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Original Article

Investigating Moral Sensitivity in Decision-making and Its Relationship with the Provision of Spiritual Care by Nurses: A Cross-sectional Study

Zeinab Ghorbani[1], Samira Mahmoudi[2], Hadise Safinejad[3], Mohammad Reza Amini[4*]

[1]Department of Nursing, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran
[2]Faculty Member, Department of Anesthesia, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran
[3]Department of Midwifery, Faculty of Midwifery, Kerman Branch, Islamic Azad university, Kerman, Iran
[4]Academic Member Azad University Kerman Branch (Shahid Qasem Soleimani Branch), Kerman, Iran

Abstract

Introduction: Ethical sensitivity in decision-making is one of the essential characteristics of nurses in providing medical services, which, by emphasizing moral standards and spiritual behavior, plays an effective role in improving and restoring the patients' health. The present study was conducted to investigate the moral sensitivity of nurses in decision-making and its relationship with the provision of spiritual care by nurses.

Methods: This cross-sectional study was conducted on 302 nurses in Namazi Hospital in Shiraz in 1401 using the convenience sampling method. The data collection tools included a demographic information form, Lützen's moral sensitivity questionnaire, and Scale of spirituality and spiritual care. After receiving the ethics code, data collection was done within two months. Kruskal-Wallis, Mann-Whitney, and Spearman tests were used for data analysis. The collected data were analyzed using SPSS software (Version 22). A P value less than 0.05 was considered significant.

Results: 302 nurses were analyzed; most of them were women (81.5%) and were under 32 years old. The results showed that there was a positive and significant relationship between moral sensitivity in decision-making and providing spiritual care of nurses (P<0.012). The mean and standard deviation for the nurses' moral sensitivity and spiritual care were 59.2±13.36 and 56.52±13.49 respectively, both of them being at the average level.

Conclusion: Given the moderate level of moral sensitivity of nurses and the significant relationship between moral sensitivity in decision-making and providing spiritual care, it is suggested that managers should improve moral sensitivity skills by monitoring and developing appropriate training programs to increase moral sensitivity.

Keywords: Moral sensitivity, Decision making, Spiritual therapies, Nurses

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***Correspondence to:**
Mohammad Reza Amini, Academic Member Azad University Kerman Branch (Shahid Qasem Soleimani Branch), Kerman, Iran
Email: Mranini43@yahoo.com

Introduction

In the last two decades, one of the influential components in achieving high-quality and desirable care is the observance of professional ethics (1). In professional ethics, personnel should follow principles and rules so that clients can receive the necessary and high-quality care with greater confidence and trust. Adhering to work ethics, as well as increasing the quality of therapeutic interventions, leads to positive psychological reactions such as a sense of satisfaction, increased motivation, and a sense of competence in nurses (2, 3).

For this reason, the health and treatment organization pays special attention to maintaining ethical principles on the part of the medical staff and the patient by developing ethical codes. Among the constituent parts of the health system, nursing profession is considered one of the most important professions in the observance of professional ethics due to its vital role in caring for patients and its direct impact on health indicators (4, 5).

Nurses always face numerous challenging ethical issues that make it difficult for them to make decisions. Therefore, one of the factors that can play a central role in properly dealing with these challenges and maintaining moral values is the nurses' moral sensitivity (6).

Moral sensitivity is the first main step in professional ethics, which leads to the creation of ethical attitudes and behavior in nurses to have a correct vision of ethical performance in the face of ethical challenges (7, 8). Moral sensitivity in decision-making is the most important guarantor of ethical behavior and better interventions in nursing (2, 9).

This sensitivity, which is a combination of a person's awareness of moral aspects such as tolerance, calmness, responsibility, and observance of moral issues, helps them recognize moral dos and don'ts in time (10, 11). Therefore, as professionals, nurses should be familiar with the ethical decision-making process and respect the ethical rights of patients in the best possible way. Today, there are many reports based on the inconsistency of ethical issues in nurses' care planning. This incompatibility and facing ethical problems can cause the nurses to change and leave their professional positions (12).

Patient care as the basic principle of the nursing profession has different dimensions. One of the emphasized dimensions of care in nursing is spiritual care. It includes measures such as helping to perform religious practices and activities that bring comfort and convenience to the patient, increasing self-confidence and spiritual health, improving quality, and reducing the feeling of loneliness and stress level of patients (13). This aspect of care is very important for nurses because spiritual care is known as a necessary part of caring in nursing by helping the patients to maintain the balance of body and soul and improve their health (14).

Currently, in advanced nursing associations of the world, to increase the credibility of hospitals, spiritual care is accepted as an important part of nursing duties (14). In Iran, various aspects of this care have been compiled in ethical codes and nursing training guidelines (13).

Several studies have emphasized the role of spirituality in reducing stress and anxiety, followed by increasing the speed of the healing process and the ability to cope with changes (13, 15). However, the results of various studies indicate that nurses are not prepared to identify and meet the spiritual needs of patients (13, 15, 16).

According to these studies, nurses who provide and support spiritual care are in the minority and those who provide spiritual care do not record it (13). In general, patient care in today's dynamic environment is accompanied by many challenges. Adherence to ethical principles and high ethical sensitivity of nurses helps them to have the ability to identify ethical problems, make correct decisions, and provide accurate and spiritual care when faced with various issues (3, 14, 17).

Therefore, given the importance of moral sensitivity in decision-making, ethical influence on the quality of patient care and the length of the treatment period, report of the unfavorable application of moral principles and spiritual care in nurses (18), and the lack of a study on the correlation between the two variables of spiritual care and moral sensitivity, the present study was conducted to investigate moral sensitivity in decision-making and its relationship with the provision of spiritual care in nurses.

Methods

Study Design and Participants

This cross-sectional study was conducted on the nurses of Namazi Hospital in Shiraz in 2021. The sample size was determined using Lotfi et al.'s (17) study with a significance level of P=0.34 and the formula n=z2, p(1-p)/d2, with a confidence level of 95% and (d)=0.05, and with 85% power; using G Power software, we obtained302 people.

The sampling method in this research was convenience. The inclusion criteria were employment in one of the nursing job categories, willingness to participate in the study voluntarily, and at least 1 year of nursing experience in a hospital. The exclusion criteria were being unwilling to participate in the study, not completing the questionnaire, and having annual leave or long-term illness. After explaining the objectives of the research and obtaining the approval of the hospital officials, we received the list of nurses and their shifts. Then, in the announced work shifts, the researcher attended the hospital and distributed the questionnaire among them after obtaining their written consent. The questionnaires were received from them after 24 hours at most. Participants were assured they could withdraw from the study at any stage of the study. Finally, the data obtained from the questionnaire of 302 nurses with a response rate of 100% were analyzed.

Measuring Instrument

Demographic Questionnaire

The demographic information questionnaire

included gender, age, marital status, education level, work experience, and position.

Lutzen Moral Sensitivity Questionnaire

Lutzen's questionnaire of the moral sensitivity of nurses in decision-making has 25 questions in 6 areas (the degree of respect for the client's independence, the degree of awareness of how to communicate with the patient, the degree of professional knowledge, the experience of ethical problems and conflicts, the application of ethical concepts in ethical decisions and honesty and benevolence). The score of each question is based on a five-point Likert scale as completely agree [4], somewhat agree [3], somewhat disagree [2], completely disagree [1], and have no opinion (19).

The highest score is 100 and the lowest zero. Accordingly, the scores between 0-50 indicate low moral sensitivity, 50-75 medium sensitivity, and 75-100 as high sensitivity (20). The validity of the content, form, and criterion was evaluated by Maghami et al. (2016), and its reliability coefficient (Cronbach's alpha) was 0.81 (21). The reliability of the standard questionnaire on the nurses' moral sensitivity in decision-making was 0.76 in America and 0.78 in Korea (22).

Spirituality and spiritual care rating scale (SSCRS)

The SSCRS questionnaire was introduced by McSherry and colleagues in 1997 and was used again by the manufacturer in 1998, 2002, and 2006 (23). The validity and reliability of this questionnaire with Cronbach's alpha of 0.85 have been measured and confirmed in Iran by Fallahi and colleagues (24). This questionnaire contains three parts; the first part includes demographic information of nurses, and the second part is a ranking scale of spirituality and spiritual care (17 items). In this part, the nurses' understanding of spirituality and spiritual care is measured. In the third part of the questionnaire (5 items), the ability to meet the spiritual needs of the patients and the adequacy of the provided training are evaluated. The scoring method of this questionnaire was based on a five-point Likert scale (strongly agree 5, agree 4, not sure 3, disagree 2, strongly disagree 1).

To calculate the score of each subscale, the total score of the individual items related to that subscale is obtained. To calculate the total score of the questionnaire, the scores of all questionnaire items are added together. The minimum and maximum score of this questionnaire is 0 and 88 (24).

Data Analysis

Data analysis was done using SPSS version 22 software. To describe qualitative variables, frequency (percentage) and quantitative variables, mean (standard deviation) were reported. The normality of quantitative variables was measured by the Kolmogorov Smirnov test, and in the case of non-normality of the data, Mann-Whitney, Kruskal-Wallis tests were used. To measure the relationship between two sensitivity variables in decision-making and spiritual care, Spearman's correlation coefficient was used (P value less than 05. was considered significant).

Ethical Consideration

This research was approved by the ethics committee of the Kerman University of Medical Sciences with the ethics code of IR.IAU.KERMAN.REC.1401.033. Written informed consent was obtained from each participant before completing the questionnaire. All information obtained from the study participants was kept confidential. The participants could leave the research at any stage of completing the questionnaire if they did not want to continue.

Results

In this study, 302 nurses were analyzed with a response rate of 100%. The highest frequency was in the age group of under 22-32 years. Most of the participants were female (81.5%), married (52%), had a bachelor's degree (94%), and had a work experience of 1-10 years (65.9%) (Table 1).

The results showed that the average scores of moral sensitivity and spiritual care of nurses were 59.2±13.36 and 56.52±13.49, respectively. In other words, nurses had an average score of spiritual health and moral sensitivity (Table 2).

Spearman's correlation coefficient in Table 3 shows that there was a positive and significant relationship between moral sensitivity in decision-making and the provision of spiritual care by nurses (P=0.012). In other words, with the increase of moral sensitivity in decision-making, the provision of spiritual care also increases.

In the present study, there was a statistically significant relationship between age (P<0.001), gender (P=0.001), marriage (P=0.001), and work experience (P<0.001) with moral sensitivity in decision-making. However, no significant relationship was found between moral sensitivity in decision-making with work position variables

(P=0.76) and educational qualification (P=0.856). The details of the relationship between demographic variables and spiritual care are listed in Table 4.

Table 1: Frequency distribution of demographic variables in nurses (302 people)

Demographic Information	Category	Prevalence	Percent
Sex	Female	246	81.5
	Male	56	18.5
Age	22-32	178	58.9
	33-44	105	34.8
	>45	19	6.3
Marriage Status	Single	135	44.7
	Married	157	52
	Divorced	10	3.3
Educational Qualification	Bachelor	284	94
	Master's	17	5.7
	PhD	3	3
Work position	Nurse	281	93
	Supervisor	6	2
	Head nurse	15	5
Work Experience	1-10	199	65.9
	11-20	80	26.5
	>21	23	7.6

Table 2: Mean and standard deviation of moral sensitivity and spiritual care in participants (302 people)

Variable	Mean	SD
Moral sensitivity in decision making	59.23	13.36
Spiritual care	56.52	13.49

Table 3: The relationship between moral sensitivity in decision-making and the provision of spiritual care by nurses

Variable	Providing spiritual care	
	Spearman coefficient	P value
Moral sensitivity in decision making	0.144	0.012

Table 4: The relationship between providing spiritual care and moral sensitivity in decision-making with demographic characteristics of nurses

		Moral sensitivity in decision-making			Spiritual care in nurses		
		Mean±SD	Test statistics	P value	Mean±SD	Test statistics	P value
Age	22-32	61.63±13.62	18.36	<0.001	55.55±15.67	1.14	0.566
	33-44	56.58±12.14			57.96±8.89		
	>45	51.47±12.15			57.68±12.27		
Sex	Female	58.06±12.55	-3.26	0.001	57.20±12.98	-2.01	0.045
	Male	64.39±15.54			53.51±15.32		
Marriage status	Single	62.11±13.49	14.20	0.001	56.54±16.34	0.936	0.626
	Married	57.48±12.48			56.57±10.82		
	Divorced	48±15.53			55.50±9.03		
Educational Qualification	Bachelor	59.25±13.24	-0.156	0.856	56.26±13.67	-1.28	0.200
	Masters	58.11±15.49			60.23±10.03		
Work position	Nurse	58.94±16.52	0.530	0.767	59.76±11.19	0.234	0.890
	Head Nurse	59.28±13.23			56.32±13.69		
	Supervisor	58.17±13.39			57.50±9.14		
Work Experience	1-10	61.48±13.13	20.30	<0.001	56.31±15.09	2.55	0.279
	11-20	56.48±12.50			56.27±10.18		
	>21	49.43±12.48			59.17±7.87		

Discussion

This study was conducted to investigate the role of moral sensitivity in the decision-making and spiritual care of nurses. The results of the study showed that, on average, the nurses participating in the study reported their spiritual care and moral sensitivity at an average level. In line with the present study, Dehghani et al.'s study (2019) also reported the level of moral sensitivity in special care nurses of public hospitals as average (25). In the study of Fallahi et al. (2022), the majority of students had a moderate level of moral sensitivity (24). In general, high moral sensitivity in nurses, in addition to increasing the feeling of self-esteem, helps to improve the quality of medical services and shorten the recovery process of patients (18).

In this regard, in Ebrahimi's study, the amount of spiritual care provided by nurses in the Covid ward (2023) was reported at a favorable level (5).

Attard et al.'s (2014) study also showed that students had a favorable level of spiritual care competence (26), which is consistent with the findings of the present study. The results of the mentioned studies show that spirituality is a universal concept and belongs to all humans; this can be related to religion and personal beliefs, but it is not limited to it and has a broader concept. Contrary to the current research, Mardani et al. (2020) (27) and Adib et al. (2014) (28) assessed the spiritual care competence of nurses at an unfavorable level. The results of the aforementioned studies were inconsistent with the present study. Perhaps this diversity in the obtained results can be justified by factors such as sample size, sampling method, research environment, and even the culture that governs the workplace, place of residence, and place of study, which have been different in different studies.

The results of the present study showed that there was a significant relationship between moral sensitivity in decision-making and the provision of spiritual care by nurses. In other words, with the increase in moral sensitivity in decision-making, the provision of spiritual care also increases.

In line with the present study, Ghasemi et al. (2021) (20) and Shamsizadeh et al. (2017) (29) showed a significant relationship between spiritual health and moral sensitivity and stated that moral sensitivity and spiritual health could predict a person's moral behavior. In this regard, Sengul et al. (2022) conducted a study on 590 nursing participants who were studying at five different universities in Turkey. The results showed that there was a significant relationship between spirituality and moral sensitivity (30). Spirituality is an integral part of human ethics and values. The moral performance of people in dealing with others is a reflection of their ethics and beliefs, and factors such as nurse values, experiences, knowledge, skills, expectations of other people, and laws play an important role in it (30).

Based on the results of the present study, there was a significant relationship between moral sensitivity in decision-making and age. that the older nurses had more moral sensitivity. In this regard, the results of the study by Sedeghi Sabet et al. (2018) showed that nurses aged over 30 years had a significantly higher level of moral awareness (31). Also, the study of Hajilo et al. (32) and that of Arslan and Calpbinici (33) on nurses also show the same issue.

Contrary to the results of this study, Tahmasebi et al. (2023) (34) and Abbaszadeh et al. (2012) (35) did not report a significant difference between age and moral sensitivity in nursing students and graduates. This difference in the results can be affected by the difference in the statistical population (students and nurses). Because people's personal and professional values change over time, these values affect people's opinions, moral sensitivity, care performance, andthe quality of patient care (18).

In this study, there was a significant relationship between moral sensitivity in decision-making and nurses' work history, so the average score of moral sensitivity in nurses decreased with increasing work experience. In this regard, Hajilo et al. (2020) reported a significant relationship between moral sensitivity and work experience in the research conducted (32). Therefore, people's personal and professional values change with the increase in working experience, and the behavior, attitude, and level of moral sensitivity of nurses can be gradually affected.

Also, in this study, there was a significant relationship between moral sensitivity and gender, so the mean score of moral sensitivity in male nurses was significantly higher than that of female nurses. In a study conducted by Lützén and Nordin (2015) on psychiatric nurses, a significant relationship was reported between moral sensitivity and gender (36). The other hand, Tahmasebi (2023) in his study on nursing

graduates and several other studies did not report a significant difference between gender and moral sensitivity (34). From the researcher's point of view, this difference in the results can be affected by the difference in the frequency of research by the nurses in two gender dimensions and the difference in the culture of the research environment.

Other results of the study showed a significant relationship between moral sensitivity in decision-making and the marital status of nurses; the average score of moral sensitivity in unmarried nurses was significantly higher than in married ones. However, in the study conducted by Dehghani et al. (2020) (25) and Abbaszadeh et al. (2012) (35) on nurses, no significant relationship was reported between marital status and moral sensitivity.

Limitations

One of the strengths of the current study is the large sample size, which can increase generalizability. Among the limitations of this study was the cross-sectional research and the uncontrollable effect of nurses' culture and religious beliefs on their level of sensitivity.

Because in the present study the convenience sampling method was used, it may not be possible to generalize the findings to the whole society. Also, the information obtained from the research was based on the self-reporting of nurses and no other methods were used to validate the data. Therefore, depending on the mental conditions and personality characteristics of the nurses, the obtained data may be far from reality. It is suggested that other methods should be used in future studies, such as observing behavior or completing a checklist by the evaluator.

Conclusion

In the present study, the level of moral sensitivity of nurses is average. Therefore, nurses need more training in this field. This goal can be achieved through efforts to design models for implementing nursing ethics at the bedside, including more topics of professional ethics in specialized nursing books designing a coherent program for teaching ethical issues, and changes in the content and methods of teaching ethics courses. Also, since a significant correlation was found between moral sensitivity and the performance of spiritual care, probably the observance of ethical principles in a profession such as nursing can affect the performance of people in dealing with different patients. In the present study, the relationship between demographic characteristics and moral sensitivity was different from other studies. It is suggested that the causes of such differences should be studied with a sufficient sample size; the factors that affect the improvement of care performance and increase the moral sensitivity of nurses should be used as a model and guide for preparing training programs for personnel in future studies. Also, managers can play a significant role by holding workshops on improving the skills needed in spiritual care and removing obstacles in creating better quality medical services by nurses.

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Author Contribution

Zeinab Ghorbani: Conceptualization, draft preparation, Data Collection. Mohammad reza Amini**:** Methodology, Supervision, Data curation. Hadise Safinejad: Methodology,Visualization, Data curation. Samira Mahmoudi: Writing-Original draft preparation. Writing- Reviewing and Editing.

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Conflict of Interest

There are no conflicts of interest.

References

1. Amiri P, Abbasi M, Gharibzadeh S, ASGHARI JM, HAMZAVI ZN, Azizi F. Designation and psychometric assessment of a comprehensive spiritual health questionnaire for Iranian populations. 2015.
2. Gita B. Health and Human Spirit. *Chapter*. 2006;2:836-42.
3. Gholamhosseini L, Hanafiye Moghadas M, Vandaee O. Value and status of professional morality in the providing nursing services. *Paramedical Sciences and Military Health*. 2015;10(1):55-62.
4. Afshar L, Joolaee S, Vaskouei K, Bagheri A. Nursing ethics priorities from nurses aspects: a national study. *Iranian Journal of Medical Ethics and History of Medicine*. 2013;6(3):54-

63.
5. Ebrahimi F, Jafarjalal E, Najafi Ghezelche T, Haghani S. Assessing the Spiritual Care Competence of Nurses in the Special Care Units for COVID-19 in Teaching Hospitals in Arak, Iran. *Iran Journal of Nursing*. 2023;36(141):66-79.
6. Mohinder Singh DK, Ajinkya S. Spirituality and religion in modern medicine. *Indian J Psychol Med*. 2012;34(4):399-402. doi: 10.4103/0253-7176.108234.
7. Wehmer MA, Quinn Griffin MT, White AH, Fitzpatrick JJ. An exploratory study of spiritual dimensions among nursing students. *Int J Nurs Educ Scholarsh*. 2010;7:Article40. doi: 10.2202/1548-923X.1915.
8. Ghanbari R, Mohammadimehr M. Identification of dimensions and indicators of spiritual health: A qualitative study. *J Educ Health Promot*. 2020;9:352. doi: 10.4103/jehp.jehp_448_20.
9. Daaleman TP, Frey BB. The Spirituality Index of Well-Being: a new instrument for health-related quality-of-life research. *Ann Fam Med*. 2004;2(5):499-503. doi: 10.1370/afm.89.
10. Bansal R, Maroof KA, Parashar P, Pant B. Spirituality and health: A knowledge, attitude and practice study among doctors of North India. *Spirituality and Health International*. 2008;9(4):263-9.
11. van Leeuwen R, Attard J, Ross L, Boughey A, Giske T, Kleiven T, et al. The development of a consensus-based spiritual care education standard for undergraduate nursing and midwifery students: An educational mixed methods study. *J Adv Nurs*. 2021;77(2):973-86. doi: 10.1111/jan.14613.
12. Davidhizar R, Bechtel GA, Juratovac AL. Responding to the cultural and spiritual needs of clients. *J Pract Nurs*. 2000;50(4):20-3; quiz 3-6.
13. Mazaheri M, Khoshknab MF, Maddah SSB, Rahgozar M. Nursing attitude to spirituality and spiritual care. *Payesh (Health Monitor)*. 2009;8(1):31-7.
14. Mohajjel-Aghdam A, Hassankhani H, Zamanzadeh V, Khameneh S, Moghaddam S. Knowledge and Performance about Nursing Ethic Codes from Nurses' and Patients' Perspective in Tabriz Teaching Hospitals, Iran. *J Caring Sci*. 2013;2(3):219-27. doi: 10.5681/jcs.2013.027.
15. Soheili M, Mollai Iveli M. A review of the role of spiritual cares in the nursing profession. *Journal of Religion and Health*. 2019;7(1):75-84.
16. Chan MF, Chung LY, Lee AS, Wong WK, Lee GS, Lau CY, et al. Investigating spiritual care perceptions and practice patterns in Hong Kong nurses: results of a cluster analysis. *Nurse Educ Today*. 2006;26(2):139-50. doi: 10.1016/j.nedt.2005.08.006.
17. Lotfi M, Sheikhalipour Z, Zamanzadeh V, Aghazadeh A, Zadi Akhuleh O. Observance of preventive standards against COVID-19 transmission in operating rooms: A cross-sectional study. *Perioper Care Oper Room Manag*. 2021;25:100212. doi: 10.1016/j.pcorm.2021.100212.
18. EIzadi A, Khademi Z, Asadi Noughabi F. The correlation of moral sensitivity of critical care nurses with their caring behavior. *Iran J Med Eth*. 2013;6(2):43-56.
19. Lutzen K, Dahlqvist V, Eriksson S, Norberg A. Developing the concept of moral sensitivity in health care practice. *Nurs Ethics*. 2006;13(2):187-96. doi: 10.1191/0969733006ne837oa.
20. Ghasemi M, Hadian M, Gagasari HS, Moghadam HM. Evaluating satisfaction among recipients of family physician services in Birjand and Khusf, Iran. *Modern Care Journal*. 2018;15(1).
21. Maghami M, Yektatalab S, Torabizadeh C. The attitude and the level of ethical sensitivity of nurses towards elderly patients in selected hospitals affiliated to Shiraz University of Medical Sciences. *J Geriatr Nurs*. 2018;4:35-46.
22. Mohammad Nejad E, Begjani J, Abotalebi G, Salari A, Ehsani SR. Nurses awareness of patients rights in a teaching hospital. *J Med Ethics Hist Med*. 2011;4:2.
23. McSherry W, Jamieson S. An online survey of nurses' perceptions of spirituality and spiritual care. *J Clin Nurs*. 2011;20(11-12):1757-67. doi: 10.1111/j.1365-2702.2010.03547.x.
24. Fallahi Khoshknab M, Mazaheri M, Maddah SS, Rahgozar M. Validation and reliability test of Persian version of The Spirituality and Spiritual Care Rating Scale (SSCRS). *J Clin Nurs*. 2010;19(19-20):2939-41. doi: 10.1111/j.1365-2702.2010.03411.x.
25. Dehghani M, Mousazadeh N, Hakimi

H, Hajihosseini F, Faghih M, Mohseni R. Relationship between moral sensitivity and moral intelligence in nurses working in intensive care units. *Journal of Mazandaran University of Medical Sciences*. 2020;30(184):148-53.
26. Attard J, Baldacchino DR, Camilleri L. Nurses' and midwives' acquisition of competency in spiritual care: a focus on education. *Nurse Educ Today*. 2014;34(12):1460-6. doi: 10.1016/j.nedt.2014.04.015.
27. Hamooleh MM, Seyedfatemi N, Eslami A, Haghani S. The Spiritual Care Competency of the Nurses of the Teaching Hospitals Affiliated to Alborz University of Medical Sciences, Iran. *Nursing*. 2020;33(124):58-69.
28. Adib-Hajbaghery M, Zehtabchi S, Fini IA. Iranian nurses' professional competence in spiritual care in 2014. *Nurs Ethics*. 2017;24(4):462-73. doi: 10.1177/0969733015600910.
29. Shamsizadeh M, Oshvandi K, Moamer S, Maghsoudi Z. The relationship between spiritual health and moral sensitivity in nursing students of Hamadan University of Medical Sciences, 2017. *Avicenna Journal of Nursing and Midwifery Care*. 2020;28(2):75-82.
30. Cura ŞÜ, Özsaban A, Coşkun EY, Karadeniz EY, Uslu E, Aşkan F. Spirituality, spiritual care perceptions and moral sensitivity of senior nursing students: a multicenter and cross-sectional study. *Genel Tıp Dergisi*. 2022;32(4):390-6.
31. Sedghi Sabet M, Parvaresh Maryan M, Baghaee M, Kazemnejad Leili E, Janipour M. Investigation on knowledge situation and observation of legal aspects and its related factors in nurses. *Medical Law Journal*. 2018;11(43):147-72.
32. Hajiloo P, Torabi M. The relationship between moral sensitivity and Nurses' perception of futile care in patients with Covid-19. 2020.
33. Arslan FT, Calpbinici P. Moral sensitivity, ethical experiences and related factors of pediatric nurses: a cross-sectional, correlational study. *Acta Bioethica*. 2018;24(1).
34. Tahmasbi S, Alavi A. Ethical Sensitivity and Moral Self-concept of Nursing Students During Internship: Factors and Assessment. *Health, Spirituality & Medical Ethics Journal*. 2023;10(1):55-62.
35. ABBASZADEH A, BORHANI F, MOAZEN NL. The comparison of the level of moral sensitivity in nursing students and nursing staffs in Kerman in 1389. 2010.
36. Lutzen K, Nordin C. The influence of gender, education and experience on moral sensitivity in psychiatric nursing: a pilot study. *Nurs Ethics*. 1995;2(1):41-50. doi: 10.1177/096973309500200106.