



Research Article

# Methods Used in Spiritual Counseling and Guidance Services for Patients/Patients' Relatives in Turkey and Germany: A Qualitative Approach

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## Abstract

This research focuses on Hospital Spiritual Counseling and Guidance (SCG) services in Germany and Turkey. The primary objective is to uncover the different methods of Muslim spiritual care used in patient interactions in hospitals in both countries through semi-structured interviews. The sample of hospital spiritual caregivers comprises individuals from various regions of Turkey, while the German sample mostly includes participants who graduated from the Mannheimer Institute. Ultimately, a total of 30 Muslim hospital spiritual caregivers, with 15 from Turkey and 15 from Germany, were interviewed using telephone and internet applications like Zoom. Thematic analysis was employed to comparatively examine the narratives of the participants. This research aims to uncover whether methodological differences can be expected between patients interacting with Hospital SCG providers in Turkey and those consulting with Hospital SCG providers in Germany. Based on the comparative findings, it is expected that Muslim Hospital SCG providers in both Germany and Turkey would employ similar approaches, with a specific emphasis on utilizing active listening during interactions with their clients. This study underscores the significance of active listening as a critical element in patient interactions, regardless of the geographical context. Consequently, Turkey and Germany share common aspects in the implementation of Muslim hospital SCG.

## Keywords:

Religion • Spirituality • Spiritual Counseling And Guidance • Spiritual Care

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E-mail: aysegul\_guler@hotmail.de

eISSN: 2458-9675

Received: 08.06.2023

Revision: 29.07.2023

Accepted: 29.08.2023

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**Citation:** Ünal, A. G. G., & Yılmaz, S. (2023). Methods used in spiritual counseling and guidance services for patients/patients' relatives in Turkey and Germany: A qualitative approach. *Spiritual Psychology and Counseling*, 8(3), 323–348. <http://doi.org/10.37898/spiritualpc.1324059>

## **Introduction**

This study focuses on Muslim Hospital Spiritual Counseling and Guidance (SCG) services, which is a field of practice that aims to assist individuals through psychological methods and techniques. Originating from the Western Christian tradition, this practice emerged to enable religious leaders to address public problems in a more scientific manner and has evolved into an effective psychological support service (Tan, 1992). Numerous studies have demonstrated the positive impact of religion on mental well-being (Dadfar et al., 2021). Research indicates that individuals in countries with a strong religious presence tend to be happier, suggesting that religion not only influences individual happiness but also has a social dimension and impact on people's lives (Okulicz-Kozaryn, 2010, p. 166).

Although SCG services are a relatively new practice in Turkey, they are found in hospitals, correctional facilities, and social institutions such as foster homes. Since health is not guaranteed, individuals may go through periods of illness. Therefore, the study focuses on exploring the role of religion and spirituality, which are known to impact the body and health. Some studies provide a general overview of the Hospital SCG service implemented in Turkey (Ertunç, 2021; Kurtoğlu, 2020). Notably, research has also focused on healthcare staff. Findings from these studies reveal that nurses possess a high perception of spirituality and are aware of patient's spiritual needs, but they lack the necessary resources to intervene (Çayır, 2021; İşbilen Esendir & Kaplan, 2018). At this point, SCG gains importance as a valuable resource in addressing these spiritual needs and supporting the well-being of both patients and healthcare providers.

It is important to highlight that there exists a research gap in the specific field of comparative analysis of Muslim hospital providers of SCG services from a methodological perspective. Therefore, this study aims to fill this gap by addressing this research area. The objective is to conduct a comparative examination of the Muslim Hospital SCG approach. For this purpose, Germany was chosen as it has an established practice of Hospital SCG, while Turkey was selected for comparison in terms of services provided to Muslims. The central research question revolves around whether the Western-originated SCG practice demonstrates a parallel implementation between the services offered to Muslims in Germany and Turkey. Identifying any differences is crucial for the effective development of Hospital SCG. The study primarily focuses on investigating the application methods of Hospital SCG among hospital personnel, patients, and their relatives, with a specific emphasis on Muslims in both Germany and Turkey.

## **Spirituality/Religion and Health**

When examining the origin of the concept of spirituality, which is an important term in this study, it can be understood that the word spiritual refers to something that is grasped and known with the heart (soul) without the involvement of sensory organs.

It encompasses meanings related to essence, abstract, and non-material aspects, and it can express anything related to meaning, soul, and heart that is associated with spirituality or belief (Seyyar, 2015, p.13).

Spirituality is increasingly being utilized to represent an aspect of emotional, introspective, non-systematic, libertarian, personal, and subjective religious experiences. Conversely, religion, as highlighted in numerous Western studies, is often portrayed as a static set of rules (Hill & Pargament, 2003). This research adopts a unified definition encompassing religion, spirituality, and religiousness, and consistently builds upon this understanding throughout the study. According to this definition, religion provides a framework of rules and a path to be followed, while spirituality complements and enriches this framework. Spirituality, depicted as a unique picture, varies among individuals, leading to diverse forms of religiousness. Consequently, spirituality emerges as a dynamic structure shaped and molded by individual perceptions.

On the other hand, in exploring the relationship between spirituality and health, it is evident that health is defined by the World Health Organization (WHO) as not solely the absence of disease or infirmity, but rather as a state of complete physical, mental, and social well-being (World Health Organisation [WHO], 2022). Therefore, spirituality finds application in healthcare settings for providing comprehensive patient care. Numerous studies have shown that spiritual and religious practices, which are infrequently employed to alleviate tension and anxiety, prove to be among the most effective interventions. Religious practices are considered as particularly effective methods for regulating negative mental states (Dilmaç et al., 2016; Koenig & Larson, 2001).

Research indicates that religion/spirituality has a significant positive impact on various aspects of health and well-being. Studies have shown that it has beneficial effects on physical health (Gladding & Crockett, 2019), mental health (Tsuang et al., 2007), life purpose (Shiah et al., 2015), depression (Koenig, 2010), and overall well-being (Murray et al., 2004; Ravishankar & Bernstein, 2014).

Religion has been observed to provide essential support to individuals during serious surgical procedures, helping them navigate the process more positively. Additionally, in the context of diseases like cancer, study has demonstrated that religion serves as a positive coping mechanism for dealing with the stress caused by the illness (Ng et al., 2017).

For Muslim clients, Islamic therapy is particularly effective in treating grief, depression, and anxiety when combined with practices such as prayer and recitation of the Qur'an (Uyun et al., 2019). In a study conducted in Turkey with elderly individuals without chronic illnesses, increasing spirituality and spiritual care were found to lead to an improvement in their quality of life (Doğan, 2018). These findings highlight the significant role of religion and spirituality in promoting overall health and well-being across various contexts and populations.

## **Hospital SCG**

Various definitions exist regarding Hospital SCG. When examining the literature, different disciplines offer distinct understandings of what spiritual care entails and encompasses. For example, Ağılkaya Şahin (2014, p. 3) defines Hospital SCG as a service area that aims to assist individuals in need of guidance, addressing not only their religious concerns but also worldly issues, through the answers offered by their religious beliefs. On the other hand, Ok et al. (2019, p. 39) define Hospital SCG as a spiritual service intervention conducted by a person who has received spiritual care education and completed clinical internships, aiming to alleviate existential and spiritual-based psychological distress that patients and their relatives may experience at different stages of the health process, based on their desires.

The common aspect in all these definitions is that Hospital SCG is tailored to respond to the needs of the person seeking help. These needs can be of a religious nature or simply the need for a conversation. Following a diagnosis of life-altering diseases like cancer, patients can experience fear, anxiety, depression, and hopelessness, which significantly impact their lives and can elevate their spiritual needs. Moreover, hospitalization may lead to feelings of loneliness and contribute to the emergence of a spiritual crisis (Rassouli & Majd, 2015). As a result, religious services in hospitals are recognized as a universal patient right by the WHO. Understanding and addressing the spiritual dimensions of patients' experiences is a crucial aspect of providing holistic and comprehensive healthcare.

Another significant aspect is the sense of sinfulness experienced by patients. This belief is widely prevalent across cultures, where illness is often viewed as a consequence of violating moral or religious rules. In other words, the illness can be perceived as a result of sin. In this context, religion can play a positive role in transforming an individual's sense of sinfulness into a more positive and redemptive feeling (Woods & Ironson, 1999).

As this study's findings will also reveal, as patients approach death, they may experience regret for negative actions they perceive as sinful and seek a path to redemption. At this juncture, a spiritual caregiver can offer comfort to a patient facing such a dilemma and help alleviate the sense of sinfulness, enabling the individual to adopt a more positive outlook on life.

## **Hospital SCG in Turkey**

Hospital SCG in Turkey began in 2015 through a protocol signed between the Presidency of Religious Affairs (Diyanet İşleri Başkanlığı) and the Ministry of Health. The number of personnel involved in the service initially started with 15-20 individuals and reached 198 by the year 2021. This service is now provided in a total

of 146 healthcare facilities, including 143 hospitals affiliated with the Ministry of Health and 3 university hospitals, located in 74 provinces. In 2021, a total of 120,298 patients, their families, and healthcare personnel requested spiritual care services, and all these requests were fulfilled (Diyanet İşleri Başkanlığı [DIB], 2021, p. 241).

According to the professional definition published in the Official Journal dated October 25, 2019, SCG is defined as a counseling service that aims to assist clients in comprehending the influence of their belief systems on their lives. This approach employs a holistic perspective, combining modern counseling techniques with religious and spiritual methods to address the issues related to religion or spirituality that clients may encounter. The primary objective of SCG is to help clients achieve their goals regarding the identified problem through counseling (Official Journal, 2019).

SCG also plays an active role during disaster times. For example, during the pandemic period in which the study was conducted, SCG services were provided through 157 personnel in a total of 125 healthcare facilities, including 122 under the Ministry of Health and 3 university hospitals, spanning across 46 provinces designated by the Ministry of Health. In response to the pandemic, SCG services were offered to patients, their families, and hospital staff who may have been affected by COVID-19 or experienced exhaustion due to heavy workloads (Din Hizmetleri Raporu [DHR], 2020, p. 262). The inclusion of SCG during such critical times showcases its importance in addressing the spiritual and emotional needs of individuals and healthcare professionals amidst challenging circumstances.

### **Hospital SCG Services in Germany**

It's important to note that in Germany, the term *pastoral care*, also known as *Seelsorge*, predominantly conveys the concept of religion-based support rather than the term *spiritual care*. In this context, within this work, both spiritual care and pastoral care refer to the specialized service provided in various healthcare settings to address the spiritual and emotional needs of patients, their families, and hospital staff.

Accordingly, within hospitals and correctional facilities, those providing spiritual care are predominantly associated with Christian denominations. The representation of Muslim caregivers is limited. Unlike in Christian congregations, Muslim tradition doesn't have a direct equivalent of the spiritual care role. Typically, within Muslim families, the social aspects of spiritual care are handled. Family members attend to the sick individual in hospitals, providing support. However, the traditional communal living of Muslim families is facing challenges today. Migration, educational pursuits, and work opportunities are causing families to separate. Specialized hospitals are often located far from their residences (Ateş, 2019; Thierfelder, 2017).

Consequently, Germany has a substantial Muslim population of approximately 5.3 to 5.6 million individuals. This has prompted the initiation of several Muslim SCG projects, especially within hospitals, to address the significant demand. A study has identified 45 hospitals, 18 emergency departments, 45 correctional facilities, 3 helplines, and 2 psychiatric facilities as SCG projects in Germany (Şahinöz, 2018). It is important to note that these numbers represent the count of projects themselves. SCG initiatives are most prominently implemented in hospitals, emergency departments, and correctional facilities. However, it should be noted that the distribution of SCG services is not uniform across Germany, with a higher concentration in the Western and Southern regions. Various organizations are involved in providing training and implementing SCG practices, offering both accelerated programs and longer training courses that last several weeks (Reiss, 2019). The specific content of the training programs may vary among different projects.

The standard for SCG services in Germany is determined by KSA-Klinische Seelsorgeausbildung (Clinical spiritual/pastoral care training), an organization that encompasses the most common and recognized German clinical SCG training programs approved by the German Society for Pastoral Psychology (Deutsche Gesellschaft für Pastoralpsychologie, DGfP) (Ağilkaya Şahin, 2018, p. 46). Muslim SCG services do not adhere to the standards provided by this organization (Cimşit, 2019); however, it is observed that many Muslim SCG projects strive to align their structure with the KSA standard. Currently, Hospital SCG is carried out on a contractual basis. After completing the respective training, SCG providers are appointed as honorary staff in hospitals. Therefore, there is no fixed SCG program among Muslims in Germany. It should be noted that there are intensive efforts for the development and establishment of such services. Various training programs exist based on regions and partnerships between Muslim organizations and churches, but there is no authority to measure the quality and functionality of the training (see Şahinöz, 2018, for more detail). According to Erdem (2020, p. 20), this diversity stems from the fact that each regional SCG initiative is designed under different conditions.

### **The Research Questions**

The research question of this study aims to examine whether the Western-originated SCG practice is implemented similarly in the services provided to Muslims in Turkey and Germany. Identifying any variations is essential for effectively advancing Hospital SCG. The study specifically focuses on investigating how SCG methods are applied to hospital personnel, patients, and their relatives.

In this study, the research question is: Are there differences in the application method between Hospital SCG providers in Germany and Turkey? The sub-problems are listed as follows:

- If hospital SCG providers in Germany and Turkey mention different forms of practice, what are these differences?
- Can the variety of methods arising from the statements of SCG providers be attributed to cultural differences?

The primary aim of this comparative study is to reveal the intercultural aspect of Muslim SCG services by comparing the practice methods in Germany and Turkey. The study specifically seeks to understand the methods employed by SCG providers when interacting with clients in both countries. The focus is on identifying the preferred methods of SCG providers in their interactions with patients, their relatives, and hospital personnel, and exploring whether there are differences in method preferences between the two countries.

As the scope of Muslim SCG services expands globally, it becomes important to explore potential methodological differences between patients consulting with SCG providers in Turkey and those in Germany. Through analyzing the data obtained from the statements of SCG providers, this research aims to uncover whether methodological differences can be expected between a patient interacting with a hospital SCG provider in Turkey and a patient consulting with a hospital SCG provider in Germany. By doing so, this study aims to provide valuable insights and answers surrounding Muslim SCG services and contribute to a deeper understanding of the cultural aspects influencing SCG practices in different healthcare settings.

## **Method**

### **Research Group**

Between April and September 2021, a total of 30 Muslim hospital spiritual caregivers were reached and interviewed, with 15 participants from Germany and another 15 from Turkey. Due to the pandemic situation during the time of the research, face-to-face interviews could not be conducted. All participants were reached through social media platforms. Of the 30 participants, 16 were male, and 14 were female. Among the Turkish participants, 8 were male, and 7 were female. In Germany, the gender distribution was also the same, with 8 male and 7 female participants.

In Turkey, in 2021, there are 198 spiritual care staff in 71 provinces, 143 of which are within the Ministry of Health and 3 of which are university hospitals, in a total of 146 health facilities (DİB, 2021). 14 of these spiritual caregivers were interviewed via Zoom, while one interview was conducted over the phone due to a technical issue. The cities from which the spiritual caregiver participated have not been specified to protect their identity. In the Turkish group, all participants are graduates of the Faculty of Theology. Three of the participants have completed their second

undergraduate degrees, nine participants have completed their master's degrees, and one individual is currently in the process of pursuing a doctoral degree. Additionally, four participants have experience in foreign assignments. The average duration of hospital service among the participants is 4 years.

In Germany, 13 interviews were conducted via Zoom, while 2 interviews were conducted through WhatsApp. In the German research group, four participants were of foreign nationality (African, Arab, German, German-Turk), while the others were of Turkish nationality. Out of the 15 Hospital SCG reached in this study, 13 have received training at the Mannheimer Institute, which is experiencing rapid growth (see Mannheimer Institute, 2022, for more detail). The participants from Germany have diverse educational (Office Clerk, Health Personnel, Hairdresser, Theology Graduate, etc.) backgrounds. Three of the participants are graduates of Islamic theology, and among them, two have completed their master's degrees. The average duration of hospital service among the participants is 7 years.

All participants' names have been changed. The age range of the participants, both in Germany and Turkey, is between 25 and 60 years old. The average age of the participants in Turkey is approximately 30, while the average age of the German group is around 40. To maintain privacy, detailed age information has not been disclosed. The participants from Germany, Şule, and Hasan, work together as a couple in providing spiritual care. As a result, they answered the interview questions also together.

### **Research Design and Data Analysis**

Thirty-seven questions were anticipated to be asked during the interviews with the participants. As the interviews were conducted, some questions were condensed into single questions or, in cases where they were deemed unnecessary, certain questions were not asked. The average duration of participant interviews in Germany was approximately 71 minutes. Participant interviews in Turkey lasted an average of 60 minutes. The obtained audio recordings were transcribed by the researcher. The four interviews conducted in German were translated during the process of converting them into text by the researcher.

Responses were analyzed using the inductive thematic analysis procedure described by Braun and Clarke (2006). Thematic analysis is compatible with both essentialist and constructionist paradigms within psychology. Through its theoretical freedom, thematic analysis offers a flexible and valuable research tool that has the potential to provide a rich, detailed, yet complex account of data. Themes or patterns within data can be identified in an inductive way. Within this methodology, inductive analysis becomes a process of coding the data without attempting to force it into a pre-established coding framework or the researcher's predetermined analytical



concepts. Consequently, this variant of thematic analysis can be described as data-driven (Braun & Clarke, 2006).

Accordingly, first during the transcription process, the researcher took notes relevant to the research topic. This way, the researcher who was familiar with the participants' expressions gained the opportunity to observe which themes stood out from the data. Additionally, the software program MAXQDA 2020 was utilized. MAXQDA is a computer program that assists researchers in systematically evaluating and interpreting qualitative texts (Creswell, 2012). It also assisted the researcher in analyzing the interviews. Coding has been conducted to encompass a multitude of potential themes.

Afterwards, units of text dealing with the same issue were grouped together into analytic categories. Data were systematically reviewed to identify information that supports each category. Accordingly, the researcher generated seven main themes, and each theme consists of 45 relevant sub-themes.

Given that the subject of this research revolves around the methods used by spiritual caregivers, content related to this topic has been consolidated and analyzed thematically, resulting in four themes. The themes that emerged from the interviews conducted with spiritual caregivers, for the purpose of this study, have been classified as follows: a) The importance of spiritual caregivers introducing themselves accurately, b) Methods used in SCG practice in Turkey and Germany, c) Content of meetings between spiritual caregivers and patient/ patient's family, d) Examples of SCG applications.

Any disrupted or incomplete sentences that could compromise the coherence of meaning have been appropriately completed to align with the intended expression.

### **Data Collection Tools**

In this study, a semi-structured interview has been adopted due to its inclusion of both fixed-choice questions and the opportunity for in-depth discussions (Büyüköztürk et al., 2016, p. 154). The interview questions were prepared after consulting several experts. For the German sample, the interview questions were translated into German by the researcher. The interview questions consist of a total of 37 questions.

### **Credibility and Trustworthiness**

To maintain the quality criteria of this qualitative research, all essential steps of the study have been documented. The researcher aimed to maintain an objective approach during both the interviews and the analysis. Furthermore, in this research, an audit trail is utilized. Auditing is frequently used in formal studies, such as dissertations, especially when committee members have quantitative training and may harbor

skepticism towards qualitative studies. Through this process of documenting a study and reviewing the documentation by an external auditor, the narrative account gains credibility (Creswell & Miller, 2000).

## **Results**

The subsequent findings are organized under the four themes that formulate the headings. Explanations regarding the four themes are presented with relevant examples accordingly.

### **The Importance of Spiritual Caregivers Introducing Themselves Accurately**

It has been observed that the Hospital SCG service is not widely known and understood by patients, their families, and hospital staff. Therefore, in the study, it has been revealed that the way SCG providers introduce themselves and emphasize that it is not a personal visit is crucial in alleviating anxiety and negative perceptions. Participants in both countries emphasized that SCG visits can cause anxiety and that proper introduction is important. Thus, healthier interviews can take place after the concerns are eliminated. For example;

“We introduce ourselves to a new patient. When they understand that it is a routine visit, the interaction becomes more effective. If we suddenly say, ‘I am a spiritual caregiver, and I am here for you,’ people can feel a bit uneasy because they are not yet familiar with the concept of spiritual care.”(Fatma, Turkey).

“I enter the room, greet them, and introduce myself. I tell them who I am and why I am there. Because usually these people did not call for me, and some of them are afraid and ask, ‘Did something happen? Why did you come?’ I directly say that I came to say hello and ask about their well-being.”(Sevilay, Germany).

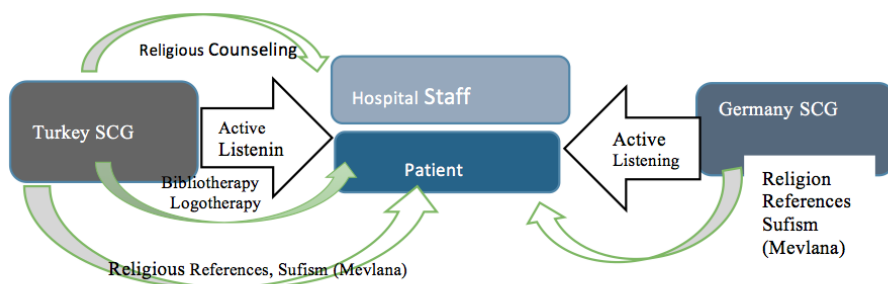
It can be understood from the participants’ statements that the way SCG professionals introduce themselves is effective in reducing the patient’s anxiety.

### **Methods Used in SCG Practice in Turkey and Germany**

In Turkey, hospital spiritual caregivers provide hospital services four days a week. In the case of Germany, practitioners serve voluntarily and arrange a specific day for hospital services in agreement with the hospital. Both countries’ hospital spiritual caregivers state that the frequency of patient visits increases depending on the patient’s length of stay, but they also conduct more one-time consultations. Based on the data obtained from the interview study, it is observed that active listening is the most commonly used method by hospital spiritual caregivers in both Turkey and Germany.

**Figure 1.**

*Methods Used by Hospital Spiritual Caregivers in Turkey and Germany*



As seen in Figure 1, spiritual caregivers stated that they utilized religious elements such as Sufism as well as active listening. Participants in the Turkey group also mentioned methods such as bibliotherapy and logotherapy. For example;

“Perhaps the most common thing we do is active listening.(...)It is noticeable that there is a scarcity of individuals with whom they can open up and share their troubles, and this seems to be the greatest hunger.”(Enes, Turkey).

“I prefer active listening.(...)I have read some poems a few times, I also write poetry myself, and I really enjoy reading as well.”(Mehtap, Germany).

It is evident from the participants’ statements that there is a clear need for communication and listening in patients and their families. Participants who utilize religious elements such as Sufism and artistic elements such as poetry and folk songs are more commonly observed in the German group.

“The most common practice is listening(...)And then reading, there are many who request reading, they ask me to read to them. I read to them verses from the Qur’an, healing verses.”(Mine, Germany).

“I start by reciting the Ayat al-Kursi and Surah al-Asr. I say that it is my opening and closing(...)I am convinced that it brings great relief both to myself and the person I’m talking to, and I apply this regularly.”(Yalçın, Germany).

“I need to quickly assess whether the patient is religious, whether they believe in Allah, or what their belief in fate is; I have to measure all of these immediately(...) Based on that, I create a concept in my mind(...)These are experiences gained over the years(...)You select from the established things through daily experiences. So, you have a basket on this matter, and you have to fill this basket with both knowledge

and experience. I'm still filling this basket(...)Sufism has a significant influence. I am someone who has read a lot of Mevlana and the Masnavi. In fact, I wrote my master's thesis on Mevlana. So, without Sufism, spiritual care would be really lacking(...)When you have knowledge of Sufism, especially Mevlana's ability to unite intellect, heart, and soul, you can provide beautiful support even to non-religious individuals(...)They have many stories with animals, and through Mevlana's metaphors, you can convey many stories. I use them a lot, and I can say they receive a lot of interest."(Nihal, Germany).

"There is indeed significant content in Sufism both in prisons and hospitals. There are materials that will help people and spiritually equip them. It needs to be systematized and used. I especially believe that there is a serious need in this field(...)Sometimes, when needed, I read them hymns from my prepared file because they request it. And for some, I sing them a folk song, as long as there is an atmosphere."(Hasan, Germany).

"The lives of the prophets, the stories of the saints, Sufi tales, etc. are very important. We often use quotes from Mevlana when necessary. These are very important, and every spiritual caregiver should have an abundance of them in their repertoire. You use them according to the situation."(Şule, Germany).

In the Turkish group, it is understood that religious elements are utilized based on the requests of the patients. "Sometimes the patient's family members themselves express it; for example, they say, 'we feel very distressed, could you read something (Qur'an) or can we read together?' They request it themselves."(Yıldız, Turkey).

On the other hand, regarding the methodological difference between personnel and patients, participant Elif points out: "Since patients are the ones who request our presence, they have things to share, and the most commonly used method is active listening method(...)In our interactions with healthcare staff, we employ a slightly different approach. It often involves addressing religious questions, providing answers, or engaging in consultations."(Turkey).

Accordingly, while healthcare personnel tend to approach a spiritual caregiver with more religious questions, patients seek them out with a need for sharing and expressing themselves. Additionally, it is observed that the Turkish group utilizes bibliotherapy and logotherapy, which differs from the German group. "Although not extensively, we do employ the method of bibliotherapy," as mentioned by one of the participants Ahmet from Turkey.

"Now, generally speaking, we primarily use logotherapy with our patients. While I wanted to apply bibliotherapy more, especially in palliative and oncology settings, unfortunately, during the pandemic, we couldn't focus much on palliative and oncology cases. Also, in other departments where patients have shorter stays, like two or three

days, it becomes challenging to implement bibliotherapy since its effectiveness relies on maintaining continuity with a book. With logotherapy, our aim is to help patients reach their truest selves, maintain high spirits, and realize how their difficulties can actually contribute positively to finding meaning in their lives.”(Aslı, Turkey).

It is evident that the participants expressed a desire to utilize psychological methods and techniques more. For example:

“Especially without psychological communication skills and the ability to read body language and behavior, we cannot perform this job effectively.”(Yıldız, Turkey).

“Another crucial aspect is employing psychological communication techniques, knowing what to pay attention to when listening to a person. We need to know which methods to use in order to bring out what is within them.”(Şule, Germany)

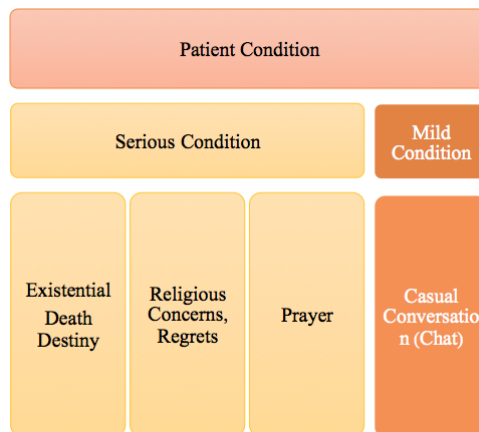
As seen, spiritual caregivers in this study emphasize the importance of psychological communication skills and techniques. They mention that it is challenging to carry out SCG without possessing these skills.

**Content of Meetings between Spiritual Caregivers and Patient/ Patient’s Family**

Some participants expressed that the approach used in the meetings varies. While patients feel the need to share the difficulties they have experienced in their lives, the staff members seek spiritual care for their lingering religious questions or certain family-related issues. It can be observed that the spiritual caregiver assumes an active listening role when facing the patient, while they take on a speaking position when interacting with the staff. As a result, it is stated that patients are able to delve into subjective matters and share their experiences.

**Figure 2.**

*Changing Content of the Conversation Based on the Patient’s Condition*



As seen in Figure 2, it can be understood that patients admitted to the hospital with a high likelihood of recovery engage in conversations with spiritual caregivers for social purposes, while those with more serious conditions ask questions related to death, existentialism, and fate. In terms of religious questions, patients' concerns range from how to maintain their religious practices without interruption, seeking redemption for past mistakes, to their desire to spend their remaining time in devotion and goodness. On the other hand, it is expressed, particularly by Turkish participants, that patients can adopt a rebellious attitude.

“Most patients seem to waiting for us. They can instantly share their lives with us, even the troubles they couldn't tell their closest relatives. It means we provide them with a sense of trust.”(Zülal, Turkey).

“Many people have told me the following: ‘I have never told my husband about this matter I have discussed with you, this is the first time I have opened up’(...) Sometimes, we even run into each other on the street, and sometimes I may forget them, but they come up to me and say, ‘Mrs. Mine, do you recognize me from the hospital?’ I guess we leave an impression on them.”(Mine, Germany).

“The relatives of the patients are very satisfied. The hospital staff tells their troubles. If they have any religious needs, they try to fulfill them here. If they have any shortcomings, regrets, or repentance that they couldn't express to anyone else, they come here to share them. So, we see that both the hospital staff and the patients, as well as their family members, develop trust in a short period of time.”(Ali, Turkey)

“Just holding the hand can make them feel like they have overcome a great obstacle. This is very important, just being by the patient's side is enough. There is no need for much talking; just sitting next to them, feels like lifting a heavy burden off their shoulders.” (Rabia, Germany)

“The patients here, whether they are patients or their relatives, are inherently vulnerable individuals, like a bird with a broken wing. They long for someone to touch them, they wait for it(...) Sometimes they say, ‘You were sent by God,’ and we respond, ‘Yes, we were sent by God.’”(Turgut, Turkey).

It can be observed that hospital SCG also works closely with families to provide holistic care. When compared to previous studies, it can be said that this service shows a development towards a more holistic approach in every culture. On the other hand, the content of the interview may consist of daily problems as well as religious motifs.

“Topics such as fate, surrender, belief, death, and the afterlife are discussed. So, I can't say it's just one point, it's a mixture of all, and we switch from one topic to another.”(Gönül, Germany).

“They talk about family problems rather than illness. Sometimes it’s about death, that feeling of death, the fear of death(...)The religious content mostly comes from the staff, at least in my experience.”(Adile, Turkey).

“Once it is very much related to the stage of the patients, if the patient knows that they will recover, that they will be discharged; the request is only to have a conversation.”(Şule, Germany).

“People who feel like they haven’t lived their lives productively, those who have the intention to do something in their final moments, often come with requests like ‘Let’s do some readings (Qur’an).’(...)There are many questions about the fear of death, especially in palliative oncology. Another common question we encounter is whether their illness is a punishment for any past actions, whether it has happened as a consequence of any past deeds. They ask if it would be beneficial for their loved ones to recite prayers or supplications for them after their death, or if they have deep regrets from the past, they ask questions like ‘If I seek forgiveness now, would it be accepted after such a long time?’”(Yıldız, Turkey).

“In the beginning, they hope for Allah’s mercy. They say, ‘Alhamdulillah, I am not a bad person. I didn’t regularly perform prayers, but I helped others, I did good things in my life.’ Over time, they start to doubt, ‘Will Allah forgive me?’ These are steps taken towards death, and we know this from research, that people go through various stages. Initially, there is denial, ‘Why me?’ ‘This can’t be happening,’ and then there are questioning thoughts, wondering if everything was done correctly, if responsibilities were fulfilled. Some feel a sense of guilt, and I find this very distressing for the patients. We have the opportunity to feel remorse, to seek Allah’s forgiveness through repentance, but I can’t always succeed in establishing that connection and encouraging people to open up in that direction. It depends more on socialization in Islam, how religion is explained or presented.”(David, Germany).

“The patient would say, ‘Why did this illness come to me?’ or they would seem judgmental towards God, talking about their problems with Allah. They blame fate, they blame Allah, they blame their faith. They can use accusatory statements like, ‘I was a faithful person’, ‘Why didn’t Allah protect me?’ They say, ‘It seems like He doesn’t love me.’ They ask, ‘Why did it happen like this?’ Maybe their current psychological state leads them to think in that way. That’s where we try to intervene, to explain that it’s not like that, that it’s a test. Of course, without judging them, because when you judge, there’s no turning back. Because they don’t need judgment, they need someone who can be there with them, understand their feelings and emotions.”(Turgut, Turkey).

As evident from the statements, individuals with severe illnesses tend to resort to religious elements more frequently. This tendency, as expressed by the participants,

indicates that the content of the conversations also varies depending on the course and severity of the illness.

### **Examples of SCG Applications**

In this section, examples from the application field of hospital spiritual caregivers are presented. It can be observed that the application form of spiritual care largely overlaps in both countries. Having spiritual care by their side during distressing and sorrowful moments is perceived as a form of assistance by patients and leads to contentment. Especially patients are seen to welcome personalized visits with happiness. For instance, the dialogue experienced by participant Rabia during a patient encounter is provided below:

“I was called to the hospital for an uncle. He was around 74 years old. I went to him and he said:

‘Who are you, my girl? Come closer, let me see who you are.’

‘Uncle, I came for you, I came to have a conversation with you.’

‘Ah, really? Did you come to have a conversation with me? Are you serious? Did you come for me?’

‘Yes, I came for you.’

‘The sentence ‘I came for you’ takes them to another realm. ‘Are you really here for me?’ This question arises, and it makes [the patients] very happy.’(Germany).

In this example, it can be observed how patients can react joyfully, solely with the awareness that a spiritual caregiver is specifically there to visit them. Additionally, it is noteworthy that participants from both countries have experiences related to childbirth and being summoned. On the other hand, spiritual care providers in Germany are called upon to accompany them during death and to guide patients through funeral procedures.

“The mother of a patient’s relative was in a critical condition, causing deep sadness for the relative. During our conversation, we focused on listening to her and acknowledging her mother’s suffering. When we used religious references, such as expressing that Allah does not burden anyone beyond their capability and does not give them a heavy trial, she found comfort in these words. When we mentioned that her mother’s spiritual status was elevated through her endurance of pain and that her illness served as an atonement for her sins, she felt happiness. From her perspective, her mother was gaining spiritual rewards, and she recognized the benefits of showing mercy and compassion towards her. Assuring her that their deeds were not in vain and that they would be rewarded in both this world and the hereafter provided them



with comfort. When she requested, we also speak to her father, who was in a more difficult situation. The situation was challenging, we aimed to provide the uncle with morale and motivation during our conversation. One touching thing he said was, “My dear, may Allah be pleased with you and with your parents. They have raised you as a virtuous child for the nation and the country.”(Canan, Turkey).

As an example of providing support during the end-of-life process, the experiences of a participant named Nihal are presented below. It is seen that a spiritual caregiver can play an important role in motivating and providing support during critical times.

“I was called to console the mother of a baby who had no hope of survival. I had always been there for Turkish mothers.(...)The father was understanding, but the mother didn’t seem willing to accept it at all.(...)She absolutely didn’t want to hold her child. She expressed that she felt as if she would die if she separated from the baby after holding and smelling him once.(...)We talked a bit more, and two days passed like that, and then she was convinced. She called me and said, ‘Can you come? I can’t bear it alone.’(...)We went together(...)First, the father held the baby, then I said, ‘Look, I am a mother, and I am holding him because I am a mother,’ and I held him in my arms. Then she also took her child in her arms, sat there for a while, and after half an hour, they removed all the plugs and handed the baby to her. I will never forget that moment. It was a beautiful memory for me. It was both painful and beautiful. It was beautiful to be able to support a mother in such a way.”(Nihal, Germany).

In cases related to death, distinct from the Turkish sample, it is evident in the German group that spiritual caregivers assist patients with funeral procedures when necessary and attend funerals. As seen below Muslim spiritual caregivers from Germany can also be included in funeral ceremonies held at the hospital. For example, the couple Şule and Hasan expressed that they attended a ceremony organized by Christian spiritual caregivers for premature babies who had passed away.

“About twenty years ago, prematurely born or miscarried babies under five months were disposed of as waste. Here, they call them ‘Sternenkinder’[star children], and there is an association formed by them. Thanks to their initiative, these children are no longer discarded but kept in the morgue. They are buried collectively every three months. They have tiny coffins, slightly larger than a shoebox. When we first started, there was a cross on the coffin. But when we participated, they removed the cross and started painting the coffins blue and decorating them with stars. We never said anything about the cross, but they themselves felt uncomfortable(...)They said, ‘Muslim babies are also included. Why didn’t we think about it before and always put a cross?’ So they took it off. They themselves offered it to us, and now we participate in the church together, like a ritual. We join them, recite prayers, and recite our Fatiha.<sup>17</sup>”(Şule, Germany).

1 Fatiha, refers to the recitation of the first chapter of the Qur’an in Islam, also known as Al-Fatiha.

“I recite the Fatiha in Arabic, and my spouse translates it. Then they say their prayers. We gather at the grave, all the parents. Afterwards, I perform the funeral prayer(...)One day, during the funeral prayer and burial, I recited the Fatiha in Arabic. As we were leaving the cemetery, I noticed a German couple following me. They came up to me and stopped. They said, ‘We were deeply moved by what you recited a while ago.’”(Hasan, Germany).

From the above example, it can be observed that individuals belonging to different religions are engaged in an interaction. Therefore, this practice, which serves as an example of how different faith groups can come together in an important ceremony like a funeral by showing respect to one another, suggests that SCG services have an inclusive and unifying aspect.

“I used to recite the Qur’an by the bedside of a patient connected to a machine. One day, the chief physician wanted to meet me. I went to see him, and he asked, ‘What are you doing for the patient?’ I replied, ‘Nothing, I am just meditating with the Qur’an.’ The chief physician said, ‘It’s something else. It can’t be that simple. (...)We don’t see any changes in the patient’s data, but when you come, we think the patient will recover, and the data changes.’ Yes, I’m just reciting the Qur’an, but apparently, the Qur’an has a significant impact on the patient to the extent that the data on the machine changes. We don’t attach much importance to the Qur’an we recite, but we also don’t know how beneficial it is for the patient unless we have experienced it.”(Sedat, Turkey).

In this example, emphasis is placed on the healing effects of religious elements. The spiritual caregiver expresses that the Qur’an has a significant impact on patients, even to the extent that it is reflected in the data of the medical machine. This highlights the healing power of religious elements in SCG services. However, it should be noted that further research is needed.

### **Discussion**

The findings obtained from the participants align with previous research results on Hospital SCG in Turkey. According to this, the practice of Hospital SCG is consistent with the profession’s description and purpose, both in Turkey and Germany (Chilean, 2017; Han, 2016). In this study, it was observed that the approach of Hospital SCG in both countries is similar. Both Turkish and German Hospital SCG predominantly use active listening as their primary method. However, in the Turkish sample, it was observed that Hospital SCG also employ methods such as answering religious questions and providing counseling. From the statements of the Turkish group, it can be understood that besides active listening, the use of bibliotherapy and logotherapy is also present (Belen, 2016; Yılmaz, 2016).

It was observed that prayer and Sufism topics were emphasized more in the German group. According to the statements of participants from both countries, religiously oriented questions are not frequently asked. However, the content of the conversations may vary depending on the patients' conditions. As the vital risk increases in the reason for the patient's hospitalization, there can be a greater transition to existential, fate, and religious topics, and religious elements can gain importance as coping mechanisms. According to the participants' statements, during the challenging process of severe illness, patients and their families emphasize the importance of religion and spirituality when questioning the meaning of life. It is known that other studies have also reached similar conclusions (Kurt, 2021; Küçük, 2019).

The methods and techniques used by Hospital SCG include elements such as inquiring about well-being, providing moral support, reading Hadith (sayings of the Prophet Muhammad) (Aydın, 2021), reading the Qur'an (Aka, 2020), praying (Baş, 2017), and listening (Ok et al., 2019), which are consistent with other research findings. In fact, another study has found that oncology patients receiving inpatient treatment have higher SCG needs compared to outpatient patients (Döndü, 2019).

When examining the differences between the two countries, it is observed that the German group provides more support in accompanying death, delivering news of death, and assisting with hospital paperwork (due to language barriers) compared to the Turkish group. On the other hand, according to this study, the Turkish group is focused on conducting conversations. The German group, while also conversation-focused, gives more emphasis to religious elements i.e. gifting prayer beads compared to Turkey. This could be attributed to a higher expectation of religious services from patients in Germany. Additionally, the observed differences may stem from the influence of the religious references experienced by the German sample from their Christian colleagues.

According to the shared statements of spiritual caregivers from both countries, verbal introduction methods help alleviate the concerns of patients and their families and elicit positive responses. In this regard, hospital spiritual caregivers mention the satisfaction of patients after the introduction of the service. Similar studies have shown that patients and their families who encounter hospital spiritual caregivers express satisfaction with the provided assistance (İnal & Gürsu, 2023).

Another noteworthy point in the study is that hospital spiritual caregivers in both countries are more frequently approached during childbirth and death situations, which are significant milestones involving both life and death. Accordingly, religion and spirituality are perceived as a need and support by hospitals during these important events, and the involvement of Hospital SCG is emphasized. In this regard hospital spiritual caregivers in both Turkey and Germany expressed a desire to learn more psychological methods and techniques, in line with other research (e.g. Pehlivan, 2018).

Furthermore, the presence of feelings of sinfulness among patients was also observed in this study. In this regard, it can have a positive impact when a hospital spiritual caregiver reminds the patient of the opportunity for repentance and Allah's forgiveness and mercy. Additionally, as mentioned by Sayın (2022, p. 72), the sense of compassion and empathy supports the understanding of self-renewal known as tasawwuf (Sufism). Repentance is stated to be the key and driving force for mental well-being, associated with the consciousness of self-renewal, feelings of hope, the concept of productivity, and the ability to know oneself. The inclusion of tasawwuf in this context demonstrates its potential functional knowledge within the Hospital SCG framework. However, further comprehensive research is needed regarding the relationship between patients, tasawwuf, and feelings of sinfulness.

### **Conclusion**

The study conducted during a pandemic period has brought about certain limitations. As physical travel to reach participants was not feasible, online interviews were employed. The stagnant nature of SCG during the pandemic has restricted the depiction of current practices. On the other hand, the participants from Turkey and Germany narrated their experiences in both regular hospital operations and extraordinary situations like a pandemic, providing the opportunity to observe SCG functioning in two distinct scenarios. Thus, it has been realized that SCG services contribute positively in terms of providing morale, motivation, and support to patients during crisis situations related to illnesses. Furthermore, it should be underscored that this study, being a qualitative analysis, is based on data and interpretations that have emerged in conjunction with the researcher's observations. It is advisable for the findings to be complemented by quantitative research. Additionally, phenomenological research, like other qualitative research designs, relies on the researcher's interpretation of the obtained data. Therefore, the most significant limitation of phenomenological research is the inability to generalize research findings and accurately determine their validity (Yıldırım & Şimşek, 2016).

Additionally, the study is limited to 15 hospital spiritual caregivers reached from various cities in Turkey. The German group (13 out of 15 individuals) is restricted to hospital spiritual caregivers who graduated from the Mannheim Institute located in the state of Baden-Württemberg. This study is confined to the data collected between April 17, 2021, and September 25, 2021. On the other hand, this study is limited to the data collected from interview questions developed by the researcher with expert assistance. Ultimately, the findings obtained in the research are limited to the participants' statements and the researcher's analysis. As a result, the outcomes are influenced by a specific setting and organizational structure.

Despite the limitations, this study provides insight into the spiritual care practices of two different countries. Such an approach, involving two distinct groups of spiritual caregivers, offers an understanding of the universality of these practices. Nevertheless, it can be said the findings suggest a significant similarity between the SCG services in a country with a predominantly Muslim population (Turkey) and a country where Muslims are a minority (Germany). Therefore, no significant methodological differences were observed in the expressions of the German and Turkish participants regarding their service practices. No difference in practices resulting from cultural differences was identified.

Ultimately, it is assumed that Muslim Hospital SCG providers in Germany or Turkey would approach their clients using similar methods, particularly employing active listening. This study highlights the significance of active listening as an important aspect of patient interaction, irrespective of the country.

However, as evident from the statements of all participants in the study, hospital spiritual caregivers have the ability to impact various aspects of patients' lives. They listen to their concerns, provide comfort, address their religious anxieties, witness their reconciliations with the past, and assist them in achieving mind-body harmony. It has been observed that even listening to the why and how questions of individuals facing difficulties in life by a person with a religious identity can bring them relief. Furthermore, seeking approval and advice from someone representing religion seems to serve as evidence of doing things correctly from a religious perspective, enabling individuals to continue this inevitable challenging process with higher motivation. The heavy burden and guilt arising from past mistakes, finding meaning in the illness, existential questions, disruptions in religious practices due to treatment, and approaching death can all be comforted through a religious perspective. Such comfort is believed to be something that no other service can provide. Therefore, it is believed that Muslim SCG has the potential to be a supportive and complementary element in the field of healthcare and should be supported with further research.

Indeed, this study shows that spiritual caregivers from different faith groups can foster unity and solidarity among patients and their families by showing respect for different beliefs and cultures. This aspect is considered deserving of further in-depth research involving a diverse group of spiritual caregivers from various nationalities.

Another important point observed in this study is the emphasis of spiritual caregivers on the healing effects of religious elements. Spiritual caregivers express that the Qur'an has a significant impact on patients, and this effect can even be observed in the data obtained from medical devices. This highlights the healing power of religious elements within the SCG service. It should be noted that further research is needed in this regard. These statements present a significant research area

concerning the positive impacts of religion on patients and the potential role of SCG in facilitating patients' healing through the utilization of diverse religious elements. This research area should be supported through the implementation of empirical research methods.

Furthermore, it has been observed that spiritual caregivers in both countries are interested in utilizing more psychological techniques and methods to provide a more effective service. Considering the requests of Hospital SCG, it is believed that a comprehensive and multidimensional SCG implementation would require the incorporation of various disciplines. Indeed, equipping Hospital SCG practitioners with effective tools is believed to be important in terms of being an easily accessible, fast, and efficient intervention tool for public health. Therefore, it is important to conduct additional research to determine which methods and techniques are more effective through experimental studies.

In addition, several aspects emerged in this study that require separate and thorough investigation. Further research is required;

- for a more comprehensive exploration of the reasons behind spiritual caregivers being summoned during patients' moments of passing.
- for investigating whether there are varying perceptions of spirituality/religion among patients based on the type of illness. And exploring whether there are varying psychological disturbances among patients based on the type of illness.
- exploring the potential contribution of Sufism to SCG practices.

Through this study, an attempt has been made to fill a gap by comparatively examining the Muslim SCG application within two sample groups. The hope is that the data obtained will contribute to the field, enhance the understanding of Muslim SCG services, and provide researchers with insights for further studies.

**Ethical approval.** This study was conducted with the permission of Sivas Cumhuriyet University Rectorate, dated 02.04.2021 and numbered 29067, as well as the ethical approval from the Ethics Committee and the permission of the Presidency of Religious Affairs, dated 25.08.2021 and numbered E-30339839-622.02-15822519.

**Peer-review.** Externally peer-reviewed.

**Funding.** There was no funding for this study.

**Disclosure statement.** The authors declare that they have no conflict of interest.

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