Analysis of the Spiritual Orientations and the Hopelessness Levels of the Patients Diagnosed with COVID-19: A Cross-Sectional Study

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Abstract

AIM: This study aims to identify the spiritual orientations and hopelessness levels of the patients diagnosed with COVID-19.

METHOD: In this study designed as cross-sectional and correlational research, the sample was comprised of 199 patients diagnosed with COVID-19 at a research hospital located in eastern Turkey. Data were collected between December 2020 and January 2021. The research data were collected online by using survey form, the Spiritual Orientation Scale, and Beck Hopelessness Scale to reduce face-to-face interaction due to the isolation policy. The collected data were analyzed via descriptive statistics, the t-test, the Kruskal–Wallis test, and the Mann–Whitney U test.

RESULTS: The mean scores obtained by the participant COVID-19 patients from the Spiritual Orientation Scale and the Beck Hopelessness Scale were found, respectively, as 96.13 ± 20.16 and 6.15 ± 4.59 points. It was determined that the participants of the study had a high-level of spiritual orientations and low-level hopelessness, and there was a negative correlation between them (p < .05).

CONCLUSION: In this study, it was identified that the participant patients diagnosed with COVID-19 had high-level spiritual orientations and low-level hopelessness. It was found that as the participant COVID-19 patients had higher spiritual orientation levels, their hopelessness levels fell. Spirituality can reduce hopelessness by strengthening the coping mechanisms of COVID-19 patients. It can increase the psychological resistance of patients by increasing positive thoughts.

Keywords: COVID-19, hopelessness, spiritual orientation

Introduction

COVID-19 is a large-scale public health crisis that has the effects of a pandemic on the global scale and gives rise to mortality and morbidity along with its physiopathological consequences (Khan et al., 2020). First, COVID-19 emerged in Wuhan city in Hubei province of China toward the end of 2019 and took hold of the entire world as of March 2020 (Gashi, 2020; Khan et al., 2020). The first case was reported in Turkey on March 11, 2020. In addition, the total number of cases in Turkey as of February 03, 2021, was reported as 2.501.079 (Ministry of Health of Turkey, 2021). In the entire world, the total number of cases was 103.362.039 as of February 3, 2021, as per the data released by the World Health Organization (World Health Organization [WHO], 2021).

Apart from the economic and political setbacks that the process of COVID-19 pandemic created in almost all countries across the world, COVID-19 inflicted probably the greatest harm on human beings’ mental health (Kasapoğlu, 2020; Khan et al., 2020). The fast spread of the virus and the increase in deaths due to the virus, the exposure to stress for a long time, the state of isolation, and also the frequent use of social media and the accompanying infollution can cause the patients diagnosed with COVID-19 to experience several mental problems such as worry, anxiety, fear, and hopelessness (Kasapoğlu, 2020; Khan et al., 2020; Mukhtar, 2020; Saricali et al., 2020). Thus, considering that this process is intense, tiring, and wearing for the patients, it is necessary and important to develop urgent protective psychosocial programs for the patients in an attempt to prevent the risks that are likely to build up (Bozkurt, 2020).

Hopelessness is comprised of the emotional, cognitive, and motivational components that are characterized by negative expectations about the future as well as pessimist cognitive schemes (Saricali et al., 2020). It is stated that, during the treatment just as in each phase of the care process, the hope gave strength to the patients, motivated them by extending psychological support, reduced the side effects of the treatment, and provided a better quality care process by promoting their adaptation to the disease process and the treatment (Madani et al., 2018). In a limited number of studies performed...
in the context of hopelessness and infectious diseases, it was ascertained that the hopelessness level increased along with the traumatic experiences (Mukhtar, 2020; Yilmaz et al., 2020). Hence, it is important to diagnose and cure the hopelessness in the early period to protect the patients' psychological health. Obviously, there is a need for functional coping methods to be used to lower hopelessness levels during the COVID-19 pandemic (Saricali et al., 2020). To cope with this negative effect of the disease, the patients frequently have to recourse to spiritual orientation (Gashi, 2020; Kasapoğlu, 2020). When applied in the right manner, spirituality can reinforce the patients' coping mechanisms and enhance their resistance and resilience, and this, in return, can reduce hopelessness (Isaac et al., 2016; Kasapoğlu, 2020).

In the health literature, spirituality is defined as establishing a connection with spiritual and supreme power, searching the meaning and purpose in life, prayer, meditation, having recovery through non-physical ways, and the feeling of inner peace and well-being (Kasapoğlu, 2020). Also in the studies carried out in the period of the COVID-19 pandemic, it was put forward that the patients perceived spirituality as the meaning for life and an exit for finding hope in circumstances such as the pandemic (Kasapoğlu, 2020; Prazeres et al., 2021). While the patients are given the opportunity to question themselves, their purposes, and their personal aspects through spiritual orientation, spirituality is also a significant resource employed for coping with the negative consequences of the disease (Isaac et al., 2016). It is set forth that the patients will be able to protect their psychological resilience in the periods of the pandemic to the extent that they can use their spiritual resources (Kasapoğlu, 2020; Khan et al., 2020). Moreover, it was identified that spirituality provided the patients with advantages on several topics such as preventing the diseases, improving health, helping the people accept their diseases, cope with the challenges, and looking at the future with hope (Gashi, 2020; Isaac et al., 2016; Kasapoğlu, 2020; Prazeres et al., 2021). Therefore, in numerous studies, undertaking the practices that strengthen spirituality is recommended for coping with psychological problems that are experienced during the pandemic (Del Castillo et al., 2020; Ferrell et al., 2020).

In the face of life-threatening diseases, the patients try to find hope through spirituality and their beliefs as well as the medical treatment. Therefore, it is quite important to identify the patients’ hopelessness levels and develop the nursing care that upholds hope (Madani et al., 2018). In the process of the care and treatment of the COVID-19 patients, the nurses should make a holistic evaluation of the patients by taking the patients’ traits into consideration, support the patients’ coping strategies such as spirituality, and apply the proper nursing initiatives that will lower the hopelessness level. In this respect, this study aimed to identify the correlation between the spiritual orientations and hopelessness levels of the patients diagnosed with COVID-19.

Research Questions
1. What is the spiritual orientation level of patients diagnosed with COVID-19?
2. What is the hopelessness level of patients diagnosed with COVID-19?
3. Is there a correlation between the spiritual orientation and hopelessness levels of patients diagnosed with COVID-19?

Method

Study Design
Designed as a cross-sectional and correlational study.

Sample
The research population consisted of patients who applied to a research hospital in eastern Turkey between December 2020 and January 2021 with the suspicion of COVID-19 and were diagnosed with COVID-19.

The sample of the study consisted of 199 patients who were diagnosed with COVID-19, continued the 14-day quarantine period, could be accessed online, were 18 years of age and older, and had no communication problems or any psychiatric illness that could prevent it. Intensive care patients were excluded from the study due to communication problems.

Data Collection
In the collection of study data, first of all, patients who applied to the hospital with the suspicion of COVID-19 and had COVID-19 test were informed about the study and their contact information was obtained. Afterward, patients with positive COVID-19 tests and 14-day quarantine were contacted, and data were collected online to reduce face-to-face interaction in line with the isolation policies in effect.

Research data were collected using the Introductory Patient Form, Spiritual Orientation Scale, and Beck Hopelessness Scale. The form contained a total of 47 questions, and filling in it took 7–8 min on average.

Independent Variables: Descriptive characteristics of patients

Dependent Variables: Spiritual orientations and the hopelessness levels

Data Collection Tools
Introductory Patient Form: Introductory patient form that was prepared by the researchers in light of the relevant literature (Kowalczyk et al., 2020; Lucchetti et al., 2020; Prazeres et al., 2021) is comprised of 11 questions about the COVID-19 patients’ socio-demographic characteristics (e.g., age, gender, marital status, and education level), occupation, place of residence, whether they had any chronic disease, whether they had any family member diagnosed with COVID-19, and whether they stayed in the hospital.

Spiritual Orientation Scale (SOS): The scale was developed in 2015 by Kasapoğlu to evaluate spiritual orientation (Kasapoğlu, 2015). Designed as a 7-point Likert-type scale, it has 16 questions and no sub-scale. The minimum and maximum scores to be obtained from the scale are 16 and 112 consecutively. A high total score to be obtained from the scale indicates that the respondent has a high-level spiritual orientation. As the measure of internal consistency, Cronbach’s alpha coefficient was calculated as .87 for the scale (Kasapoğlu, 2015).

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Under this study, Cronbach’s alpha coefficient was found as .96 for the scale.

**Beck Hopelessness Scale (BHS):** The scale was developed in 1974 by Beck et al. to identify the individuals’ hopelessness levels (Beck et al., 1974). The validity and reliability study was performed in Turkish first by Seber (1993) and then by Durak and Palabıyıkılm (1994) (Durak & Palabıyıkılm, 1994; Seber et al., 1993). The scale has 20 items. The option "yes" in 11 items (items 2, 4, 7, 9, 11, 12, 14, 16, 17, 18, and 20) and the option “no” in 9 items (items 1, 3, 5, 6, 8, 10, 13, 15, and 19) are scored as 1 point. The minimum and maximum scores to be obtained from the scale are 0 and 20 points, respectively. The scale is comprised of three sub-scales, namely, “feelings and expectations about the future” (items 1, 3, 7, 11, and 18), “loss of motivation” (items 2, 4, 9, 12, 14, 16, 17, and 20), and “hope” (items 5, 6, 8, 10, 13, 15, and 19). A high score to be obtained from the scale demonstrates that the individual has high-level hopelessness. For the original scale developed by Beck et al., the Cronbach’s alpha coefficient was calculated as .93 (Beck et al., 1974). Under this study, Cronbach’s alpha coefficient was found as .86 for the scale.

**Statistical Analysis**

The Statistical Package for the Social Sciences for 22 (IBM SPSS Corp., Armonk, NY, USA) program was used in the data analysis. Whether the numerical data were normally distributed was evaluated as per the measures of skewness and kurtosis. The descriptive statistics about the variables were presented as the number, percentage, mean, and standard deviation. The research data were analyzed through the Independent Samples t-test, the Mann–Whitney U test, one-way analysis of variance (ANOVA), the Kruskal-Wallis test, and the Pearson correlation. Statistical significance was identified if the p-value was lower than .05 (p < .05).

**Ethical Considerations**

This study was designed as per the Principles of Helsinki Declaration, and ethical endorsement for the study was obtained from the Non-Invasive Clinical Research Ethics Committee of Siirt University (Date: November 18, 2020, No: E.13111), and also the permissions for the study were received from the Ministry of Health of Turkey and the hospital where the research was carried out. In addition, permission was obtained from the authors by e-mail for the use of the spiritual orientation and hopelessness scales. The informed consent form that included information about the research was sent to the COVID-19 patients, and each patient who agreed to participate in the study submitted the online informed consent form. Furthermore, the participant COVID-19 patients were told that they were free to withdraw from the study any time they wished without any excuse for withdrawal.

**Results**

It was identified that the mean age of the COVID-19 patients included in the research was 29.61 ± 9.97 years and, of all participants, 59.3% were female, 56.3% were single, 53.3% held undergraduate degrees, 39.2% were civil servants, 78.4% lived in the province center, 84.9% had no chronic disease, 66.3% had at least a family member diagnosed with COVID-19 besides himself/herself, 68.3% said that individual(s) who died of COVID-19 were present in his/her family or inner circle, 84.4% were not hospitalized due to COVID-19, and 51.6% of the participant COVID-19 patients who stayed at the hospital due to COVID-19 had nobody to accompany them during their stay at the hospital (Table 1).

In the research, it was ascertained that the mean of the participant COVID-19 patients’ SOS scores was 96.13 ±20.16 points. Moreover, it was found that the means of scores obtained by the participant COVID-19 patients from the total BHS, BHS “feelings and expectations about the future” sub-scale, BHS “loss of motivation” sub-scale, and BHS “hope” sub-scale were successively 6.15 ± 4.59, 1.33 ± 1.51, 2.70 ± 2.01, and 2.11 ± 1.74 points (Table 2).

It was discerned that there were statistically significant differences in the means of the participant COVID-19 patients’ total SOS scores as per the variables of occupation and having any chronic disease (p < .05). Furthermore, it was identified that there were statistically significant differences in the means of scores obtained by the participant COVID-19 patients from the total BHS and its all sub-scales as per the variables of having any chronic disease, having anyone who died of COVID-19, and staying at the hospital due to COVID-19 (p < .05) (Table 3).

Moreover, in the research, it was ascertained that there were statistically significant negative relationships between the mean of the participant COVID-19 patients’ total SOS scores and the means of scores obtained by them from the total BHS, BHS “feelings and expectations about the future” sub-scale, BHS “loss of motivation” sub-scale, and BHS “hope” sub-scale (p < .05) (Table 4).

**Discussion**

This study aimed to identify the correlation between the spiritual orientations and hopelessness levels of the patients diagnosed with COVID-19. Across the world, uncertainties come into play in the lives of patients who are confronted with the threats of the large-scale infectious diseases that give rise to pandemics. When these uncertainties are perceived as threatening, they can particularly reduce the quality of the person’s life and create intense fear, anger, disappointment, worry, anxiety, and hopelessness in the person by urging him/her to show negative reactions (Del Castillo, 2020; Kasapoğlu, 2020; Xiao et al., 2020). These life-threatening diseases cause the patients to have fear of death and stress and loss of hope, and experiencing these feelings brings the patients’ spiritual needs to the forefront (Del Castillo, 2020). Spirituality is a significant resource in health services as it promotes coping strategies and upholds the patients’ recovery process (Del Castillo, 2020; Roman et al., 2020). In this current study, it was found that the participant COVID-19 patients had high-level spiritual orientations (Table 2). In the study by Bentzen, it was ascertained that, during the COVID-19 pandemic, there was a significant increase in Google searches about the prayers to be used in coping...
In a study performed by Pirutinsky et al. with the American Orthodox Jews, it was identified that the individuals diagnosed with COVID-19 had higher spirituality levels than the individuals not diagnosed with COVID-19 (Pirutinsky et al., 2020). Likewise, in numerous studies conducted with different groups of samples, it was ascertained that the patients turned toward spiritual beliefs as the method of coping with the diseases in their difficult times, the spirituality had great importance to the patients, and the patients had high-level of spiritual orientations (Harbali & Koç, 2021; Kasapoğlu, 2020; Roman et al., 2020). The fact that the participant COVID-19 patients had high-level spiritual orientations in this current study can be said to be associated with the need felt by the human being to believe in a divine power eternally since the beginning of human being’s existence and to take refuge in a being that is superior to the human being.

In this current study, it was found that the participant COVID-19 patients had low-level of hopelessness (Table 2). In a study that was performed to analyze the individuals’ psychological state during the COVID-19 pandemic that took hold of the entire world in a short period, it was discerned that, of the participant patients, 20% had negative feelings and expectations about the future, 19.3% had the loss of motivation, 18.7% had no hope, and 16.7% had high hopelessness scores (Yilmaz et al., 2020). In a study conducted to explore how COVID-19 affected the hopelessness levels in the general population in Zimbabwe, it was identified that 68% of the patients experienced medium-level hopelessness (Maziti & Mujuru, 2020). In the studies carried out with different groups of samples, it was ascertained that the participants had medium-level or above medium-level hopelessness (Erdoğdu et al., 2020; Hamidizadeh et al., 2020; Madani et al., 2018). In a limited number of studies performed about the infectious diseases leading to the pandemics, it was discerned that the hopelessness level increased along with traumatic experiences. It was put forward that the reasons such as worrying about being sick, getting sick, feeling helpless, and having fear of death could enhance the feeling of hopelessness (Khan et al., 2020; Mukhtar, 2020). The difference of the finding of this current study from the findings of other studies can stem from the fact that the majority of the COVID-19 patients in the research sample were not in the COVID-19 risk group, had high-level spirituality, and only a small number of them stayed at the hospital.

In this current research, it was found that the patients who were housewives had higher spiritual orientation (Table 3). In a study that examined the effect of spirituality on the women in coping with the COVID-19 crisis, it was set forth that spirituality enabled the women to cope with the daily life experiences during the pandemic and helped them be hopeful about the future (Roberto et al., 2020). Also in the study by Best et al., it was noted that the unemployed turned more toward spirituality (Best et al., 2015). As the work–life takes the individuals’ time and draws their attention to another direction, the individuals can be less oriented to spirituality. Moreover, the social isolation and quarantine restrictions in the case of housewives diagnosed with COVID-19 can be explained by the fact that the women turned more toward their inner world.

| Table 1. Breakdown of the Participant Patients by Descriptive Characteristic (n = 199) |
|---------------------------------------------------------------|
| **Descriptive Characteristics** | **N** | **%** |
| Gender          |       |      |
| Female          | 118   | 59.3 |
| Male            | 81    | 40.7 |
| Marital Status  |       |      |
| Single          | 112   | 56.3 |
| Married         | 87    | 43.7 |
| Education Level |       |      |
| Primary school  | 16    | 8.0  |
| High school     | 25    | 12.6 |
| Associate program | 38   | 19.1 |
| Undergraduate program | 106  | 53.3 |
| Master program  | 14    | 7.0  |
| Occupation      |       |      |
| Unemployed      | 16    | 8.0  |
| Worker          | 15    | 7.5  |
| Civil servant   | 78    | 39.2 |
| Teacher         | 28    | 14.1 |
| Housewife       | 12    | 6.1  |
| Others (retired, student, farmer, self-employed, tradesman, and so on) | 50 | 25 |
| Place of Residence |       |      |
| Province center | 156   | 78.4 |
| District center | 35    | 17.6 |
| Village         | 8     | 4.0  |
| Having any Chronic Disease |     |      |
| Yes             | 30    | 15.1 |
| No              | 169   | 84.9 |
| Diagnosed with COVID-19 in Your Family | | |
| Yes             | 132   | 66.3 |
| No              | 67    | 33.7 |
| Status of People Who Lost their Lives Due to COVID-19 in Your Area | | |
| Yes             | 133   | 66.8 |
| No              | 66    | 33.2 |
| Hospitalization Due to COVID-19 | | |
| Yes             | 31    | 15.6 |
| No              | 168   | 84.4 |
| Presence of Accompanying Person during Hospital Stay (n=31) | | |
| Yes             | 15    | 48.4 |
| No              | 16    | 51.6 |
| Mean Age        | 29.61 ± 9.97 |

Note: SD = standard deviation; \( \bar{x} \) = mean; Min = minimum; Max = maximum.
In this current research, it was found that those who do not have a chronic disease have a higher spiritual orientation (Table 3). In a study conducted on the society when the fear of COVID-19 began to spread across the country in Poland, it was stated that the individuals who experienced fear, pain, or disease underwent “a spiritual renewal” and also, their spiritual power increased in the face of coronavirus (Kowalczyk et al., 2020). In this current study, the participants diagnosed with COVID-19 might have turned toward spirituality since they were quarantined despite having no chronic disease and experienced feelings such as fear and pain. Besides the participant COVID-19 patients’ high-level spirituality can be associated with the relatively dominant position of the religion of Islam across the country in Turkey and the cultural belief “Always put your hope in God.”

In this current research, it was found that those with chronic diseases had a higher level of hopelessness (Table 3). In a study performed by Vahia et al., it was ascertained that the negative mental circumstances caused by the pandemic affected the individuals who were in the COVID-19 risk group more than the other individuals (Vahia et al., 2020). Also in another study, it was set forth that the individuals who were in the high-risk group experienced negative psychological effects even if they were not infected and were in physically good condition during the COVID-19 pandemic (Xiao et al., 2020). It was found that, just as having any chronic disease increased the risk of being infected with COVID-19, it also raised the need for intensive care and increased mortality by significantly affecting the course of the disease in the infected patients (Liu et al., 2020). In parallel to the previous studies, also in this current study, the feeling of hopelessness might have gone up because the people with any chronic disease were in the risk group, and it was harder for the people who were in the risk group to recover from COVID-19 if they were infected with COVID-19. Furthermore, the participants COVID-19 patients might have failed to look at their future with hope as a result of witnessing the death of a well-known person who had COVID-19 just like them.

In this current research, it was found that those who were hospitalized had higher hopelessness level (Table 3). It can be stated that the factors such as the rise in the COVID-19 cases with each passing day, the deaths associated with the disease, the shortage of resources (equipment and human resources), nonspecific and ineffective treatments, and the lack of social relations during isolation negatively affected the psychological and emotional well-being of the patients who were hospitalized with the diagnosis of COVID-19. The circumstance that served as the biggest factor for the patient to have negative thoughts in the COVID-19 treatment process is the uncertainty in the treatment process. The patient might have felt hopeless by thinking that he/she could not have treatment, his/her life span decreased, and the death was an inescapable end.

In this current research, it was found that there was a negative significant relationship between the spiritual orientation of the patients and their hopelessness levels (Table 4). In a study that explored the effect of spirituality on mental health during the pandemic, it was ascertained that high-level spiritual orientation affected mental health positively (Lucchetti et al., 2020). Likewise, in another study that was conducted with individuals who were diagnosed with COVID-19 but recovered from it after having treatment, it was discerned that religious beliefs and rituals had positive effects on the individuals’ mental health in cases such as disaster, crisis, and pandemic (Gashi, 2020). Also in other studies carried out during the COVID-19 pandemic, it was emphasized that spirituality was important to cope with the mental problems accompanying the pandemic and to lower the hopelessness level. As per several studies, the challenging disease process can induce the patients to seek spiritual well-being in coping with the disease process. It was put forth that the patients’ psychological health could be protected and circumstances such as hopelessness could be positively coped with by virtue of spirituality (Fardin, 2020; Kasapoğlu, 2020; Roman et al., 2020). In light of the high-level spiritual orientations of the patients who felt helpless in difficult and troubled circumstances, the following is set forth that the individuals who were in the high-risk group linked to the disease process can induce the patients to seek spiritual well-being in coping with the disease process.

Table 2.
Means of the Participant COVID-19 Patients’ SOS and BHS Scores (n = 199)

| Scales | Number of Items | Min. Score | Max. Score | \( \bar{x} \pm SD \) | Cronbach’s Alpha |
|--------|----------------|------------|------------|-----------------|-----------------|
| Total SOS | 16 | 22 | 112 | 96.13 ± 20.16 | .96 |
| Total BHS | 20 | 0 | 20 | 6.15 ± 4.59 | .86 |
| Feelings and Expectations about the Future BHS Sub-scale | 5 | 0 | 5 | 1.33 ± 1.51 | .74 |
| Loss of Motivation BHS Sub-scale | 8 | 0 | 8 | 2.70 ± 2.11 | .69 |
| Hope BHS Sub-scale | 7 | 0 | 7 | 2.11 ± 1.74 | .80 |

Note: SD = standard deviation; \( \bar{x} = \) mean; Min = minimum; Max = maximum; SOS = Spiritual Orientation Scale; BHS = Beck Hopelessness Scale.

Table 4.
Analysis of the Associations Between the Means of the Participant COVID-19 Patients’ SOS and BHS Scores

| Total BHS | Feelings and Expectations About the Future Sub-scale | Loss of Motivation Sub-scale | Hope Sub-scale |
|-----------|-----------------------------------------------------|-----------------------------|--------------|
| Total SOS | \( r = -.269; *p = .00 \) | \( r = -.255; *p = .00 \) | \( r = -.213; *p = .00 \) | \( r = -.262; *p = .00 \) |

Note: SOS = Spiritual Orientation Scale; BHS = Beck Hopelessness Scale; \( r = \) Pearson correlation. Statistical significance was identified if the \( p \)-value was lower than .05 (*) or .01 (**).
Table 3.
Comparison of the Means of the Participant COVID-19 Patients' SOS and BHS Scores as Per Their Descriptive Characteristics (n = 199)

| Descriptive Characteristics | SOS (X+ SD) | Feelings and Expectations About the Future Sub-scale | Loss of Motivation Sub-scale | Hope Sub-scale | Total BHS |
|-----------------------------|-------------|---------------------------------------------------|-----------------------------|---------------|-----------|
| Gender                      |             |                                                   |                             |               |           |
| Female                      | 96.07 ± 19.47 | 1.29 ± 1.61                                     | 2.72 ± 2.15                 | 2.16 ± 1.71  | 4.86 ± 0.44 |
| Male                        | 96.20 ± 21.26 | 1.38 ± 1.36                                     | 2.66 ± 1.81                 | 1.80 ± 0.20  | 4.19 ± 0.46 |
| Test and Statistical Significance | U= 4551.500; p = 0.56 | T= 0.032; p = 0.83 | t = 2.12; p = 0.83 | t = 2.58; p = 0.60 | t = 0.163; p = 0.87 |
| Marital Status              |             |                                                   |                             |               |           |
| Single                      | 64.96 ± 20.69 | 1.34 ± 1.46                                     | 2.69 ± 2.09                 | 2.03 ± 1.77  | 4.75 ± 0.44 |
| Married                     | 97.63 ± 19.49 | 1.31 ± 1.59                                     | 2.71 ± 1.93                 | 2.21 ± 1.72  | 4.40 ± 0.47 |
| Test and Statistical Significance | U= 4453.500; p = 0.29 | t= 0.174; p = 0.06  | t = 0.587; p = 0.95 | t = -0.731; p = 0.46  | t = -0.925; p = 0.35 |
| Education Level             |             |                                                   |                             |               |           |
| Primary school              | 99.37 ± 18.02 | 0.93 ± 1.56                                     | 2.93 ± 2.04                 | 2.31 ± 1.95  | 4.79 ± 1.19 |
| High school                 | 92.92 ± 25.85 | 1.24 ± 1.58                                     | 2.64 ± 2.11                 | 1.88 ± 0.37  | 5.16 ± 1.03 |
| Associate program           | 98.26 ± 17.44 | 1.34 ± 1.59                                     | 2.52 ± 2.20                 | 2.00 ± 1.94  | 5.86 ± 5.18 |
| Undergraduate program       | 96.33 ± 20.03 | 1.30 ± 1.40                                     | 2.73 ± 1.89                 | 2.15 ± 1.64  | 6.18 ± 4.24 |
| Master program              | 90.78 ± 20.08 | 2.14 ± 1.83                                     | 2.78 ± 2.45                 | 2.42 ± 1.55  | 7.35 ± 4.63 |
| Test and Statistical Significance | KW = 3.570; p = 0.46 | KW = 6.542; p = 0.16  | KW = 1.809; p = 0.77 | KW = 3.732; p = 0.44  | KW = 4.636; p = 0.32 |
| Occupation                  |             |                                                   |                             |               |           |
| Unemployed                  | 92.50 ± 24.91 | 0.93 ± 0.38                                     | 2.43 ± 1.67                 | 1.62 ± 1.20  | 5.00 ± 3.65 |
| Worker                      | 86.46 ± 31.02 | 1.40 ± 2.02                                     | 2.93 ± 2.43                 | 2.20 ± 2.36  | 6.53 ± 4.47 |
| Civil servant               | 98.01 ± 18.14 | 1.34 ± 1.38                                     | 2.64 ± 2.11                 | 2.07 ± 1.68  | 6.14 ± 4.40 |
| Teacher                     | 103.00 ± 10.96 | 1.28 ± 1.27                                     | 2.28 ± 1.92                 | 2.42 ± 1.70  | 6.00 ± 3.75 |
| Housewife                   | 10.70 ± 5.72  | 0.75 ± 1.21                                     | 2.25 ± 1.76                 | 2.08 ± 1.67  | 5.08 ± 3.42 |
| Others                      | 90.68 ± 21.46 | 1.58 ± 1.76                                     | 3.04 ± 2.13                 | 2.14 ± 1.86  | 6.76 ± 5.21 |
| Test and Statistical Significance | KW = 14.58; p = 0.00 | KW = 4.519; p = 0.47  | KW = 2.629; p = 0.75 | KW = 2.459; p = 0.78  | KW = 1.442; p = 0.92 |
| Place of Residence          |             |                                                   |                             |               |           |
| Province center             | 97.65 ± 18.27 | 1.37 ± 1.53                                     | 2.71 ± 1.96                 | 2.15 ± 1.82  | 6.24 ± 4.58 |
| District center             | 92.57 ± 21.97 | 1.11 ± 1.49                                     | 2.42 ± 2.22                 | 1.94 ± 1.49  | 5.48 ± 4.76 |
| Town/Village                | 82.00 ± 37.78 | 1.37 ± 1.30                                     | 3.75 ± 2.12                 | 2.12 ± 1.35  | 7.25 ± 4.13 |
| Test and Statistical Significance | KW = 0.843; p = 0.65 | KW = 1.174; p = 0.55  | KW = 3.830; p = 0.14 | KW = 0.207; p = 0.90  | KW = 2.982; p = 0.22 |
| Having any Chronic Disease  |             |                                                   |                             |               |           |
| Yes                         | 86.63 ± 29.62 | 1.90 ± 1.91                                     | 3.56 ± 2.58                 | 3.13 ± 2.35  | 8.60 ± 6.07 |
| No                          | 97.81 ± 17.57 | 1.23 ± 1.41                                     | 2.55 ± 1.87                 | 1.93 ± 1.55  | 5.71 ± 4.15 |
| Test and Statistical Significance | t = -2.848; p = 0.00 | t = 2.248; p = 0.00 | t = 2.576; p = 0.00 | t = 3.563; p = 0.00 | t = 3.244; p = 0.00 |
| Diagnosed with COVID-19 in Your Family |             |                                                   |                             |               |           |
| Yes                         | 95.71 ± 20.52 | 1.35 ± 1.58                                     | 2.65 ± 2.11                 | 2.09 ± 1.71  | 6.10 ± 4.47 |
| No                          | 96.95 ± 19.56 | 1.28 ± 1.37                                     | 2.79 ± 1.83                 | 2.16 ± 1.81  | 6.23 ± 4.31 |
times as per this study, it can be asserted that the patients viewed spiritual emotions as a significant resource in making sense of the disease. Additionally, it can be stated that spirituality lowered the patients’ hopelessness levels by fostering positive thoughts. Moreover, spirituality acknowledged as a strong coping mechanism to deal with the traumatic incidents that can buttress the patients’ resilience.

### Study Limitations

Under the research, the survey form as the data collection tool was prepared only in the online format due to the social distancing measures taken during the pandemic, and hence, all participants were required to respond online. In this respect, all participants should continue the 14-day quarantine process, be accessible online, aged 18 and over, and be without communication problems or any psychiatric illness that may prevent it. Therefore, its results cannot be generalized to all COVID-19 patients. Notwithstanding its limitations, it is considered that the findings of this study will be helpful to cope with the mental health problems that stem from the COVID-19 pandemic.

### Conclusion and Recommendations

To put it in a nutshell, in this study, it was identified that the participant patients diagnosed with COVID-19 had high-level spiritual orientations and low-level hopelessness. Moreover, it was ascertained that there was a statistically significant negative relationship between the participant COVID-19 patients’ spiritual orientation and hopelessness levels. It was found that, as the participant COVID-19 patients’ had higher spiritual orientation levels, their hopelessness levels fell.

In light of these results,
- Considering the importance of hope for the patients, it can be highlighted that it is essential for the nurses to evaluate the patients with the risk of hopelessness.
- It can be recommended that the nurses have a holistic approach toward the care of patients diagnosed with COVID-19 and provide these patients with spiritual care within the limits of the present time and opportunities.
- Nursing interventions for the moral distress and hopelessness of patients diagnosed with COVID-19 can be added to the care plan.
- In order to increase spiritual care knowledge and experience, programs such as in-service training for nurses can be arranged.
- It can be recommended to do it with larger sample groups for patients diagnosed with COVID-19.

### Ethics Committee Approval

Ethical committee approval was received from the Ethics Committee of Siirt University (Date: November 18, 2020, No: E.13111).

### Informed Consent

Written informed consent was obtained from all participants who participated in this study.

### Peer-review

Externally peer-reviewed.

### Author Contributions

Concept – Z.B., M.A., G.Ş.; Design – Z.B., M.A.; Supervision – Z.B., M.A.; Resources – Z.B., M.A., G.Ş.; Materials – Z.B., M.A.;
Data Collection and/or Processing – Z.B., M.A., G.Ş.; Analysis and/or Interpretation – Z.B., M.A.; Literature Review – Z.B., M.A.; Writing Manuscript – Z.B., M.A., G.Ş.; Critical Review – Z.B., M.A.

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