

# Pharmacophore

ISSN-2229-5402

Journal home page: <http://www.pharmacophorejournal.com>



## THE RELATIONSHIP BETWEEN SPIRITUAL INTELLIGENCE AND MORAL FUNCTION OF NURSES IN JAHROM UNIVERSITY OF MEDICAL SCIENCES-2017

Hojat Mohsen M.<sup>1</sup>, Zeinijahromi Mojtaba<sup>2\*</sup>

1. *PhD of Nursing, Research Center for Noncommunicable Diseases, Jahrom University of Medical Sciences, Jahrom, Iran*
2. *MSc of Critical Care Nursing, Medical Ethics Research Center, Jahrom University of Medical Sciences, Jahrom, Iran.*

### ARTICLE INFO

#### Received:

08<sup>th</sup> Feb 2017

#### Received in revised form:

01<sup>th</sup> Aug 2017

#### Accepted:

07<sup>th</sup> Aug 2017

#### Available online:

14<sup>th</sup> Aug 2017

**Keywords:** *Nurses, Moral performance, burnout*

### ABSTRACT

**Introduction:** The aim of this study was to determine the relationship between spiritual intelligence and ethical performance of nurses.

**Methods:** This is a cross-sectional study that was conducted in 2017 in educational hospitals of Jahrom University of Medical Sciences. 100 nurses were selected randomly. The main instrument for collecting data was two questionnaires; which were completed by nurses in anonymous form after receiving written consent. Ethical performance questionnaire of Dehqani nurses was used to assess the ethical performance. A formal validity and a qualitative and quantitative content (CVI: .89, CVR: .93, IS: 3.5) was calculated. Its reliability was calculated with the help of 10 nurses and by Cronbach's alpha (95). Spiritual intelligence questionnaire Abdollahzadeh was used to investigate spiritual intelligence. The formal and content validity was obtained with the help of five professors and its reliability was obtained 0.89 by using the Ray test. Data was analyzed by using SPSS19 software. **Result:** The average of whole the moral performance can not predict the total spiritual intelligence variations and the reliance on the inner core. But it could predict a sub-group of spiritual intelligence about 7.5%. Moral function sub groups with the help of multiple linear regression could predict 9.5% of whole the spiritual intelligence variations and predict 8% of variations in reliance on the inner cortex and 7/10% of variations in communication with the source of life. **Conclusion:** Moral performance has a direct relationship with spiritual intelligence, so that individuals with a high spiritual intelligence have the higher moral scores.

*Copyright © 2013 - All Rights Reserved - Pharmacophore*

**To Cite This Article:** Hojat Mohsen M., Zeinijahromi Mojtaba (2017), "The relationship between spiritual intelligence and moral function of nurses in jahrom university of medical sciences Jahrom-2017", *Pharmacophore*, **8(4)**, 72-75.

### Introduction

Ethics is a set of normative and valuable rules of a society that is reflected in the behavior of its members. How to apply ethics in specific cases is a statement of applied ethics [1]. Moral performance in all occupations, especially nursing, is essential because nurses' spiritual behavior plays an important role in improving their health. Moral and professional performance improves conscientiousness and, therefore, an individual is committed to do his or her professional career properly [2]. Nurses, like all the medical professions, are constantly exposed to ethical challenges [3]. The goal of nursing is to provide health services, care, medical treatment and rehabilitation in order to provide the health and well-being of individuals and society at its highest level. Therefore, strengthening ethics and paying special attention to it is a matter that needs to be addressed more. The only way to strengthen the people's trust in therapy group is to strengthen the principles of professional and ethical performance [4]. Compliance with professional ethics standards is a part of the essence of the nursing profession and that's why a person is committed to do his or her professional work properly so that it does not harm the clients and the care provided by the clients will contribute to the promotion of health [1]. Naminen et al., (2007) showed in their research that nurses who have completed a course of moral education had less anxiety than those who did not attend the moral education course, and ethical education had an impact on their ethical decisions [5]. Rang et al. (2010) in a research suggest that ethical decisions has become a kind of stress in the work of physicians and nurses, studies have shown

**Corresponding Author:** Zeinijahromi Mojtaba, Msc in Critical Care Nursing Medical Ethics Research Center, Jahrom University of Medical Sciences, Jahrom, Iran, Email: [m.zein\\_i@jums.ac.ir](mailto:m.zein_i@jums.ac.ir)

that physicians and nurses are becoming more and more stressed in their ethical decisions about patients and their families [6]. The ethical performance of nurses can play an important role in speeding up the patients' recovery.

Spiritual intelligence is defined as a set of mental capacities that deal with consciousness, coherence and application of the transcendental and immaterial aspects of a person [7]. Spiritual intelligence also includes the highest level of growth in different cognitive, ethical, emotional and interpersonal areas, and helps the person to coordinate with the phenomena around and achieve the internal and external integrity [8]. It also makes people more stable and by reducing their worries and anxieties they can communicate more deeply with others. Some evidences show that spiritual exercises increase awareness and insight of individuals toward multiple levels of consciousness and have a positive effect on individuals' performance [9, 10]. Spiritual intelligence can affect the performance of individuals.

The ethical performance of nurses is influenced by many variables. Researches have shown that the ethical performance of nurses is related to patients' satisfaction and recovery [11]. So far, any researches on the relationship between spiritual intelligence and ethical performance haven't been conducted. Therefore, the present study was conducted to investigate spiritual intelligence in relation to ethical performance of nurses.

## Method

This is a cross-sectional study that was conducted in 2017 in educational hospitals of Jahrom University of Medical Sciences. 100 nurses were selected randomly among all nurses who had at least 24 months of clinical work experience, had a bachelor's degree and with no known physical and psychological illness. The main instrument for collecting data was three questionnaires; Which were completed by nurses in anonymous form after receiving written consent. Ethical performance questionnaire of Dehqani nurses was used to assess the ethical performance. A formal validity and a qualitative and quantitative content (CVI: .89, CVR: .93, IS: 3.5) was calculated. The questionnaire has 31 items in Likert terms from ever to never [1-5] and in three dimensions of accountability (11 items): improving the quality of patient's care (8 items), respecting the patient (12 items). To investigate spiritual intelligence, we used Iranian and standard spiritual intelligence questionnaire, Abdollahzadeh et al. (2008) with 29 questions. The formal and content validity was obtained with the help of five professors and its reliability was obtained 0.89 by using the Ray test. The spiritual intelligence questionnaire had two dimensions: "Understanding and communicating with the source of existence" with 12 questions, and "spiritual life or reliance on the inner core" with 17 questions. The questionnaire scoring is in Likert terms from completely agree to completely disagree (score 1 to 5). Scores range is from 29 to 145. Data analysis was performed using SPSS19 software with one-variable and multi-variable linear regression tests.

## Result

67% Were women, 66% were in the public sector, and the rest were in the special sectors, 46% were official, 91% were shift workers, 16% had second jobs, 34% were satisfied with their income, and 53% were married. The average age was ( $29.99 \pm 6.47$ ), work experience was ( $6.15 \pm 6.3$ ), working hours per week was ( $19.43 \pm 50.19$ ) and overtime in a month was ( $72.27 \pm 61.34$ ). With the aid of the Enter model and multiple linear regression we found that the average of whole the moral performance can not predict the total spiritual intelligence variations (Sig:/063 and F: 3/534) and the reliance on the inner core (Sig:/163 and F :1/972). But it could predict a sub-group of spiritual intelligence (communication with the source of life) about 7.5% (Sig:/017 and F :5/872. Moral function sub groups with the help of multiple linear regression could predict 9.5% of whole the spiritual intelligence variations (Sig:/222 and F.3349) and predict 8% of variations in reliance on the inner cortex (Sig: 0/04 And F :2/770) and 7/10% of variations in communication with the source of life (Sig: 0/01 and F: 3/849).  
Table 1

**Table 1.** Determine the effectiveness of the variables studied by linear regression test

	Relationship with the source of life	Relying on the inner core	Total Spiritual Intelligence
Respect for the patient	-.055	-.166	-.125
responsibility	-.165	-.196	-.190
Quality Improvement	.469	.507	.509
Total moral performance	.238	-	-

## Discussion

Moral performance has a direct effect on spiritual intelligence, so that the average of total score of high moral performance increases the spiritual intelligence of the personnel in the dimension of (communication with the source of life). The average score of the total moral performance has an indirect effect on the two dimensions of spiritual intelligence (relationship with

the source of life, reliance on the inner core). That is, whatever the staff will respect the patient and his fellows, and create a more appropriate therapeutic relationship with them, and be more responsive. The average score of his spiritual intelligence in both subgroups, communication with the source of life and the reliance on the inner core reduces. At first researchers suggested that a better moral performance would increase the spiritual intelligence of the staff, but the results of this research portrayed the hypothesis that ethical performance with spiritual intelligence has an indirect relationship. Also, the results of this study showed that there is not a significant relationship between spiritual intelligence and nurses' attitudes towards patients' rights. The result obtained from the findings of Kaur et al. (2013) showed that there is no meaningful and positive relationship between spiritual intelligence and emotional intelligence compared to nurses' care services and care behaviors towards patients [13]. Also, there's no relation with the results of the study by Adib et al. (1395) that showed there is a meaningful and positive correlation between spiritual intelligence and nursing care quality [14]. It can be said that the more nurses adhere to spiritual values, the more they will show the honesty toward the patients [15]. Mohammad Nejad in his study emphasizes that attention to spiritual intelligence is for prevention of ugly behaviors and doing good behaviors. Therefore, the effect of spiritual intelligence, especially the effect on the performance of employees, is a strong point for government agencies [12-16]. Spiritual intelligence includes the highest levels of growth in different cognitive, ethical, emotional and interpersonal areas, and helps the individual to coordinate with the phenomena around and achievement of internal and external integrity. In their study, Dehghani et al. Concluded that the creation of a work environment in which each nursing worker can work reliably and without tension with patients and other members of the therapeutic group can be useful in enhancing the observance of professional ethics in various dimensions by nurses and in reporting the misconceptions in the workplace [12]. Therefore, whatever efforts to improve the quality of the patient's care are at a higher level, the incidence of disease problems decreases; as a result, fewer ethical divergences will arise and the average of total score of spiritual intelligence in the nurse will increase.

### **Conclusion**

Moral performance has a direct relationship with spiritual intelligence, so that individuals with a high spiritual intelligence have the higher moral scores.

### **References**

1. Azar AS, Rabieh M, Qetica F. (2008). Ethics in Management Science. *Journal of Ethics in Science and Technology*, Third Year, No. 1 & 2: 70-61.
2. Whyte A, Carroll L. A preliminary examination of the relationship between employment, pain and disability in an amputee population. *Disability and rehabilitation*. 2002;24(9):462-70
3. Shahriari M, Mohammadi E, Abbaszadeh A, Bahrami M. Nursing ethical values and definitions: A literature review. *Iranian journal of nursing and midwifery research*. 2013;18(1):1
4. Abbas Zadeh AS, Torabi M, Borhani M, Shamsai F. (2015). The place of ethics education in nursing education system of Iran. *Biological Biological Quarterly*, Fifth Year, No. 17: 145-117.
5. Numminen OH, & et al. (2007). Nursing student' ethical reasoning and behavior: a review of literature, v. 27 (7), p. 796-807.
6. Range LM, Rotherham AL. (2010). Moral distress nursing and nun-nursing student. *Nurs Ethic* 2010; 17(2): 225-32.
7. Baezzat, F, Sharifzadeh, H. Relationship between spiritual intelligence and emotional intelligence with job stress in university employees. *Quarterly Journal of Career & Organizational Counseling*. Vol, 4/ No, 13/ Fall 2012, 55-68.
8. Saghrvany S, Ghaur S. Spirituality and their flourishing spiritual intelligence at work. *J Commun Manag Group Imam Reza Univ* 2009; 8(1):27-31. (Persian).
9. Raisi M, Ahmari Tehran H, Heidari S, Jafarbegloo E, Abedini Z, Bathaie SA. Relationship between spiritual intelligence, happiness and academic achievement in students of Qom University of Medical Sciences. *Iran J Med Educ* 2013; 13(5):431-40. (Persian).
10. Adib-Hajbaghery M, Saeadnejad Z. Barriers to Provide Patients Admitted to Hospitals in Kashan with Spiritual Care: Nurses' Viewpoints. *Medical Ethics Journal*. 2016;10(37):49-59.
11. Eileen T Lake, Hayley D Germack, Molly Kreider Viscardi. Missed nursing care is linked to patient satisfaction: a cross-sectional study of US hospitals. *BMJ Qual Saf* 2016 25: 535-543 originally published online September 16, 2015.
12. Zahedi F, Emami Razavi S, Larijani B. A two-decade review of medical ethics in Iran. *Iranian J Publ Health*. 2009;38(Suppl 1):40-6.
13. Kaur D, Sambasivan M, Kumar N. Effect of spiritual intelligence, emotional intelligence, psychological ownership and burnout on caring behaviour of nurses: A cross-sectional study. *Journal of clinical nursing*. 2013;22

14. Adib-Hajbaghery M, Saeadnejad Z. Barriers to Provide Patients Admitted to Hospitals in Kashan with Spiritual Care: Nurses' Viewpoints. *Medical Ethics Journal*. 2016;10(37):49-59.
15. Ghaffari M. The Relationship Moral Intelligence and altruism with nurses Attitude to the rights of patients. *Journal of Nursing Education*. 2016;5(2):49-56.
16. Borhani F, Abbaszadeh A, Mohamadi E, Ghasemi E, Hoseinabad-Farahani MJ. Moral sensitivity and moral distress in Iranian critical care nurses. *Nursing ethics*. 2017;24(4):474-82.