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The effects of intrinsic spirituality and spiritual robustness on the quality of postpartum recovery of mothers in the postpartum period

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Abstract

This study was conducted to examine the effects of intrinsic spirituality and spiritual robustness on the quality of postpartum recovery of mothers. This descriptive cross-sectional study was conducted with 264 women who had a cesarean section. Personal Information Form, Intrinsic Spirituality Scale (ISS), Spiritual Psychological Robustness Scale (SPRS) and Postpartum Recovery Quality Scale (PRSQ) were used to collect data. It was determined that the women's intrinsic spirituality (43.34 ± 6.62) and spiritual psychological robustness (62.61 ± 5.55) were above the medium level, their recovery quality within the first 24 hours was below the medium level and their recovery quality according to their last situation was slightly above the medium level. It was determined that there was no significant relationship between PRQS Factor 1 (within the first 24 hours) and ISS and SPRS ($p > 0.05$). It was observed that there was a significant relationship between PRQS Factor 2 (at the 24th hour) and ISS and SPRS, and they explained 97.5% of the change on Factor 2. It was determined that intrinsic spirituality and spiritual psychological robustness had no effect on the quality of recovery within the first 24 hours after delivery but had a 97.5% effect on the quality of recovery now.

Keywords: Mothers, postpartum, spirituality

Introduction

Spirituality is a process in which existence is questioned and an individual evaluates themselves and their important situations through a connection they consider meaningful or sacred [1]. People who face challenges and problems in their lives can draw support from the strength spirituality provides to withstand these situations [2]. This can provide psychological robustness and mental flexibility in individuals under stress and adverse conditions [3]. Spirituality, which influences individuals' ways of coping with stress, emerges as a meaningful supportive resource in dealing with the physical and psychosocial challenges of the postpartum period [4].

The postpartum period, one of the most challenging periods in human life, is critical to maternal health in terms of recovery and adaptation [5]. For women to have a healthy recovery, this period must be evaluated and plans made to support their recovery. A woman's health depends on a holistic evaluation of

her physical, mental, cultural, social, and spiritual aspects. In this regard, spiritual aspects should be incorporated into care strategies [6]. Studies have indicated that increased spirituality has positive effects on anxiety and fear of childbirth [7,8]. The results of a study showed that as spiritual well-being increases, levels of postpartum depression decrease [9]. In addition, it has been reported that women with higher levels of spirituality and those who participate in religious organizations experience fewer depressive symptoms [10]. In their study, Cheadle et al. indicated that women with higher religiousness and spirituality demonstrate greater psychological resources, including higher levels of optimism and self-esteem, during the postpartum period [11].

It is known that 48.9% of maternal deaths occur within the first 24 hours of the postpartum period [12]. Considering the importance of this process and the concomitant processes of recovery and adaptation, the influencing factors should be evaluated. Among the factors affecting postpartum recovery, mode of delivery has

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been shown to play a significant role. The literature indicates that cesarean delivery negatively affects the postpartum recovery process, is associated with a longer recovery period, and that surgical trauma leads to differences in clinical outcomes such as pain, mobilization, analgesic requirements, and length of hospital stay [13,14]. For example, recovery after cesarean delivery takes longer than after vaginal birth, and postoperative effects such as pain and functional limitations are more pronounced [13]. In addition, a systematic review has demonstrated that cesarean delivery adversely affects postpartum recovery duration and comfort levels [15]. Although there are studies in the literature examining the psychological effects of spirituality in the postpartum period, no study has been found that investigates the effects of intrinsic spirituality and spiritual resilience on the quality of postpartum recovery in mothers after cesarean delivery. Therefore, the aim of our study was to determine the impact of intrinsic spirituality and spiritual robustness on the quality of postpartum recovery in postpartum mothers. Accordingly, we believe that our findings will contribute to the literature.

Material and Methods

Study Type and Setting

This descriptive, cross-sectional study was conducted among women who delivered by cesarean section at a public hospital.

Population and Sample

The population of this study consisted of women who delivered by Caesarean section at Osmaniye State Hospital between February 13 and May 6, 2025. The sample size was calculated as 239 women using G. Power 3.1 software, assuming a power of $1-\beta=0.90$, an effect size of $f=2.01$, and an error level of $\alpha=0.05$. The effect size was determined using the t-test values from the reference study using the scale [16]. A simple and random sampling method was used in the study, and 264 women who delivered by Caesarean section who met the inclusion criteria and volunteered to participate in the study were included in the study. In this study, only mothers who delivered by cesarean section were included in the sample in order to control for the confounding effect of mode of delivery on the postpartum recovery process and to ensure sample homogeneity. Because cesarean delivery is a surgical intervention, postpartum pain, mobilization, and functional recovery differ from those following vaginal delivery. Therefore, to more accurately evaluate the effects of intrinsic spirituality and spiritual psychological resilience on the quality of postpartum recovery, the sample was limited to mothers who delivered by cesarean section [13-15].

Inclusion Criteria: Mothers who were 18 years of age or older, had a cesarean section, were at the 24th hour postpartum, and agreed to participate in the study were included in the study.

Exclusion Criteria: Postpartum mothers who had vaginal births and had communication difficulties (vision, hearing, understanding, etc.) were excluded from the study.

Data Collection and Data Collection Tools

Data for the study were collected face-to-face by researchers from mothers. Study data were collected using Personal Information Form, Intrinsic Spirituality Scale, Spiritual Psychological Robustness Scale, and Quality of Postpartum Recovery Scale.

Personal Information Form: This form, prepared by the researchers using literature, consists of a total of seven questions (age, education level, etc.) [15,17].

Intrinsic Spirituality Scale (ISS)

The scale, developed by Hodge [18]. The Turkish validity study of the scale was conducted in 2022 [19]. The scale assesses how all aspects of a person's life are guided and motivated by God. It is a single-factor scale with six items, rated from 0 to 10 (0: no problem, 10: my spirituality answers all my questions). The minimum possible score on the scale is 0, and the maximum is 60. There are no reverse items on the scale, and an increase in the score indicates increased inner spirituality. In the original study of the scale, the Cronbach's alpha coefficient was reported as .910 [19]. In our study, the Cronbach's alpha value was calculated as .985.

Spiritual Psychological Robustness Scale (SPRS)

The scale was developed by Okan and Ekşi. The scale assesses how individuals utilize spiritual resources to maintain their psychological well-being and cope with challenges. The 16-item scale does not include any reverse items. The scale is a 5-point Likert, with a rating of "1=Strongly disagree" to "5=Strongly agree". The minimum possible score on the scale is 16, and the maximum is 80. Higher scores indicate increased levels of spiritual and psychological resilience. Cronbach's alpha coefficients for the scale range from 0.785 to 0.854 [20]. In this study, Cronbach's alpha coefficient was 0.813.

Postpartum Recovery Quality Scale (PRQS)

The scale developed by Ciechanowicz et al. [21] was adapted into Turkish by Önal et al. The scale determines the recovery levels of mothers after delivery [16]. It consists of 11 items and is assessed on a 10-point Likert-type scale. The scale has 2 factors: Factor 1 (within the first 24 hours) and Factor 2 (at the 24th hour). Factor 1 (i1, i2, i3, i4, i5) is reverse scored and the total score is between 0 and 50. The sum of Factor 2 (i6, i7, i8, i9, i10, i11) is between 0 and 60. A higher score on the scale indicates better levels of postpartum recovery [16]. Cronbach's alpha coefficients for the scale range from 0.7 to 0.9. In this study, the Cronbach's alpha coefficient was found to be 0.789.

Data Analysis

IBM SPSS Statistics 26 was used for data analysis. Data were assessed for normal distribution using the Kolmogorov-Smirnov test, which determined that the data were normally distributed. Data analysis was conducted using descriptive statistics (mean, standard deviation, percentage, frequency), Independent Samples t-test, ANOVA, regression, and Pearson's correlation test. Significance was assessed at $p<0.05$.

Ethical Approval

Approval was obtained from the Ethics Committee of Osmaniye Korkut Ata University (Decision No: 1/7, Date:13.01.2025), institutional permission was obtained from the hospital where the study was conducted, and permission was obtained for the use of the scales used in the study. Furthermore, participants were informed about the purpose of the study and their written consent was obtained through an informed consent form.

Results

Descriptive characteristics are shown in the table (Table 1). It was determined that the difference between the women's ages and education levels and their ISS total mean scores was not significant ($p>0.05$), the difference between their income status and their ISS total mean scores was significant ($p<0.05$). There was no significant difference between the participants' ages and education levels and their SPRS total mean scores ($p>0.05$), the difference between their income status and their SPRS total mean scores was significant ($p<0.05$). In the study, the difference between the women's ages, and their PRQS Factor 1 total mean scores was statistically significant ($p<0.05$), and there was no significant difference between their education status and income status and their PRQS Factor 1 total mean scores ($p>0.05$). It was determined that the difference between the women's income

status, and the total mean score of PRQS Factor 2 was significant ($p<0.05$), and the difference between their age and education levels and the total mean score of PRQS Factor 2 was significant ($p>0.05$). In the study, the total mean score of ISS was 43.34 ± 6.62 , the total mean score of SPRS was 62.61 ± 5.55 , the total mean score of PRQS Factor 1 was 20.35 ± 1.80 and the total mean score of PRQS Factor 2 was 37.10 ± 3.80 (Table 2).

Table 1. Sociodemographic characteristics of women (n=264)

Features	n	%
Age		
21-30 years	250	94.7
31-40 years	14	5.3
Education level		
Primary school	109	41.3
High school	123	46.6
University and above	32	12.1
Income status		
Income is less than expenses	28	10.6
Income is equal to expenses	229	86.7
Income is greater than expenses	7	2.7
Total	264	100

Table 2. Comparison of the mean total scores of the sub-factors of the ISS, SPRS and PRQS according to the sociodemographic characteristics of women (n=264)

Features	ISS Mean $\pm$ SD	SPRS Mean $\pm$ SD	PRQS (factor 1) (within the first 24 hours) Mean $\pm$ SD	PRQS (factor 2) (at the 24th hour) Mean $\pm$ SD
Age				
21-30 years	43.35 $\pm$ 6.55	62.64 $\pm$ 5.48	20.12 $\pm$.92	37.13 $\pm$ 3.74
31-40 years	43.14 $\pm$ 8.15	62.07 $\pm$ 6.95	24.42 $\pm$ 5.54	36.64 $\pm$ 4.93
*Test/significance	t=.115 / p=0.909	t=-.377 / p=0.706	t=-10.234 / p<0.001	t=-468 / p=0.641
Educational status				
Primary school	42.66 $\pm$ 7.71	62.14 $\pm$ 6.30	20.54 $\pm$ 2.23	36.75 $\pm$ 4.47
High school	43.78 $\pm$ 5.84	62.92 $\pm$ 5.07	20.13 $\pm$ 1.79	37.30 $\pm$ 3.30
University and above	43.93 $\pm$ 5.31	63.03 $\pm$ 4.58	20.93 $\pm$ 2.36	37.56 $\pm$ 3.05
**Test/importance	F=.959 / p=0.385	F=.668 / p=0.513	F=1684 / p=0.188	F=.862 / p=0.423
Income status				
Income less than expenses	39.25 $\pm$ 11.3	59.46 $\pm$ 9.92	20.71 $\pm$ 2.57	34.92 $\pm$ 6.61
Income equals expenses	44.18 $\pm$ 4.69	63.29 $\pm$ 3.85	20.29 $\pm$ 1.67	37.57 $\pm$ 2.67
Income more than expenses	32.14 $\pm$ 16.0	53.00 $\pm$ 13.1	20.85 $\pm$ 1.80	30.57 $\pm$ 9.27
**Test/significance	F=19.600 / p<0.001	F=18.980 / p<0.001	F=.942 / p=0.391	F=18.902 / p<0.001
ISS: 43.34 $\pm$ 6.62, SPRS:62.61 $\pm$ 5.55, PRQS Factor 1: 20.35 $\pm$ 1.80, PRQS Factor 2: 37.10 $\pm$ 3.80				
ISS: Intrinsic Spirituality Scale, SPRS: Spiritual Psychological Robustness Scale, PRQS: Postpartum Recovery Quality Scale, *T test in independent groups, ** ANOVA test, $\pm$ SD: Standard Deviation, p< 0.05				

As a result of the regression analysis, it was seen that there was no significant an effect between Factor 1 of the PRQS and the ISI and the SPRS ($R=.146$; $R^2=.021$; $p> 0.05$), therefore, it did not explain the change on Factor 1 of the PRQS. A significant

an effect was found between Factor 2 of the PRQS and the ISI and the SPRS ($R=.987$; $R^2=.975$; $p<0.05$). Accordingly, it was seen that the PRQS explained 97.5% of the change on Factor 2 (Table 3).

Table 3. Regression analysis between factor 1 and factor 2 scores of ISS, SPRS and PRQS sub-dimensions

Dependent variable	Unstandardized coefficients		Standardized coefficient		
	B	Std. error	Beta	t.	Sig.
PRQS factor 1					
Constant	23.815	1.662		14.330	p<0.001
ISS	-.021	.043	.079	.498	.619
SPRS					
		R=.146 ^a	R ² : .021	F=2.857	p=.059 ^b
PRQS factor 2					
Constat	3.272	.560		-5.839	p<0.001
ISS	.074	.014	.129	5.096	p<0.001
SPRS	.594	.017	.868	34.382	p<0.001
		R=.987 ^a	R ² :975	F=5.067	p<0.001 ^b

^aDependent variables: PRQS: Postpartum Recovery Quality Scale Factor 1 ve Factor 2. ^bPredictors (Constat):ISI: Intrinsic Spirituality Scale, SPRS: Spiritual Psychological Robustness Scale

According to the findings, a strong positive correlation was found between ISI and SPRS ($r=.921^{**}$; $p<0.001$), no correlation between ISI and PRQS Factor 1 ($r=.120$; $p=.051$), and a strong positive correlation between ISI and PRQS Factor 2 ($r=.928^{**}$; $p<0.001$). A weak positive correlation was found between SPRS and PRQS Factor 1 ($r=.143$; $p=.020$), a strong positive correlation between SPRS and PRQS Factor 2 ($r=.986^{**}$; $p<0.001$), and a weak positive correlation between PRQS Factor 1 and PRQS Factor 2 ($r=.153$; $p=.013$) (Table 4).

Table 4. Correlation coefficients between ISI, SPRS, and PQRS and their subdimensions

Variables	n	1	2	3	4
1 ISI	r/p	1			
2 SPRS	r	.921**	1		
	p	.000			
3 PQRS factor 1 (first 24 hours)	r	.120	.143*	1	
	p	.051	.020		
4 PQRS factor 2 (now)	r	.928**	.986	.153	1
	p	.000	.000	.013	

PRQS: Postpartum Recovery Quality Scale Factor 1 ve Factor 2; ISI: Intrinsic Spirituality Scale, SPRS: Spiritual Psychological Robustness Scale; **Pearson correlation, $p<0.01$ (2-tailed)

Discussion

This study was conducted to determine the effects of intrinsic spirituality and spiritual psychological robustness on the quality of postpartum recovery in mothers.

The current study found that older women rated their postpartum recovery as better. In a study that supports our study, they found that women were more stressed during their first pregnancy [22]. Another supporting study found that women with primary cesarean section had higher pain beliefs about experiencing pain afterward [23]. Our study finding seems similar to the literature. Experience with previous births and postpartum procedures may reduce stress and anxiety, leading to a more

comfortable postpartum period.

The current study found that women whose incomes matched their expenses had higher levels of intrinsic spirituality and spiritual psychological robustness and better assessed the quality of their postpartum recovery. One study found that people with better financial circumstances had higher levels of spirituality [24]. A study finding different from the current study found that economic factors did not affect spirituality [25]. This difference in research may be due to individual characteristics and lifestyle factors.

The current study found a positive relationship between spiritual psychological robustness and intrinsic spirituality. Studies

conducted with older adults [26] and university students [27] have indicated that psychological well-being and spirituality positively influence each other [26,27]. Our current research results are similar to those in the literature.

The current study found that women with higher perceptions of spirituality evaluated their postpartum recovery more favorably. A study conducted with Indonesian women found that those with higher spirituality believed their birth would be better and had higher self-confidence [9]. The results of a study showed that as spiritual well-being increases, levels of postpartum depression decrease [12]. In addition, it has been reported that women with higher levels of spirituality and those who participate in religious organizations experience fewer depressive symptoms [13]. In their study, Cheadle et al. indicated that women with higher religiousness and spirituality have higher levels of mastery, optimism, and self-esteem in the postpartum period [14]. Similarly, a study demonstrated that higher levels of subjective well-being among women in the postpartum period are positively associated with lower levels of depressive symptoms [28].

Given that spirituality impacts the birth process, it is also believed that the spiritual support women receive during postpartum recovery enhances their sense of well-being, helping them evaluate the process more positively. Although there is a lack of research on this topic, the literature appears to support our current study findings.

Limitations of the Study

This study has several limitations. First, it was conducted exclusively with mothers who delivered by cesarean section; the inclusion of only cesarean deliveries limits the generalizability of the findings to the overall postpartum female population. Second, the study was carried out at a single hospital within a specific time period. In addition, parity was not assessed in this study, which should be considered a limitation when interpreting the findings.

Conclusion

In this study, no significant relationship was found between intrinsic spirituality and spiritual psychological robustness and the quality of postpartum recovery within the first 24 hours after cesarean delivery. However, at the 24th hour, intrinsic spirituality and spiritual psychological robustness were significantly associated with postpartum recovery quality, explaining 97.5% of the variance in recovery scores ($\beta=0.129$; $\beta=0.868$; $p<0.001$). These findings suggest that the impact of spirituality on postpartum recovery may vary over time and should be considered when evaluating recovery processes.

Based on these findings, it is recommended that healthcare professionals be informed about the potential influence of spirituality on postpartum recovery. Future research should examine recovery processes across different delivery methods (vaginal birth and cesarean section) and at various postpartum time points (first week, 6 weeks, 3 months). Moreover, the

development of midwifery interventions aimed at supporting spiritual resilience is encouraged. Qualitative studies are also recommended to explore the mechanisms through which spirituality influences postpartum recovery in greater depth.

Ethical Approval

Approved by the Ethics Committee of Osmaniye Korkut Ata University (No: E.215114 Date: 13 January 2025).

Patient Consent

People who accepted to participate in the study were informed about the study, and their written consent was obtained prior to the study.

Conflict of Interest

The authors declare no conflict of interest.

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