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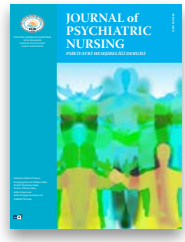

Original Article

The relationship between spirituality, serenity, and depression levels of students studying at a university of health sciences in Türkiye

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Abstract

Objectives: Depression is one of the major health problems of our era. This study aimed to examine the relationship between university students' depression levels, spirituality, and feelings of serenity, as no previous study in the literature has addressed this relationship.

Methods: A cross-sectional design with convenience sampling was used. Data were collected from 851 students studying at the University of Health Sciences in Ankara, Türkiye, between February and December 2023. The Beck Depression Inventory (BDI), Spiritual Orientation Scale (SOS), and Brief Serenity Scale (BSS) were used for data collection.

Results: The mean total scores of the students were 16.46±11.69 for the BDI, 71.62±16.07 for the BSS, and 84.64±25.62 for the SOS. Regression analysis showed a significant relationship between serenity, spirituality, and depression (F=120.196; p=0.001). Serenity and spirituality explained 22.5% of the total variance in depression levels (R^2=0.225).

Conclusion: Serenity and spirituality were found to reduce depression levels. Universities are recommended to encourage students to engage in spiritual and serenity-related activities and to allocate some free time for these activities, which may positively influence depression levels.

Keywords: Depression; health sciences; serenity; spirituality; students

Depression is one of the most frequently diagnosed psychiatric disorders, but it is also a universal emotion experienced by most people at some point in their lives without necessarily being pathological.[1] Depression is a significant public health problem because it is highly prevalent and causes functional impairment.[1,2] A significant proportion of university students in Türkiye consists of young people between the ages of 15 and 29, and depression is considered one of the most significant disorders threatening this group.[2] Studies conducted among university students indicate that depression is the most serious mental disorder they face.[1] Depression is associated with various problems that may even lead to suicide if the condition is not effectively addressed.[3] Depression among university students may cause a lack of motivation, social withdrawal, and pessimism, which may further lead to decreased academic achievement as well as thoughts of death and suicide.[4] Suicide ranks as the second most common cause of death among individuals aged 15–29 worldwide.[5] In two different studies conducted among university students, Günay et al.[1] found the prevalence of depression to be 21.2%, whereas a literature review conducted by Liu et al.[6] reported that the prevalence of depression among college students worldwide ranged from 5.6% to 53.6%, with most studies reporting rates between 20% and 40%. Depression causes inactivity, unhappiness, and decreased productivity even when it manifests at a mild level. Therefore, it is im-

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portant to identify students showing signs of depression and ensure that they are aware of the types of thoughts, feelings, and actions that may facilitate coping with depression.[1,6]

Spiritual orientation has been discussed as a factor that can play a significant role in coping with depression. Studies have indicated that depression levels decrease as an individual's sense of spirituality increases. Therefore, an inverse association exists between spirituality levels and depression.[7,8] Spirituality and spiritual orientation are fundamental in helping individuals form their own understanding of the meaning of life and build self-confidence, and they can contribute to a calmer and more comfortable life.[9] Jafari et al.[10] reported a connection between the spiritual attitudes and mental health of university students. Deb et al.,[11] who examined psychological well-being and spirituality among university students, reported a statistically significant, albeit modest, positive association between spirituality and subjective happiness, life satisfaction, and meaning in life. Studies conducted among students in Hong Kong highlighted the significance of having a sense of spirituality not only for adults but also for younger students. It was further reported that the suicide rate among university students in Hong Kong had recently increased and that there had been 22 student suicide cases in the 2016 academic year, while more than 900 students had sought counseling support for depression, anxiety disorders, and self-harm during the same academic year.[12] In this context, the significance of university students' sense of spirituality was emphasized.[13]

Spirituality is closely linked to serenity, as it may help individuals find meaning in life, maintain inner peace, and develop emotional balance when coping with stressful life experiences.[8,10,14] Serenity includes aspects such as long-term and enduring feelings of calm, comfort, and peace and is therefore generally considered a positive emotion.[15] Serenity can also refer to the inner harmony and balance that enable a person to have peace of mind, feel safe and calm, have a clear conscience, and not feel disturbed or distracted by what occurs around them.[15] Serenity has a positive relationship with well-being, positive emotions, feelings of connection, a sense of meaning, success in life, and physical and mental health.[15] When individuals are serene, they are more likely to approach situations positively and holistically rather than focusing on a single negative aspect of their lives, which may reduce stress and improve overall health.[16] University students have ranked "serenity" among the top five of their preferred values.[17]

Although previous studies have examined depression among university students in Türkiye and other populations,[1,6] the relationship between spirituality and mental health,[7,8,10,11] and the role of serenity in well-being and positive psychological functioning,[15–17] these variables have generally been addressed separately. Therefore, there is still a need for studies that evaluate spiritual orientation, serenity, and depression together, especially among students enrolled in health sciences programs. This is important because these students are exposed not only to academic stress but also to clinical practice, patient care responsibilities, human suffering, and concerns about future professional roles.[18,19] In this context, spirituality may support students' search for meaning and coping capacity, while serenity may contribute to inner peace, emotional balance, and psychological resilience. By examining the relationship between spirituality, serenity, and depression among students studying at a university of health sciences in Türkiye, this study may contribute to the literature by providing a more holistic understanding of the psychological and spiritual factors associated with depressive symptoms and by offering evidence that may guide preventive and supportive interventions for health sciences students.

What is presently known on this subject?

- Depression remains a major health problem of our era. There is no previous study in the literature addressing the direct relationship between university students' depression levels, spirituality, and feelings of serenity.

What does this article add to the existing knowledge?

- This study demonstrates that spirituality and serenity are significant predictors of depression among university students. Together, spirituality and serenity explained 22.5% (R^2=0.225) of the variance in depression levels.

What are the implications for practice?

- Universities are recommended to encourage students to engage in spiritual and serenity-related activities and allocate free time for these activities. Integrating such activities into university life may serve as a simple yet effective strategy to positively influence and reduce students' depression levels.

Research Questions

1. Is there a significant relationship between spiritual orientation and depression among university students?
2. Is there a significant relationship between serenity and depression among university students?
3. Is there a significant relationship between spiritual orientation and serenity among university students?

Materials and Method

Research Design

This was a cross-sectional study.

Sample

The study was conducted between February and December 2023 with students from a university providing health education in Ankara, the capital of Türkiye. The sample included volunteer students from the Faculty of Nursing and the Vocational School of Health who met no age restrictions and completed the survey form fully and accurately.

Power analysis was conducted to determine the sample size using the G*Power 3.1 program. The effect size was considered moderate at 0.02 based on Cohen's multiple regression analysis.[20] It was calculated that 776 individuals were needed at a 5% significance level and an effect size of 0.02 to achieve more than 95% power (df=773; F=3.007). Accordingly, 821 participants were included in the study.

Measurements

The data for this study were obtained using the Demographic Characteristics Form, the Spiritual Orientation Scale (SOS), the Beck Depression Inventory (BDI), and the Brief Serenity Scale (BSS).

Demographic Characteristics Form

This questionnaire was developed by the authors to evaluate the sociodemographic characteristics of the participants and consisted of six questions assessing the gender, age, department/faculty, income level, family type, and place of residence of the university students.[2,7,8,16]

Spiritual Orientation Scale (SOS)

The SOS was developed by Kasapoğlu in 2015 with the participation of university students to evaluate individuals' orientation toward spirituality.[21] The scale includes 16 items, each rated on a seven-point Likert scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (7). Scores on the scale range from 16 to 112, with higher scores indicating a stronger spiritual orientation. The Cronbach's alpha reliability coefficient for the Spiritual Orientation Scale was reported as 0.87.[21] In the present study, it was calculated to be 0.94.

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) was originally developed by Beck et al.[22] to assess the severity of depressive symptoms. The instrument aims to identify the intensity of depression. The validity and reliability of the Turkish adaptation were established by Hisli among university students. The inventory comprises 21 items, each offering four response options. Scores range from 0 to 3 per item, with a total possible score of 63. According to the scoring system, depression severity is classified as follows: 0–9="minimal," 10–16="mild," 17–29="moderate," and 30–63="severe." The Cronbach's alpha coefficient was reported as 0.80.[23] In the current study, the Cronbach's alpha value of the inventory was found to be 0.92.

Brief Serenity Scale (BSS)

The Brief Serenity Scale (BSS) was developed by Kreitzer et al.[24] to evaluate individuals' levels of serenity. The validity and reliability of the Turkish adaptation were established by Altunkurek.[25] This 22-item instrument is structured on a 5-point Likert scale, with response options ranging from "Never" (1) to "Always" (5). Total scores range from 22 to 110. The scale consists of three subdimensions: Acceptance, Inner Peace, and Trust. Of the 22 items in the scale, items 6, 7, 8, 9, 10, 13, 15, 18, 21, and 22 belong to the Acceptance subdimension; items 1, 2, 5, 11, 12, 14, 17, and 19 belong to the Inner Peace subdimension; and items 3, 4, 16, and 20 belong to the Trust subdimension. Higher scores in each subdimension reflect a greater presence of the corresponding characteristic, while a higher overall score indicates a higher level of serenity. The Cronbach's alpha coefficient for the scale was reported as 0.87,[25] whereas in the present study, it was determined to be 0.91.

Ethical Approval

This study was conducted in accordance with the principles of the Declaration of Helsinki. Ethics committee approval was obtained from the University of Heath Sciences, Gülhane Scientific Research Ethics Committee (Approval Date: February 14, 2023; Approval No: 46418926), and written permission was obtained from the deans and directorates of the faculties and vocational schools where the research was conducted. In addition, the purpose and procedures of the study were explained to the students, and the study was conducted with those who agreed to participate.

Statistical Analysis

The data were analyzed using SPSS version 22.0. The descriptive characteristics of the students were examined using frequency and percentage analyses, while means and standard deviations were used for scale evaluation. The normality of the data distribution was assessed using skewness and kurtosis coefficients, and the results indicated that the data were normally distributed. Therefore, parametric tests were used in the analyses. Relationships between variables were analyzed using linear regression. Independent-samples t tests, one-way analysis of variance (ANOVA), and Tukey's least significant difference (LSD) post hoc test were applied to identify differences in scale scores based on descriptive characteristics. Effect sizes were calculated using Cohen's d and eta squared (η^2) and were interpreted as small (0.2/0.01), moderate (0.5/0.06), and large (0.8/0.14), respectively.[26]

Results

The mean age of the students participating in the study was 20.32±2.42 years. Of the participants, 82.3% were women, 50.1% were studying at the Vocational School of Health, 51.0% had an income equal to their expenses, 80.3% had a nuclear family, and 54.8% lived with their families (Table 1).

The mean total BDI score of the students was 16.46±11.69, and the mean total BSS score was 71.62±16.07. The mean scores

Table 1. Sociodemographic characteristics of the students (n=821)

Variable	n	%
Gender		
Male	145	17.7
Female	676	82.3
Years	20.32	2.42
Department/Faculty		
Faculty of Nursing	410	49.9
Vocational School of Health	411	50.1
Family Income		
Low	295	35.9
Middle	419	51.0
High	107	13.0
Family Type		
Nuclear Family	659	80.3
Extended Family	107	13.0
Fragmented Family	55	6.7
Place of Residence		
Dormitory	304	37.0
With Family	450	54.8
Lodgings	45	5.5
Home Alone	22	2.7

for the acceptance, inner peace, and trust subdimensions of the BSS were 32.51±7.33, 25.81±6.51, and 13.29±3.39, respectively, while the mean total SOS score was 84.64±25.62 (Table 2). When differences in serenity, spiritual orientation, and depression scores were examined according to descriptive characteristics, men had higher depression scores (18.66±14.69) than women (15.99±10.90), while men had lower spiritual orientation scores (73.18±29.02) than women (87.09±24.16). The differences were statistically significant ($p<0.05$). No statistically significant differences were observed between genders for the BSS and its subdimensions ($p>0.05$).

Comparison of the participants' scores according to the department or vocational school in which they were enrolled revealed that the depression scores of students studying at the Faculty of Nursing (13.61±10.28) were lower than those of students studying at the Vocational School of Health (19.31±12.32). The total serenity scores of students studying at the Faculty of Nursing (74.22±15.12) were higher than those of students studying at the Vocational School of Health (69.02±16.59). In addition, the spiritual orientation scores of students studying at the Faculty of Nursing (89.63±22.49) were higher than those of students studying at the Vocational School of Health (79.65±27.54). A statistically significant difference was observed between the scores obtained for the BDI, SOS, BSS, and its subdimensions according to the students' departments ($p<0.05$).

Table 2. Scores of the students for the BSS, SOS and BDI

Scales	Mean±SD	Min±Max
BDI total	16.46±11.69	0±61
SOS total	84.64±25.62	16±112
BSS total	71.62±16.07	22±110
BSS acceptance subdimension	32.51±7.33	10±50
BSS inner peace subdimension	25.81±6.51	8±40
BSS trust subdimension	13.29±3.39	4±20

BDI: Beck depression inventory, SOS: Spiritual orientation scale, BSS: Brief serenity scale, SD: Standard deviation.

The depression scores of students with low family income (19.90±12.68) were higher than those of students with medium (14.34±10.17) and high family income (15.31±12.34). The total serenity scores of students with medium (72.59±15.01) and high family incomes (75.16±18.67) were higher than those of students with low family income (68.96±16.18). Students with medium family income also exhibited higher levels of spiritual orientation (88.02±23.15) than those with high (78.67±30.08) and low income (81.99±26.58). There was a statistically significant difference in the students' BDI, SOS, BSS, and subdimension scores according to monthly family income ($p<0.05$).

The students' depression and spiritual orientation scores differed significantly according to family type and place of residence ($p<0.05$). The depression scores of students with fragmented families (22.18±15.12) were higher than those of students with extended families (18.15±12.39) and nuclear families (15.71±11.10), while students with fragmented families (69.4±25.43) had lower spiritual orientation scores than students with extended (83.37±26.29) and nuclear families (86.11±25.13). The depression scores of students living in lodgings (24.57±13.66) were higher than those of students living alone (23±11.06), in a dormitory (16.33±12.02), or with their families (15.42±10.88). The spirituality scores of students living in a dormitory (85.46±25.47) or with their families (85.7±24.95) were higher than those of students living in lodgings (75.75±28.04) or alone (69.72±29.6) ($p<0.05$). There was no significant difference in the BSS and its subdimension scores according to place of residence or family type ($p>0.05$) (Table 3).

Significant results were obtained in the regression analysis performed to determine the cause-and-effect relationship between serenity, spirituality, and depression ($F=120.196$; $p=0.001<0.05$). Serenity and spirituality explained 22.5% of the total variance in depression levels ($R^2=0.225$). Serenity was found to reduce the level of depression ($\beta=-0.363$). Spirituality also reduced the level of depression ($\beta=-0.187$). Significant results were obtained in the regression analysis performed to determine the cause-and-effect relationship between acceptance, inner peace, and depression ($F=70.824$;

Table 3. Differentiation of serenity, spirituality and depression scores based on descriptive characteristics (n=821)

Demographic characteristics	n	Depression Mean±SD	Total serenity Mean±SD	Acceptance Mean±SD	Inner peace Mean±SD	Trust Mean±SD	Spirituality Mean±SD
Gender							
Male	145	18.66±14.69	72.45±18.56	33.37±8.18	25.93±7.46	13.14±3.96	73.18±29.02
Female	676	15.99±10.90	71.44±15.50	32.33±7.13	25.78±6.3	13.32±3.26	87.09±24.16
t =		2.50	0.68	1.55	0.25	-0.58	-6.05
p =		0.040*	0.542	0.121	0.821	0.606	0.001**
d=		0.229					0.555
Department/Faculty							
Faculty of Nursing	410	13.61±10.28	74.22±15.12	33.56±6.97	26.80±6.14	13.85±3.17	89.63±22.49
Vocational School of Health	411	19.31±12.32	69.02±16.59	31.46±7.54	24.82±6.73	12.73±3.52	79.65±27.54
t =		-7.19	4.69	4.13	4.38	4.81	5.68
p =		0.001**	0.001**	0.001**	0.001**	0.001**	0.001**
d=		0.502	0.328	0.289	0.306	0.336	0.397
Family Income							
Low	295	19.90±12.68	68.96±16.18	31.58±7.35	24.67±6.55	12.70±3.50	81.99±26.58
Middle	419	14.34±10.17	72.59±15.01	32.78±6.92	26.28±6.11	13.52±3.23	88.02±23.15
High	107	15.31±12.34	75.16±18.67	34.01±8.47	27.12±7.48	14.02±3.52	78.67±30.08
F =		21.14	7.51	4.96	7.9	7.93	8.28
p =		0.001**	0.001**	0.007**	0.001**	0.001**	0.001**
η^2=		0.049	0.018	0.012	0.019	0.019	0.020
Post Hoc =		1>2, 1>3 (p<0.05)	2>1, 3>1 (p<0.05)	2>1, 3>1 (p<0.05)	2>1, 3>1 (p<0.05)	2>1, 3>1 (p<0.05)	2>1, 2>3 (p<0.05)
Family type							
Nuclear Family	659	15.71±11.10	71.62±16.12	32.42±7.43	25.9±6.46	13.28±3.37	86.11±25.13
Extended Family	107	18.15±12.39	73.26±15.54	33.31±6.77	26.16±6.49	13.77±3.42	83.37±26.29
Fragmented Family	55	22.18±15.12	68.47±16.32	32.03±7.15	24±7.06	12.43±3.49	69.4±25.43
F =		9.22	1.61	0.8	2.36	2.83	11.22
p =		0.001**	0.200	0.446	0.095	0.059	0.001**
η^2=		0.022					0.027
Post Hoc=		2>1, 3>1, 3>2 (p<0.05)					1>3, 2>3 (p<0.05)
Place of Residence							
Dormitory	304	16.33±12.02	70.99±15.85	32.21±7.16	25.56±6.44	13.21±3.39	85.46±25.47
With Family	450	15.42±10.88	71.98±15.77	32.63±7.29	25.98±6.37	13.36±3.28	85.7±24.95
Lodging	45	24.57±13.66	72.75±18.96	33.04±8.5	26.2±7.84	13.51±3.85	75.75±28.04
Home Alone	22	23±11.06	70.77±19.58	33.22±8.16	25.04±7.7	12.5±4.67	69.72±29.6
F =		11.1	0.32	0.35	0.40	0.58	4.71
p =		0.001**	0.807	0.786	0.750	0.625	0.003**
η^2=		0.039					0.017
Post Hoc =		3>1, 4>1, 3>2, 4>2 (p<0.05)					1>3, 2>3, 1>4, 2>4 (p<0.05)

*: p<0.05, **: p<0.001. F: ANOVA; t: Independent samples t-test, d: Cohen's d effect size, η^2: Eta squared effect size, Post hoc: Tukey, LSD.

Table 4. Effects of serenity and spirituality on depression (n=821)

Independent variable	Unstandardized coefficients		Standardized coefficients	t	p	95% Confidence interval	
	B	SE	ß			Lower	Higher
Constant	42.650	1.728		24.686	0.001	39.258	46.041
Total Serenity	-0.264	0.025	-0.363	-10.622	**0.001**	-0.313	-0.216
Spirituality	-0.086	0.016	-0.187	-5.476	**0.001**	-0.116	-0.055
*Dependent Variable = Depression, R=0.477; R^2=0.225; F=120.196; p=0.001; Durbin-Watson Statistics=1.657							
Constant	39.717	1.691		23.485	0.001	36.397	43.037
Acceptance	-0.447	0.089	-0.281	-5.034	**0.001**	-0.622	-0.273
Inner Haven	-0.429	0.112	-0.239	-3.827	**0.001**	-0.649	-0.209
Trust	0.178	0.186	0.052	0.957	0.339	-0.187	0.543
*Dependent Variable = Depression, R=0.454; R^2=0.203; F=70.824; p=0.001; Durbin-Watson Statistics=1.658							

SE: Standard error.

p=0.001<0.05). Acceptance, inner peace, and trust explained 20.3% of the total variance in depression levels (R^2=0.203). Acceptance was found to reduce the level of depression (β=-0.281). Inner peace was also found to reduce the level of depression (β=-0.239). Trust did not affect the level of depression (p=0.339>0.05) (Table 4).

Discussion

Depression is currently a common mental health problem among university students.[2] However, spirituality and religion are important sources of strength for many individuals and play a significant role in improving feelings of serenity and reducing symptoms of psychological distress.[21] This study was conducted to examine the relationship between university students' depression levels, spiritual orientation, and feelings of serenity. It was considered that revealing the correlations between depression among university students and their spiritual orientation and serenity would make a significant contribution to the literature.

In this study, the mean BDI score of the students was 16.46±11.69, indicating a level close to the upper limit of mild depressive symptoms and suggesting a tendency toward moderate symptom levels. In a study conducted by Günay et al.[1] among university students, the mean BDI score was reported as 11.3±8.6, indicating that the score in the present study was higher. In addition, the literature indicates that depressive symptoms in community samples are generally at low to moderate levels; however, they may vary depending on cultural and environmental factors.[27] These findings suggest that depressive symptoms among students in the present study are relatively high and should be taken into consideration.

The students' mean SOS score was 84.64±25.62, which, considering the possible score range of the scale, indicates a moderate-to-high level of spiritual orientation. The literature reports that spiritual orientation among nursing and health sciences students is generally at moderate to high levels.[28,29] Similarly, in the study conducted by Dalcalı (2020), the mean SOS score was reported as 92.62±23.31, reflecting a high level of spiritual orientation.[9] This finding suggests that the students in the present study demonstrate a relatively strong spiritual inclination.

In addition, the mean total BSS score was 71.62±16.07, which, based on the possible score range of 22–110, indicates a moderate level of serenity. The subscale scores also indicate that students' levels of acceptance, inner peace, and trust were moderate. Due to the limited number of studies directly using the BSS among university students, findings from studies assessing similar constructs, such as serenity and peace of mind, using comparable scales were considered. In this regard, Du and Liu (2025) reported that university students' level of inner peace was moderate and was associated with positive cognitive reappraisal.[30] Furthermore, Vasiou et al. (2026)[14] emphasized that university students' levels of peace of mind were moderate and that peace of mind represents an important psychological determinant of well-being.

The World Health Organization (WHO) defines depression as a health problem affecting both men and women but reports that its prevalence is 50% higher among women.[31] Some studies have reported that female students have higher levels of depression than male students.[32,33] In contrast, other studies have found no significant difference in depression levels between male and female students.[6,34] However, in the present study, male students had higher levels of depression than female students. Similarly, higher depression levels among male students were reported in a study conducted among university students in Hong Kong and another study conducted in Türkiye.[35,36] These discrep-

ancies may be attributable to differences in sociocultural characteristics, the characteristics of the universities attended, and students' living arrangements.

Spirituality can be defined as individuals' efforts to understand their place in the universe, their relationships, and life beyond their own existence.[9,37] The findings of our study revealed that female students had higher spirituality scores. Consistent with our findings, meta-analyses examining the relationship between gender and spirituality have found that women have higher levels of spirituality than men.[38–40] However, other studies in the literature have found no significant difference in spirituality levels according to gender.[7,41,42] The gender-related differences observed in spirituality levels may be explained by women's more pronounced emotional intelligence, meaning-oriented coping strategies, and greater openness to seeking spiritual support. Furthermore, cultural socialization processes and the tendency of female students in health-related disciplines to associate spirituality with empathy and caregiving roles may also be considered contributing factors to this difference.

In the present study, the depression levels of students studying at the Vocational School of Health were higher than those of students in the Faculty of Nursing; however, their spiritual orientation and serenity scores were lower. Studies addressing the relationship between university students' depression levels and the faculties in which they study revealed no significant relationship between the department and students' depression levels.[1,35] However, in a study conducted during the COVID-19 pandemic, mean BDI scores were higher among students studying in the Faculty of Nursing than among students studying at a Vocational School of Health.[43] This result may be attributable to the fact that the research was conducted during the pandemic. It was further concluded that spiritual orientation among university students did not differ significantly according to the department in which the students studied.[44] In light of the findings of the present study and the available literature, the type of educational institution may be associated with students' depression, spiritual orientation, and serenity levels. The higher depression scores and lower spiritual orientation and serenity scores observed among students at the Vocational School of Health may be explained by differences in educational structure, professional expectations, and uncertainty regarding future employment and academic opportunities.

Economic status also affects individuals' mental health and serenity.[31] The results of the present study indicated that students with poor socioeconomic status had higher depression levels and lower serenity scores. Findings in the literature support our results; poor socioeconomic status may therefore play a role in increasing depression levels.[35,45] In the present study, spiritual orientation was lower among students with medium economic status but higher among students with high economic status. The literature review indicated a negative relationship between spirituality and economic status.[46] However, a study conducted in India reported a positive relationship between spirituality and economic status.[39] Another study reported that spirituality did not differ significantly according to economic status.[7] Based on the results of the present study, it may be argued that individuals tend to turn toward spirituality to cope with decreased serenity due to poor economic conditions and increased levels of depression.

Strong family relationships and support from individuals in students' immediate environments affect them psychologically and spiritually.[47] In the current study, students from fragmented families exhibited higher depression scores and lower spiritual orientation levels. This finding is consistent with studies reporting that the likelihood of experiencing depressive symptoms and psychological problems increases among students with problematic family structures and disconnected relationships with their parents.[48,49] However, studies conducted in Türkiye and Puerto Rico found that a fragmented family structure was not associated with students' depression levels.[33,50] Another study examining the relationship between family type and depression found that the probability of depression among individuals with a nuclear family structure was lower than among those with an extended family structure, although this difference was not statistically significant.[51] Contrary to the findings for spiritual orientation observed in the present study, no statistically significant relationship was found in studies examining the relationship between spirituality and family structure, the number of people in the family, and depression.[7,52]

In the present study, however, the depression levels of university students living in dormitories and with their families were significantly lower than those of students living alone and in lodgings, whereas the spirituality levels of those living in dormitories and with their families were significantly higher than those of students living alone and in lodgings. In a study conducted in Greece, which yielded results consistent with those of our study, the depression levels of students living in dormitories were found to be lower.[43] The literature review revealed that the likelihood of depression was higher among students living away from their families or living in dormitories.[33,53] In other studies, however, no relationship was found between students' place of residence and depression.[49] In the present study, the depression scores of students living in dormitories were lower, whereas they were higher among students living in lodgings and alone. This result may be attributable to a lack of socially supportive environments and the possibility of ex-

periencing economic difficulties. Regarding research examining the relationship between university students' spiritual orientation and psychological well-being, no significant relationship was found between place of residence and psychological well-being, whereas the relationship between spirituality and psychological well-being was reported to be positive and significant.[54] Finally, differences in cultural values across societies and variations in the number of students participating in these studies may have contributed to the differences in the findings.

As a result of the regression analysis conducted to determine the cause-and-effect relationship between serenity, spirituality, and depression, it was concluded that serenity and spirituality reduced depression levels. It was further determined that acceptance and inner peace, which are subdimensions of the BSS, reduced students' depression levels. The literature review revealed a significant negative relationship between depression and spiritual orientation, which is consistent with the findings of our study.[7,55] In approximately 40% of the studies examined in a systematic review, spirituality was found to reduce depression levels.[56] A meta-analysis, with results consistent with those of the present study, reported an inverse correlation between depression and spirituality. [8] Considering these findings, the number of studies examining the effects of spirituality on serenity and mental health remains limited and should be increased.

Limitation

One of the significant strengths of this study is that it is the first to investigate the relationship between depression, spirituality, and serenity among students studying in health sciences faculties in Türkiye. However, one limitation is that the findings cannot be generalized because the study was conducted in only two departments at a single university.

Conclusion

The results suggest that cultivating higher levels of spirituality and serenity may contribute to reduced depression among students pursuing health-related education. It is therefore recommended that courses on spirituality and serenity be added to the curriculum to ensure that health professionals, who provide healthcare services to all sectors of society, understand the significance of spirituality during their education. This may enable them to maintain their own psychological resilience and promote the health of those receiving healthcare services. In addition, allocating more time to activities that promote spirituality at universities and supporting students in this regard may contribute to the prevention of psychological problems such as depression and help students lead more peaceful lives.

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Informed Consent: Informed consent was obtained from all participants.

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