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ORIGINAL ARTICLE

Spirituality, Spiritual Care Perceptions and Moral Sensitivity of Senior Nursing Students: a Multicenter and Cross-Sectional Study

Son Sınıf Hemşirelik Öğrencilerinin Maneviyat, Manevi Bakım Algıları ve Ahlaki Duyarlılıkları: Çok Merkezli ve Kesitsel Bir Çalışma

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ABSTRACT

Aim: The objective of this study was to investigate the perception of spiritual care and moral sensitivity of senior nursing students receiving education in five different regions of Turkey.
Method: This study used a multicenter, descriptive and cross-sectional survey design.Data were collected with the Spirituality and Spiritual Care Rating Scale and the Moral Sensitivity Questionnaire in the research. A total of 590 senior nursing students, studying in five different universities in five different regions of Turkey, participated in this research.
Results: The mean total score of students on the Spirituality and Spiritual Care Rating Scale was 4.06±0.70 and Moral Sensitivity Questionnaire was 5.44±1.12. There was a significant relationship between the mean total scores on the Spirituality and Spiritual Care Rating Scale and the Moral Sensitivity Questionnaire ($p<0.05$).
Conclusion: It is recommended to benefit from different and innovative educational practices related to spirituality and moral sensitivity in nursing education, and to conduct interventional and longitudinal studies on these issues.

Keywords: Spirituality, spiritual care, moral sensitivity, ethical, nursing student.

ÖZ

Amaç: Bu çalışmanın amacı, Türkiye'nin beş farklı bölgesinde eğitim gören hemşirelik son sınıf öğrencilerinin manevi bakım ve ahlaki duyarlılık algılarının incelenmesidir.
Yöntem: Bu çalışma çok merkezli, tanımlayıcı ve kesitsel tasarımdadır. Araştırma verilerinin toplanmasında Maneviyat ve Manevi Bakım Derecelendirme Ölçeği ve Ahlaki Duyarlılık Anketi kullanılmıştır. Bu araştırmaya Türkiye'nin beş farklı bölgesindeki beş farklı üniversitede öğrenim gören toplam 590 hemşirelik son sınıf öğrencisi katılmıştır.
Bulgular: Öğrencilerin Maneviyat ve Manevi Bakım Derecelendirme Ölçeği toplam puan ortalamaları 4.06±0.70 ve Ahlaki Duyarlılık Anketi 5.44±1.12'dir. Maneviyat ve Manevi Bakım Derecelendirme Ölçeği ile Ahlaki Duyarlılık Anketi toplam puan ortalamaları arasında anlamlı bir ilişki bulunmuştur ($p<0.05$).
Sonuç: Hemşirelik eğitiminde maneviyat ve ahlak konuları ile ilişkili farklı ve yenilikçi eğitim uygulamalarından yararlanılması, bu konularda girişimsel ve longitudinal çalışmaların yapılması önerilebilir.

Anahtar Kelimeler: Maneviyat, manevi bakım, ahlaki duyarlılık, etik, hemşirelik öğrencisi.

Introduction

The concept of spirituality encompasses a wide range of value-based attitudes, religious beliefs and opinions (1). Patients requiring healthcare tend to be sensitive to their situation and often show more concern than others about issues such as religious beliefs and values their relationshipand what their lives mean to them. For this reason, they need spiritual care more than ever before (1-3). The nursing profession is founded on the principle of holistic care (4), by which each individual is regarded on his or her own terms and their needs must be handled in all aspects (5). However, spiritual care generally cannot be applied to any significant extent due to factors such as insufficient knowledge, time limitations, lack of competence and high workloads (1). In fact, spiritual care is often neglected, even though it is essential for attainment of atruly holistic approach (6).

Given their major role in healthcare, nurses must seek to comply with the laws, the code of professional ethics, and their professional values in aiming to provide spiritual care as a necessary element of the holistic approach (7). According to Lützenet al. (2020), nurses need to demonstrate five key moral attributes in their work in order to make appropriate ethical decisions. He describes these as: moral sensitivity, moral judgment, moral motivation and moral character. The most important of these is moral sensitivity (8).As it is through this quality that the nurse is empowered to acquire ethical sensitivity, recognize ethical problems and make ethical decisions with regard to the care ofpatients (9,10).

The pre-graduation education of nurses is crucial to the development of their skills in spiritual care and moral sensitivity (11, 12). While courses related to ethics are very common in the nursing curriculum, there are nocourses specifically dedicated to the concept of spiritual care, though sometimes the subject is embedded in other courses. Spiritual care is an ethical obligation and lies

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at the very core of nursing practice (1, 3). Although separate studies have been conducted on nursing students' perceptions of spiritual care and moral sensitivity levels in Turkey, no study has been found that examines the two concepts at the same time. The objective here was to investigate senior nursing students' perception of spiritual care and moral sensitivity across five different regions of Turkey.

Methods

Research questions

1.What is the level of nursing students' perception of spiritual care?
2.What is the level of moral sensitivity among nursing students?
3.Is there a relationship between the moral sensitivity and spiritual care perception of nursing students?
4.Is there a relationship between the personal characteristics of nursing students and spiritual care perception?
5.Is there a relationship between the personal characteristics and moral sensitivity of nursing students?

Sample and setting

This study used a multicenter, descriptive and cross-sectional survey design. The research universe included a total of 719 senior nursing students receiving education in five different geographical regions of Turkey: Marmara Region (N=142), the Mediterranean Region (N=187), Central Anatolia Region (N=135), Black Sea Region (N=155), and Eastern Anatolia Region (N=100). The reason for choosing senior students is that they have studied courses which may have a major influence on their perception of spiritual care and levels of moral sensitivity, and also, they have had experience in different clinical settings for education purposes. The inclusion criteria were: (1) being a senior student in nursing, and (2) willingness to participate in the research. The exclusion criteria were: (1) not being a student in nursing, and (2) unwillingness to participate in the research. No sample was selected for the research, and an effort was made to reach all of the students meeting the inclusion criteria. A total of 590 senior nursing students constituted the study sample. In the study 83% of the study sample was reached. The data were collected between January 2020 and March 2020.

Data Collection

The Spirituality and Spiritual Care Rating Scale, the Modified Moral Sensitivity Questionnaire for Student Nurses and a structured questionnaire were used to collect the research data for the study. The structured questionnaire was developed by the investigators in accordance with established procedures found in the literature. It included items regarding students' personal characteristics including age, gender, where they lived, family income, their reasons for choosing nursing as a career, and whether they considered spiritual care important(2, 4, 10).The method of collection was face-to-face interview. A time of approximately twenty minutes was required to complete each interview.

The Spirituality and Spiritual Care Rating Scale (SSCRS): It was developed by McSheey, Draper and Kendric in 2002. It was adapted for the Turkish language by Ergül and Temel in 2007. It takes the form of a 5-point Likert scale, including 17 items in total. The items are scored from 1 (completely disagree) to 5 (completely agree). Four items (3, 4, 13, 16) are scored in the reverse order. The lowest score on the scale is 17 and the highest is 85. Higher scores indicate a higher perception of spirituality and spiritual care (14, 15). In the Turkish-adapted study, Cronbach's alphainternal consistency coefficient was 0.76 for the total scale (11). Cronbach's alphaCronbach's alphainternal consistency coefficientfor the SSCRS was 0.84 in this study.

The Modified Moral Sensitivity Questionnaire for Student Nurses (MMSQSN): It was developed by Kim Lutzen in 1995 and modified by Rhonda W. Comrie in 2012 for by nursing students. The questionnaire was adapted to Turkish by Şahin et al. in 2015. The MMSQSN is a 7-point scale comprising 30 items. It has six sub-dimensions: interpersonal orientation, modified autonomy, beneficence, creating ethical meaning, experiencing the ethical dilemma, and getting expert opinion. The items are scored from 1 (completely disagree) to 7 (completely agree). The total score on the MMSQSN ranges from 30 to 210. A higher total score indicates a higher level of moral sensitivity, and a lower score indicates a lower level of moral sensitivity. The mean scores on the MMSQSN are 7–5.9 (very important), 5.8–5 (important), 4.9–3.1 (neutral), and less than 3.1 (unimportant) (12, 13)In the Turkish adaptation study, Cronbach's alphainternal consistency coefficient was 0.73 for the total scale (13). Cronbach's alphainternal consistency coefficientfor the MMSQSN were 0.84 in this study.

Ethical Considerations

Ethical approval was obtained from the Clinical Research Ethics Committee of ÇanakkaleOnsekiz Mart University (Date:02/01/2020 Number: 2019-21). In addition, institutional permission was obtained from the institutions where the study was conducted (I1, Date:18/12/2019 Number: 71451870-199-E.1900183431;I2 Date:23/12/2019 Number:63582098/299/; I3, Date: 30/01/2020 Number: 13672; I4,Date:17/12/2019 Number: 28339410-605.01, I5, Date: 20/12/2019 Number: 46548103-051.99-E.17033).In order to collect data, permission was obtained from the authors who adapted the scales into Turkish by e-mail. Verbal and written consents were obtained from the participants.

Data analysis

The SPSS (Statistical Package for Social Sciences) for

Windows 25.0 was used for the statistical analysis of the research data.The data obtained was compatible with the normal distribution. To assess parametric variables, frequency, standard deviation and minimum and maximum values were used. A t-test was used to compare the average of the two groups, and one-way analysis of variance (ANOVA) was used to compare the average of more than two groups. Pearson's Correlation Analysis was performed for the correlation between the levels of spirituality, spiritual care and moral sensitivity. Statistical significance was set at $p<0.05$.

Results

The mean age of the students was 22.17±1.51 and 73.2% of the group were female. 20.3% of students lived in the Mediterranean Region, and 43.9% were city dwellers. The incomes of 76.3% of the students cover their expenses. 70% of students had voluntarily chosen the nursing profession. Of all the students, 98.2% considered spiritual care to be important, 76.4% reported that they were very familiar with the subject of spiritual care, and 55.3% felt competent themselves to provide spiritual care (Table1).

The mean total score of the students on the SSCRS was 4.06±0.70. The sub-dimension "individual care" on the SSCRS had the highest mean score of 4.16±0.86, and the sub-dimension "religiosity" had the lowest mean score of 3.74±0.91. The mean total score on the MMSQSN was 5.44±1.12, and the sub-dimension "interpersonal orientation" had the highest mean score of 6.01±1.10, while the sub-dimension "experiencing the ethical dilemma" had the lowest mean score of 4.06±1.72 (Table 2).

There was a significant correlation between the mean total scores on the SSCRS and the MMSQSN ($p<0.05$). A significant correlation was found between the sub-dimensions "spirituality and spiritual care" and "individual care" of the SSCRS and the sub-dimensions 'interpersonal orientation', 'beneficence', 'creating ethical meaning', 'modified autonomy' and 'getting expert opinion" of the MMSQSN ($p<0.05$). There was a significant correlation between the sub-dimension "religiosity" of the SSCRS and the sub-dimensions "experiencing the ethical dilemma", "creating ethical meaning" and "modified autonomy" of the MMSQSN ($p<0.05$) (Table 3).

With regard to the comparison of mean scores on the SSCRS with individual characteristics of students, a significant correlation was identified between gender, region of domicile, family income, willingness to choose nursing profession, and being familiar with spiritual care ($p<0.05$). For the comparison of mean score on the MMSQSN with individual characteristics of students, a significant correlation was identified between students' family income and willingness to choose the nursing profession ($p<0.05$) (Table 4).

Table 1: Sociodemographic Attributes of Nursing Students (n=590)

Variable	n	%
Age Mean ±SD=22.17±1.51		
Gender		
Female	432	73.2
Male	158	26.8
Region in which they live (in Turkey)		
Mediterranean Region	120	20.3
Eastern Anatolia Region	84	14.2
Aegean Region	43	14.7
Southeastern Anatolia Region	91	15.4
Central Anatolia Region	66	11.2
Marmara Region	93	15.8
Black Sea Region	81	13.7
Foreign	12	2.0
Settlements		
Village	98	16.6
Town	24	4.1
District	209	35.4
City	259	43.9
Family income status		
Income covers expenses	450	76.3
Income does not cover expenses	140	23.7
Student willingly chose the nursing profession		
Yes	413	70.0
No	177	30.0
Spiritual care view as important		
It is important	576	98.2
It is not important	10	1.7
Knowledge of Spiritual Care		
Yes	451	76.4
No	139	23.6
Student feels competent in providing spiritual Care		
Yes	326	55.3
No	263	44.6

Table 2: Total Pointsand Sub-Dimension Scores for Spirituality and Spiritual Care Scale and Moral Sensitivity Scale (n=590)

Scale	Sub-dimension	Min-MaxMean±SD
The Spirituality and Spiritual Care Rating Scale	Spirituality and Spiritual Care	1-5 4.08± 0.74
	Religiosity	1-5 3.74± 0.91
	Individual Care	1-5 4.16± 0.86
	Total	1-5 4.06± 0.70
Modified Moral SensitivityQuestionnaire	Inter personal orientation	1-7 6.01± 1.10
	Experiencing ethical dilemmas	1-7 4.06± 1.72
	Beneficence	1-7 5.05± 1.24
	Creating ethical meaning	1-7 5.49± 1.11
	Modified autonomy	1-7 4.95± 1.47
	Getting expert opinion	1-7 5.46± 1.35
	Total	5.44± 1.12

Table 3: Relationship Between Spirituality and Spiritual Care Scale and Moral Sensitivity Scale's Total Score and Sub-Dimension Mean Scores

		Modified Moral SensitivityQuestionnaire													
		Interpersonalorientation		Experiencingethicaldilemmas		Beneficence		Creating ethicalmeaning		Modified autonomy		Getting expertopinion		Total	
		r	p	r	P	r	p	r	p	r	p	r	p	r	p
The Spirituality and Spiritual Care Scale	Spiritualityand SpiritualCare	0.298	**0.001**	-0.060	0.145	0.148	**0.001**	0.335	**0.001**	0.141	**0.001**	0.225	**0.001**	0.255	**0.001**
	Religiosity	0.072	0.082	-0.254	**0.001**	-0.039	0.338	0.148	**0.001**	-0.109	**0.008**	0.119	**0.004**	0.011	0.783
	Individual-Care	0.288	**0.001**	0.363	**0.001**	0.359	**0.001**	0.259	**0.001**	0.553	**0.001**	0.183	**0.001**	0.343	**0.001**
	Total	0.343	0.000	-0.072	0.082	0.203	0.000	0.358	0.000	0.130	0.002	0.285	0.000	0.290	**0.001**

* Pearson korelasyon analizi

Table 4: Relationship between Personal Characteristics and Spirituality and Spiritual Care Scale Total Scoreand Moral Sensitivity Scale Total Score Average

Personal Characteristics	**Spirituality and Spiritual Care Rating Scale**			**Modified Moral Sensitivity Questionnaire**		
	Mean±SD	**t or F**	**p**	**Mean±SD**	**t or F**	**p**
Gender						
Female	4.12±0.69	**3.677**	**0.001***	5.47±1.15	1.083	0.279
Male	3.88±0.70			5.36±1.06		
Region in which they live (in Turkey)						
Mediterranean Region	3.92±0.77	**5.330**	**0.001**	5.30±1.25	1.372	0.215
Eastern Anatolia Region	3.98±0.63			5.38±1.01		
Aegean Region	4.18±073			5.70±0.92		
Southeastern Anatolia Region	3.80±0.70			5.35±1.14		
CentralAnatoliaRegion	4.33±0.53			5.61±0.95		
Marmara Region	4.22±075			5.34±1.23		
Black Sea Region	4.16±0.53			5.64±1.09		
Foreign	4.00±0.60			5.41±1.24		
Family income status						
Income cover expense	0.67±0.31	**3.817**	**0.001**	5.50±1.10	**2.163**	**0.031**
Income does not cover expense	0.77±0.06			5.26±1.17		
Student willingly chose the nursing profession						
Yes	4.12±0.67	**3.440**	**0.001**	5.52±1.09	**2.605**	**0.009**
No	3.90±0.75			5.25±1.19		
Knowledge of spiritual care						
Yes	**4.13**±0.68	**4.680**	**0.001**	5.44±1.11	1.740	0.082
No	**3.83**±0.72			5.29±1.18		
Student feels competent in providing spiritual care						
Yes	**4.06**±0.75	0.082	0.935	5.41±1.15	-0.360	0.719
No	**4.05**±0.68			5.45±1.12		

Discussion

As a result of the study, it shows that students' perceptions of spiritual care and moral sensitivity are related to each other and to some individual characteristics of students.It is important that the skills of nursing students with regard to spiritual care are improved in the pre-graduation period. Our study showed that nursing students' perception of spirituality and spiritual care was high. The results of studies in the literature investigating nursing students' perception of spirituality and spiritual care vary considerably. Several studies(14, 15) reported a high perception of spirituality and spiritual care in students, which is consistent with the results of our study, while another reported a low perception(16). The sample of studies supporting the results of this study included senior nursing students, while the other studies investigated perception of spiritual care regardless of students' grade. This suggests that students' perceptions of spiritual care may have improved as they progressed through grades.

Spirituality and spiritual care are known to have a significant influence on health, well-being and quality of life(17). However, it is difficult to define spirituality because of its subjective nature and the way in which it is interwoven with other aspects of human functionality. In this study, although the students acknowledged that spirituality and spiritual care had a major role to play in nursing practice, approximately half the students did not consider themselves competent to provide spiritual care.Despite increased awareness amongst professionals providing nursing education of the need to provide spiritual care, there are severe limitations on how that spirituality and spiritual care education can be provided (2, 14). There is an established core curriculum to create a standard for nursing education in Turkey(18). However, there are variations in the content and operation of nursing programs within the universities. For this reason, there is a need for teachers to enrich education methods to improve students' knowledge of spiritual care. To achieve this, such techniques as simulations, dramatic scenarios and case reports should be integrated into education.

Higher moral sensitivity of nursing students is directly associated with improved quality of nursing care (19). This study identified a high level of moral sensitivity in nursing students. The ethics-based courses included in nursing education are known to improve moral sensitivity and reasoning(1, 20).The literature also reports that moral value-based games(21)and simulation training (22) are effective in this process. This indicates that the teachers themselves need to take more responsibility to make sure these changes are implemented.

This study identified a significant correlation between students' levels of spirituality and spiritual care and moral sensitivity. Also a randomized controlled study reported that education in spirituality improved the moral sensitivity of nursing students (23). A studyindicated that there was a positive correlation between nursing students' personal perception of care and their moral sensitivity(19). The study also compared the sub-dimensions of SSCRS and MMSQSN. There was a significant correlation between the sub-dimensions "spirituality and spiritual care" and "individual care" on the SSCRS and total scores on the MMSQSN. However, there was no significant correlation identified with the sub-dimension "religiosity". In contrast to this finding, several studies suggested that religiosity was correlated with high moral reasoning(24, 25). No Turkish studies which directly investigated the relationship between religion and moral sensitivity were found, and the studies investigating nurses' moral sensitivity and influencing factors did not include religiousbeliefs. It is predicted that moral sensitivity is affected by individual, cultural andpolitical/legal/economic factors, as well as organizational conditions, as well as religious belief.

Spiritual care is linked with several particular personal characteristics(6), one of which is gender. Some studies have reported that women are more sensitive to spiritual care (10, 16).study confirmed this finding and also identified significant differences between mean total scores on the SSCRS and gender. The influence of gender might be explained by the natural focus of female nurses on the feelings of patients and the tendency of male nurses to focus more on the physical aspects of their patients(26). Given the increasing number of male members entering the nursing profession in Turkey (27), there is a need to eliminate differences in spiritual care between the genders in order to improve general holistic care. Another variable related to students' perception of spirituality and spiritual care is the region where they live. Students living in the Central Anatolia Region showed the highest perception of spirituality and spiritual care, while students living in the Southeastern Anatolia Region recorded the lowest perception. These findings however are not replicated in the national literature. This information, obtained from the multicenter study, can be regarded as a guide for the planning of other studies in future on this issue. Students' perception of spiritual care differs from region to region, and this may be due to cultural differences. There are several studies in the literature which have addressed the relationship between spirituality and culture(28, 29). Another variable related to students' perception of spiritual care is the income level of the family. It is seen that the spiritual care perception of the students whose family income levels meet their expenses is higher. Studies dealing with spirituality and spiritual care did not take account of students' economic situation. It is recommended that similar studies in future should address this and suggest possible explanations. Students' perception of spirituality and spiritual care is correlated with their willingness to choose the profession of nursing. Willingness to choose the profession as a career is an indicator of increased motivation in nursing care and leads to greater job satisfaction (30). Also, it is generally

recognized that nursing students who have higher motivation and job satisfaction will have increased sensitivity to spiritual care.

There were no significant differences between the mean total scores on the MMSQSN and gender. This finding is similar to results in the literature(19, 31). There was found to be a significant correlation between family income and students' levels of moral sensitivity. A study investigated university students' perception of professional ethics using socio-economic variables. They identified a positive correlation between household income level and students' perception of professional ethics(32). The study reported a higher moral sensitivity in students who willingly chose this occupation. Similarly, the results of several studies showed that nurses/student nurses who willingly chose the nursing profession tended to comply more with ethical principles(33, 34). The correct choice of a profession paves the way for the person to use his/her knowledge, skills and abilities effectively. With regard to nursing, it also enhances their commitment to the profession and strengthens ties of affection(30). So, it can be seen that an individual's willingness to choose nursing as an occupation is aindicator that, in their delivery of nursing care, they will provide spiritual care with a high level of moral sensitivity.

Conclusions

This study investigated senior nursing students' perception of spiritual care and moral sensitivity and found that they had a high level of perception of both spiritual care and moral sensitivity. It also suggests that nursing education has a significant influence on students' spiritual care and moral sensitivity. Focus is needed to minimize the effects of cultural differences, gender, reluctance in choosing the nursing profession and personal characteristics which can negatively impact nursing students' perception of spirituality and spiritual care. To achieve this, it is suggested that different and innovative educational practices should be introduced, and interventional, longitudinal studies should be conducted into these issues.

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Conflicts of interest

The author(s) declarednopotentialconflicts of interest.

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