve any goal they want in their future life. The belief in getting rid of the bad situation the individual is in and taking positive steps in life with the support given is the most beneficial aspect of hope for humans. Hope is a psychological factor that will help the individual in the effort to improve mental health and get rid of negative health problems (Dilbaz and Seber, 1993). As cited in Kelleci (2005), Herth defined hope as “giving the individual energy to live”. This energy increases individuals’ wishes and motivations and forces the individual to make an effort for the future. Hope pacifies grief and sadness. It is stated that spirituality has a positive effect on individuals’ questioning health and disease behaviors, adapting to changes, having an ability to overcome problems, and on the power to recover and to find hope (Karagul, 2012).

Humans are biopsychosocial beings. When humans are evaluated as a whole, it can be seen that they also have a spiritual dimension. In the definition of health, WHO states that to ensure the continuity of well-being, it is extremely important to evaluate individuals spiritually in addition to physical, mental, and social aspects (Oz, 2004; Sulu Ugurlu and Basbakkal, 2013). Spiritual well-being is the effort of the individual to make sense of and adapt his/her place in the universe, his/her relationships with himself/herself and his/her environment, and the meaning of life and includes the elements that make sense to the person as a result of life-long experiences and knowledge gained (Adana, 2006; Kesgin and Topuzoglu, 2006). The spiritual dimension plays a major role in coping with difficult processes in which people question the meaning of life, such as stress, disease, and death in which the people’s values and beliefs are threatened (McEwen, 2005). Meeting spiritual needs helps individuals accept the situations they are in and increases their hope in life (Cinar and Eti Aslan, 2017). Individuals with high spiritual values are exposed to less anxiety and they adopt a more hopeful, strong, and peaceful life since they develop a positive perspective on life (Yilmaz and Okyay, 2009).

The American Psychological Association explained that the reasons such as long-term restrictions of individuals’ activities and the resulting loneliness, long-term stress, and loss of faith in abstract values and God can cause hopelessness (Kavradim and Ozer, 2014). An increase in spiritual well-being will contribute to individuals fighting more effectively with stress and diseases and increase hope. Supporting and creating hope has become an important part of the nursing profession. In line with the data they gather with psychosocial assessments, nurses should find out the descriptive characteristics that show individuals’ spiritual well-being and hopelessness levels and thus make the required nursing

interventions (Arslantas et al., 2010). In light of this information, the relationship between society's spiritual well-being and hope levels during the society during COVID-19 pandemic process was discussed and evaluated.

## MATERIALS AND METHODS

### Sample and type of the research

The type of research is descriptive and correlational. The research was carried out between 4-17 May 2020. Participants who were those over the age of 18, those who were least literate, and those who volunteered to participate were included in the study. The forms were delivered to individuals online. 722 participants who answered the questions on the form completely were thrown into the research.

### Data collection tools

Individual Characteristics Form, Spiritual Well-being Scale (SWBS), and Beck Hopelessness Scale (BHS) were used to gather the data.

### Individual characteristics form

Contained 14 questions about the socio-demographic characteristics of the individuals (Age, gender, educational status, marital status, etc.) and their thoughts about the COVID-19 pandemic (Sufficiency of information about COVID-19, sufficiency of personal precautions taken for COVID-19, presence of COVID-19 diagnosed patient in the environment, etc.) were created by the researchers.

### Beck hopelessness scale (BHS)

BHS was found out by Beck et al. (1974) and was translated into Turkish by Durak and Palabiyikoglu (1994). The scale consists of 20 items and 3 sub-dimensions (loss of motivation, hope and feelings, and expectations about the future). The total score obtained gives the hopelessness score. High scores (the highest score=20) show hopelessness, and low scores (the lowest score=0) show hope. As scores are increased, hopelessness is increased. As scores are decreased, hopelessness is decreased (Beck et al. 1988). The Cronbach's Alpha ( $\alpha$ ) value of sub-dimensions ranges between 0.78 and 0.86 and the value of  $\alpha$  is 0.85 for the total scale (Durak and Palabiyikoglu, 1994). In this research, the  $\alpha$  value of sub-dimensions ranged between 0.78 and 0.82, and the value of  $\alpha$  was determined 0.86 for the total scale.

### Spiritual well-being scale (SWBS)

It was developed by Eksi and Kardas (2007). The 5-Likert type scale consists of 3 sub-dimensions and 29 items. As a result of the answers given to the scale, one can get at least 29 and at most 145 points from the scale. As the total score taken from the scale increases, individuals' spiritual well-being levels also increase (Eksi and Kardas, 2017). Cronbach's Alpha ( $\alpha$ ) of the scale is 0.88 (Eksi and Kardas, 2017). In the study,  $\alpha$  of the scale was found as 0.87.

### Data collection

The study was used snowball sampling method. Data collection forms were prepared with GoogleDocs program. Later, the forms were sent online to people. It was asked of them that to fill in the forms and to share with individuals around. Before the study, informed consent was obtained from the participants through GoogleDocs program. Data were stored online and were not share third person.

### Data assessment

Data from this study were evaluated using descriptive statistics (numbers, percentages, etc.) and Spearman's Correlation coefficient. IBM Statistical Package for The Social Sciences (SPSS) software 25 program was used for statistical analysis and the statistical level of significance was considered as  $p < 0.05$ .

### Ethic dimension of the study

This study is by the principles of the Helsinki Human Rights Declaration. Ethical Board approval (Approval date: 30.04.2020; Number: 2020/04) was taken. Written consent was obtained online from the participants in the research after they were provided information about the purpose of the research.

### Limitation of the research

Limitations of the research is that the results can be applied only to the participants in the research and therefore cannot be generalized.

## RESULTS

Table 1 shows the socio-demographic characteristics and COVID-19-related information of the participants. It was found that 77.7% of the participants were women, 68.6% were single, 83.4% lived in urban areas, 83% were university students or graduates, 47% were students, 89.5% did not have a

chronic disease and 56% had income equal to their expenditure. It was determined that 67.7% took sufficient personal precautions for COVID-19, 82.4% had sufficient information about COVID-19, 2.5% had friends infected with COVID-19, 26% experienced a sense of fear about COVID-19 and 90.2% did not have COVID-19 positive people in their environment.

**Table 1.** Sociodemographic Characteristics of Individuals (n=722)

Variables		n	%
<b>Marital Status</b>	<b>Married</b>	227	31.4
	<b>Single</b>	495	68.6
<b>Gender</b>	<b>Female</b>	561	77.7
	<b>Male</b>	161	22.3
<b>Place of residence</b>	<b>Rural area</b>	120	16.6
	<b>Urban area</b>	602	83.4
<b>Educational status</b>	<b>Literate</b>	4	0.5
	<b>Primary education</b>	20	2.8
	<b>Secondary school</b>	18	2.5
	<b>High school</b>	81	11.2
	<b>Licentiate</b>	599	83.0
<b>Profession</b>	<b>Housewife</b>	65	9.0
	<b>Tradesmen</b>	15	2.1
	<b>Self-employed</b>	45	6.2
	<b>Officer</b>	205	28.3
	<b>Retired</b>	8	1.2
	<b>Unemployed</b>	45	6.2
	<b>Student</b>	339	47.0
	<b>Economical situation</b>	<b>Income is more than expenditure</b>	233
	<b>Income is the same as expenditure</b>	404	56.0
	<b>Expenditure is more than income</b>	85	11.8
<b>Chronic Disease</b>	<b>Yes</b>	76	10.5
	<b>No</b>	646	89.5
<b>Existing Chronic Disease<sup>a</sup></b>	<b>Diabetes</b>	10	1.3
	<b>Respiratory Diseases</b>	36	5.0
	<b>Heart Diseases</b>	6	0.8
	<b>Hypertension</b>	12	1.7
	<b>Rheumatoid Arthritis</b>	4	0.6
	<b>Systemic Lupus Erythematosus</b>	3	0.4
	<b>Renal Disease</b>	5	0.7
<b>Sufficiency of Information about COVID-19</b>	<b>Yes</b>	595	82.4
	<b>No</b>	127	17.6
<b>Sufficiency of personal precautions taken for COVID-19</b>	<b>Yes</b>	489	67.7
	<b>No</b>	233	32.3
<b>Presence of COVID-19 Diagnosed patient in the environment</b>	<b>Yes</b>	71	9.8
	<b>No</b>	651	90.2
<b>Degree of relation, if yes</b>	<b>Friend</b>	19	2.6
	<b>1st degree relation</b>	8	1.1
	<b>2nd degree relation</b>	8	1.1
	<b>3rd degree relation</b>	17	2.4
	<b>Neighbour</b>	14	1.9
	<b>Patient</b>	5	0.7
<b>Feelings and thoughts about COVID19 pandemic</b>	<b>Disaster</b>	93	12.9
	<b>Sadness</b>	56	7.8
	<b>Fear</b>	188	26.0
	<b>Danger</b>	43	6.0
	<b>Anxiety</b>	92	12.7
	<b>Longing</b>	29	4.0
	<b>Precaution</b>	48	6.6
	<b>Hopelessness</b>	75	10.4
	<b>Loneliness</b>	51	7.1
	<b>Epidemic</b>	47	6.5
<b>Age</b>	<b><math>\bar{X} \pm SD</math></b>	27.50±8.31	

<sup>a</sup> more than one option was chosen; SD: Standard Deviation;  $\bar{X}$ : Mean

Table 2 indicates the average spiritual well-being and hopelessness score averages of the participants. BHS total average score was found as  $5.40 \pm 4.48$ ; loss of motivation sub-dimension score average was found as  $2.28 \pm 1.71$ , hope sub-dimension score average was found as  $1.76 \pm 1.76$  and feelings and expectations about the future sub-dimension score average was found as  $1.10 \pm 1.42$ . SWBS total score average was found as  $110.96 \pm 17.63$  (Table 2).

**Table 2.** SWBS, BHS, and Sub-dimensions score averages (n=722)

Scale	$\bar{X} \pm SD$
<b>Feelings and expectations about the future</b>	$1.10 \pm 1.42$
<b>Hope</b>	$1.76 \pm 1.76$
<b>Loss of motivation</b>	$2.28 \pm 1.71$
<b>BHS</b>	$5.40 \pm 4.48$
<b>SWBS</b>	$110.41 \pm 18.05$

SD: Standard Deviation,  $\bar{X}$ : Mean, SWBS: Spiritual Well-being Scale; BHS: Beck Hopelessness Scale.

Table 3 indicates the correlation between participants' age, the scales used, and the sub-dimensions of scales. A negative statistically significant relationship was determined between SWBS and BHU ( $p < 0.05$ ). The correlation was not found between age with the scales used and the sub-dimensions of scales ( $p > 0.05$ ). A negative statistically significant relationship was found between SWBS and loss of motivation and negative feelings and expectations about the future sub-dimensions ( $p < 0.05$ ).

**Table 3.** Correlation of Age, SWBS, BHU and Sub-dimensions

		SWBS	BHU	Age
<b>SWBS</b>	r	1	-0.084	-0.045
	p	-	<b>0.025</b>	0.230
<b>BHU</b>	r	-0.084	1	-0.033
	p	<b>0.025</b>	-	0.376
<b>Feelings and expectations about the future</b>	r	-0.102	0.891	-0.051
	p	<b>0.006</b>	<b>0.001</b>	0.173
<b>Loss of motivation</b>	r	-0.118	0.836	-0.066
	p	<b>0.001</b>	<b>0.001</b>	0.076
<b>Hope</b>	r	0.005	0.857	0.038
	p	0.896	<b>0.001</b>	0.304
<b>Age</b>	r	-0.045	-0.033	1
	p	0.230	0.376	-

$p < 0.05$ , r: Spearman's Correlation, SWBS: Spiritual Well-being Scale; BHS: Beck Hopelessness Scale.

## DISCUSSION

This global epidemic is primarily a trauma that threatens individuals' lives and existence and distresses everyone (Kaya, 2020). In every major disaster they face, humans see how helpless they are in the face of the creator. These disasters lead them to the Creator, whose existence maybe they even suspected before, and make them question the meaning of life (İstek, 2017). One of the most powerful references humans make while attributing meaning to the world and themselves is spirituality. Individuals who conclude their search for meaning in their lives can find the motivation to overcome all difficult conditions. Individuals who cannot meet their need for meaning experience distress such as stress, anxiety, hopelessness, and depression (Kizilirmak, 2015). For this reason, this study was conducted to examine the relationship between spiritual well-being and hopelessness levels of the society during COVID-19 pandemic.

In the study, the SWBS total score average was found as  $110.96 \pm 17.63$  (Table 2). This result shows that the participants have good levels of spiritual well-being. In studies conducted in literature, it was found that individuals had good levels of spiritual well-being (Caldeira, Timmins, de Carvalho, and Vieira, 2017; Taheri-Kharamah, 2016; Tan, Wutthilert and O'Connor, 2011). The results of the study



were similar to the results of studies in the literature. According to the results of “Turkey’s Corona Days” research which was conducted with 1223 samples by Universal McCann, it was reported that the most felt emotions were fear, anxiety, uneasiness, and sadness. In this study, it was found that the participants had emotions and thoughts such as fear, anxiety, and disaster about the COVID-19 pandemic (MediaCat, 2020). Considering that spiritual orientation plays an important role in dealing with difficult situations in which individuals question the meaning of life such as illness, stress, and death when an individual’s values and beliefs are threatened, it is an expected situation for the society’s spiritual well-being levels to be good.

In the present study, the BHS total score average was found as  $5.40 \pm 4.48$ ; feelings and expectations about the future sub-dimension score average was found as  $1.10 \pm 1.42$ , the loss of motivation sub-dimension score average was found as  $2.28 \pm 1.71$  and hope sub-dimension score average was found as  $1.76 \pm 1.76$  (Table 2). This result shows that the hopelessness level of the society is low, in other words, it shows that the society is hopeful. In Turkey’s Corona Days research, the participants saw the pandemic as God’s will. It can be said that this thought gives individuals the hope that the pandemic will surely end and they will return to normal life.

A negative and statistically significant association was found between SWBS with loss of motivation and negative feelings and expectations about the future sub-dimension and BHS score averages ( $p < 0.05$ ) (Table 3). This result shows that as spiritual well-being levels increase, hopelessness, negative feelings and expectations about the future, and loss of motivation decrease. Studies conducted have shown a negative significant association between spiritual well-being and hopelessness (Dehbashi et al., 2015; Gheihman et al., 2016; Yaghoobzadeh et al., 2018). In literature, it is reported that during the process of quarantine-isolation, uncertainty about the course of the disease, loss of freedom, and being separated from loved ones can cause dramatic effects on the mental structure (Kaya, 2020). According to terror-management theory (Dogulu and Sakallı, 2015), when individuals remember that they are mortal, they embrace their worldview (ideology, religion, etc.) to get rid of this disturbing thought because those world views add meaning to their lives and show them what is right and what is wrong. Due to the COVID-19 pandemic, death cases are increasing each day. It is thought that this can cause people to embrace spirituality more and to view the future more hopeful.

## CONCLUSION

In the present research, it was determined that the hopelessness levels of the society were low and their spiritual well-being levels were good. In addition, it was found that as the spiritual well-being levels of society increased the hope, motivation positive feelings, and expectations about the future levels increased. People can cope with negative feelings during the pandemic with the help of spirituality. Meeting spiritual needs helps individuals to accept the situation they are in and increase hope in life. For this reason, society should be supported more in terms of spirituality during the pandemic and necessary nursing interventions should be conducted. It is recommended to conduct studies that show the spiritual well-being and hopelessness levels of individuals with larger sample groups.

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## Author Contributions

**Plan, design:** GBT; SY; ZÖ; **Material, methods and data collection:** GBT; SY; ZÖ; **Data analysis and comments:** SY; **Writing and corrections:** GBT; SY; ZÖ.

## Conflict of interest

The authors state that there was no conflict of interest concerning this article.

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