

INVESTIGATING THE MEDIATOR ROLE OF SPIRITUAL INTELLIGENCE IN THE RELATIONSHIP BETWEEN ETHICAL PERFORMANCE AND JOB BURNOUT AMONG NURSES

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ABSTRACT

Introduction: Spiritual intelligence, ethical performance and job burnout, each alone, are variables that can affect the professional behavior of treatment team. However, paying attention to how each of these variables can be associated with another variable can set the stage to intervene to improve ethical performance and reduce job burnout. Therefore, the present study was conducted with the aim of investigating the mediator role of spiritual intelligence in the relationship between ethical performance and job burnout among nurses.

Methods: The present study was an analytical cross-sectional study that was conducted at Jahrom University of Medical Sciences teaching hospitals in 2017. One hundred nurses were selected randomly from among all nurses. Maslach Job Burnout Questionnaire was used to measure job burnout. Dehghani Ethical Performance Questionnaire for nurses was used to assess ethical performance. Qualitative and quantitative face and content validity (CVI: .89, CVR: .93, IS: 3.5) and its reliability were calculated with the help of 10 nurses and by Cronbach's alpha (0.95). To investigate spiritual intelligence, used Abdullah Zadeh's Spiritual Intelligence Questionnaire. The face and content validity were obtained with the help of 5 professors and its reliability was 0.89 by Cronbach's alpha method. Data analysis was done using SPSS16 software, one-variable and multi-variable linear regression tests.

Results: Multiple linear regression by Enter model revealed that the total average of ethical performance could predict the sub-group of spiritual intelligence (association with the essence of life) as much as 5.7% (Sig: .017, F: 5.872). Ethical performance sub-groups, could predict 9.5% of the total changes in spiritual intelligence (Sig: .222, F: .3349), predict 8% of the change in reliance on the inner core (Sig: .046, F: 2.77) and predict 10.7% of the change in relation to the essence of life (Sig: 0.01, F: 3.849). The total average of ethical performance can predict and affect the changes of individual's competency as much as 4.7% (Sig: .030, F: 4.856). Ethical performance is able to predict 9.9% of the individual's competency changes (Sig: .018, F: 50.00). Spiritual intelligence nor ethical performance cannot predict job burnout changes in emotional exhaustion and. Nevertheless, they were able to predict 6% of job burnout changes in the individual's competency domain (Sig: .050, F: 3.096).

Conclusion: In this study, it was determined that spiritual intelligence alone cannot affect job burnout, but along with other variables such as ethical performance can have a weak mediator role.

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Introduction

Spiritual intelligence, as one of the latest concepts of intelligence, involves a type of adaptation and problem-solving behavior that incorporates the highest levels of growth in cognitive, moral, emotional and interpersonal areas, and helps the individual in order to coordinate with the surrounding phenomena around and achieve internal and external integrity (1). Volman (2001) introduces spiritual intelligence as human capacity to ask ultimate questions about life and concurrent experiences and the relationship of each of us with the world in which we live (2). Amram (2007) defines spiritual intelligence as the ability to utilize and impart resources, values, and spiritual qualities, so that one can upgrade his daily functioning and self-esteem (physical and mental) (3, 4). Some evidence suggests that spiritual exercises increase individuals' awareness toward and beliefs about multiple levels of consciousness and have a positive effect on individuals' performance (5, 6).

Weakening the strength of staff, or job burnout, is a common problem in all health systems and is considered one of the most important problems of the 21st century, so that according to available data, one in seven people suffers from job burnout at the end of the day (7). Job burnout is a syndrome in response to acute stress between an individual and job, and the most important factors that make a person get involved in job burnout include organizational characteristics, social perception, individual characteristics, and role perception (8). Also, job burnout is a late response to chronic emotional stressor and interpersonal factors in the field of occupations. Based on numerous researches, the health care services have the highest rates of occupational injuries, including job burnout (7).

The function of morality is to comply with the normative values of a society. How to apply ethics in specific cases reflects the applied ethics, including nursing ethics (9, 10). The only way to strengthen people's trust in jobs related to medical domain is to strengthen the principles of professional performance through the promotion of ethical principles (11). Nursing officials should note that critical situations make nurses more stressful in their moral decisions and result in their psychological stress, which can lead to job burnout (12). Naminen, (2007) in his research, showed that nurses who had completed the ethics-training course had less anxiety than those who did not complete the moral education course, and that ethical education had an impact on their ethical decision-making (13). Sadeghi et al. (2015) in their research on 184 nurses showed that ethical stress was related to all dimensions of nursing job burnout. Borhani et al. (2003) stated in his research that moral distress had adverse effects on nurses' performance and job burnout and on the quality of services provided by them (16-14). To achieve this scientific assumption stating the higher the spiritual intelligence of a person, the better moral performance he will have and consequently the less job burnout he will experience, first, these three variables should be evaluate simultaneously to determine the mediator role of spiritual intelligence in relation to ethical performance and job burnout. Therefore, the present study was conducted with the aim of investigating the mediator role of spiritual intelligence in the relationship between ethical performance and job burnout among nurses.

Methods

The present study was an analytical cross-sectional study that was conducted at Jahrom University of Medical Sciences teaching hospitals in 2017. One hundred nurses were selected randomly from among all nurses who had at least 2 years of clinical work experience, had a bachelor's degree and had no known physical and psychological illness. The main data-gathering tool was three questionnaires that were completed by nurses in an anonymous form after receiving written consent. Maslach Job Burnout Questionnaire was used to measure job burnout. This questionnaire consists of 22 questions in Likert scale and in two dimensions of frequency from "never" to "every day" (1-5) and severity from "very little" to "very high" (0-6) and encompasses the three subgroups of emotional exhaustion, depersonalization, and personal competency. This tool has been used repeatedly in Iran and its validity and reliability have been confirmed in numerous studies (8). The face and content validity of the tool were assessed by 5 university professors and its reliability for emotional exhaustion, depersonalization and personal competency was calculated by Cronbach's alpha with the help of 10 nurses (0.94, 0.93, 0.91), respectively. The format of calculating the scores are in Table 1.

Table 1. Rating points of Maslach s burnout inventory subscales

	low	moderate	high
emotional exhaustion(0-54)	16≤x	17-26	x ≤27
Depersonalization(0-30)	6≤x	7-12	x ≤13
personal accomplishment(0-48)	31≤x	32-38	x ≤39

Dehghani Ethical Performance Questionnaire for nurses was used to assess ethical performance (17). Qualitative and quantitative face and content validity (CVI: .89, CVR: .93, IS: 3.5) and its reliability were calculated with the help of 10 nurses and by Cronbach's alpha (0.95). This questionnaire has 31 items in the form of Likert ranging from "always" to "never" (1-5). This tool has been used repeatedly in Iran, in three dimensions of responsibility (11 items), improving the quality of patient care (8 items) and respecting patients (12 items).

To investigate spiritual intelligence, Abdullah Zadeh's Spiritual Intelligence Questionnaire (2008) with 29 items on Likert scale ranging from "completely disagree" to "completely agree" was used (1-5). The questionnaire had two dimensions: relationship with the essence of life (12 questions), reliance on the inner core (17 questions). This instrument designed and validated with respect to the cultural characteristics of the community in Iran. The face and content validity were obtained with the help of 5 professors and its reliability was 0.89 by Cronbach's alpha method. Data analysis was done using SPSS16 software, one-variable and multi-variable linear regression tests.

Results

67% were women, 66% worked in the general wards, 46% were officially employed, 91% were in circle shift, 16% had second jobs, 34% were satisfied with their income and 53% were married. The mean age was (29.99 ± 6.47), the average work experience was (6.3 ± 6.15), the mean working hours per week was (50.19 ± 19.43) and the mean overtime per month was (72.27 ± 61.34).

Multiple linear regression the Enter model revealed that the total average of ethical performance cannot predict the total spiritual intelligence changes (Sig: .063, F: 3.534) and predict the internal core (Sig: .163, F: 1.972). But it could predict the sub-group of spiritual intelligence (association with the essence of life) as much as 5.7% (Sig: .017, F: 5.872). Ethical performance sub-groups, with multiple linear regression in the Enter model, could predict 9.5% of the total changes in spiritual intelligence (Sig: .222, F: .3349), predict 8% of the change in reliance on the inner core (Sig: .046, F: 2.770) and predict 10.7% of the change in relation to the essence of life (Sig: 0.01, F: 3.849). The total average of ethical performance cannot predict changes of job burnout in emotional exhaustion (.973 Sig: and .001 F :), depersonalization (.136 Sig: and 2.254 F :). But it can predict and affect the changes of job burnout in the individual's competency as much as 4.7% (.030 Sig: and 4.856 F :). None of the three sub-groups of moral performance (patient respect, responsibility, and quality improvement) can affect emotional exhaustion (Sig: .666, F: .382) and depersonalization (Sig: .469, F: .851) as the subgroups of job burnout. But they were able to predict 9.9% of the individual's competency changes (Sig: .018, F: 50.00). Using linear regression, it was revealed that the total average of spiritual intelligence cannot predict changes in emotional exhaustion (Sig: .371, F: .806), in depersonalization (Sig: .969, F: .001) and in individual competency (Sig: .132, F: .307). Spiritual intelligence subgroups also failed to predict changes in emotional exhaustion (Sig: .354, F: 1.05), depersonalization (Sig: .204, F: 1.614), and individual competency (Sig: .219, F: 1.545). With multiple linear regression in the Enter model, it was demonstrated that neither spiritual intelligence nor ethical performance can predict job burnout changes in emotional exhaustion (Sig: 658, F: .420) and depersonalization (Sig: .322, F: 1.146). But they were able to predict 6% of job burnout changes in the individual's competency domain (Sig: .050, F: 3.096) (Table 2).

Table 2. Determining the effectiveness of the studied variables by linear regression test

	Emotional exhaustion	depersonalization	individual competency	relation to the essence of life	reliance on the inner core	Total of spiritual intelligence
relation to the essence of life	-	-	-			
reliance on the inner core	-	-	-			
Total of spiritual intelligence	-	-	-			
patient respect	-	-	.475	-.055	-.166	-.125
responsibility	-	-	-.144	-.165	-.196	-.190
quality improvement	-	-	-.106	.469	.507	.509
Total of ethical performance	-	-	.217	.238	-	-
spiritual intelligence	-	-	.115			
ethical performance	-	-	.196			

Discussion

The results of this study showed that the total average of moral performance did not have any effect on the two dimensions (depersonalization, emotional exhaustion), but affected the individual's competency dimension. So that high morale scores can reduce job burnout in individual competency. The more responsible a person is and the more efforts he makes to improve the quality of patient care, the more individual competency decreases and the more job burnout increases. In this regard, it can be stated that efforts to improve the quality and accountability of personnel during the course of work will exacerbate the work tensions between him and the work environment and eventually burnout will result. Therefore, the findings of the study seem to make sense. Job burnout is a syndrome in response to acute stress between an individual and a job, and the most important factors that make a person get involved in job burnout include organizational characteristics, social perception, individual characteristics, and role perception (18). Ghorbani and colleagues in their study stated that there was a positive and significant relationship between nurses' accountability and the quality of nursing services. According to Borhani et al. (2013), with an increase in the level of moral distress, job burnout also increases in nurses (13-10).

On the other hand, the more the personnel respect the patient, the more they will receive individual and professional respect from the patient and his companions, the higher their individual competency will be, and the more his job burnout will reduce. Because the sense of success, mastery, and competency of a person emerges when a person can display his abilities in addition to controlling his career events and consequently gain a positive attitude towards himself and his clients (19). Moral performance has a direct effect on spiritual intelligence, so that the average total score of high moral performance increases the spiritual intelligence of the personnel in the dimension of relationship with the essence of life. The total average score of moral performance has an indirect effect on two dimensions of spiritual intelligence, namely, relationship with the essence of life, reliance on the inner core. That is, the more the staff respect the patient and his companions, and better therapeutic relationship they establish with them, and the more responsible they are, the more the total average score of his spiritual intelligence in both subgroups of the relationship with the essence of life and the reliance on the inner core reduces. From the outset, researchers assumed that a better moral performance would increase the spiritual intelligence of the personnel, but the results of this research portrayed a reverse relationship, so that moral performance has an indirect relationship with spiritual intelligence. Also, the results of this study showed that there was no meaningful relationship between spiritual intelligence and nurses' attitudes towards patients' rights. The obtained results are not consistent with that of Kaur et al. (2013), which showed that there was a positive and significant relationship between spiritual intelligence and emotional intelligence with nurses' care services and behaviors. (20). They, also, are not consistent with the results of the study by Adib et al. (2016) that showed that there was a significant correlation between spiritual intelligence and the quality of nursing care (21). It can be said that the more nurses adhere to spiritual values, the more honesty and integrity they show toward patients (22). In his study, Mohammad Nejad emphasizes that the focal point of spiritual intelligence is to prevent base behaviors and to do desirable behaviors. Therefore, the effect of spiritual intelligence, especially on the performance of employees, is a strong point for governmental organizations (10-12). Spiritual intelligence includes the highest levels of growth in cognitive, moral, emotional and interpersonal areas, and helps the individual in order to coordinate with the surrounding phenomena around and achieve internal and external integrity (23). In their study, Dehghani and colleagues concluded that creating a work environment in which each nursing staff can work with patients and other members of the treatment group in a relaxed and non-stressful way can be effective in enhancing compliance with professional ethics in different aspects by nurses and in reporting misdeeds in the workplace (18). As a result, the more efforts are made to improve the quality of patient care, the less the incidence of disease-related problems will be, and, the fewer ethical dilemmas and moral disturbance will appear, and consequently the more the overall mean score of spiritual intelligence in the nurse will increase.

The results of this study showed that responsibility has a reverse effect on spiritual intelligence, that is those with high responsibility have lower spiritual intelligence. Contrary to the primitive belief in this study, spiritual intelligence and its subgroups did not show any relation to the subgroups of job burnout alone, but spiritual intelligence along with ethical performance could affect the dimension of individual competency in job burnout, so that spiritual intelligence reduced the effect of ethical performance on job burnout. According to the findings of Kaptary (2010), there is a meaningful relationship between spirituality and job burnout. Rezag Sanad Ebrahim (2013) states that there is a significant relationship between the job burnout of elementary school teachers with spiritual intelligence.

Depersonalization in the staff, in addition to explaining the existence of intra-organizational human relationships, indicates the average employee's attitude toward the recipients of the service. But the effect that both variables (spiritual intelligence, ethical performance) together have on job burnout is straight and uplifting. So that ethical performance, with the mediation of spiritual intelligence, increases individual competency dimension and does not affect the two dimensions of depersonalization and emotional exhaustion. However, it alone had a direct impact on one aspect of job burnout (individual competency). On the other hand, spiritual intelligence, along with ethical performance, has a direct and increasing effect on this dimension of job burnout, since it alone did not affect job burnout. The significant positive correlation between spiritual intelligence and emotional exhaustion of nurses was not consistent with the study of Shakerinea. But it is not consistent with another study of

Shakrininia, entitled "moral disturbance, job burnout and mental health of nurses", which may be due to the difference in the studied population and some individual differences.

Since improving moral performance is effective on the ability of an organization to retain health care professionals and increase their job satisfaction, it is recommended that managers pay attention to ethical education to reduce job burnout. Various studies have shown that education emphasizes moral sensitivity, and lack of ethics training can prevent the development of ethics in the profession and the sensitivity of professional ethics. Lack of awareness impairs the ability to make decisions in the context of ethical dilemmas, and failure to address the ethical aspects of care causes negligence and the absence of ethics in care, which ends up a commonplace phenomenon and gets problematic in providing care for patients and promoting community health and nursing profession.

Conclusion

In this study, it was determined that spiritual intelligence alone cannot affect job burnout, but along with other variables such as moral performance can have a weak mediator role.

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References

1. GHOBARI BB, Salimi M, Saliari L, NOURI MS. Spiritual intelligence. 2007.
2. Faribors B, Fatemeh A, Hamidreza H. The relationship between nurses' spiritual intelligence and happiness in Iran. *Procedia-Social and Behavioral Sciences*. 2010;5:1556-61.
3. Amram Y. What is spiritual intelligence? an ecumenical, grounded theory. Retrieved July. 2007;18:2016.
4. Baezzat F, Sharifzadeh H. Relationship between spiritual intelligence and emotional intelligence with job stress in university employees. 2013.
5. Yahyazadeh-Jeloudar S, Lotfi-Goodarzi F. What Is the Relationship between Spiritual Intelligence and Job Satisfaction among MA and BA Teachers? *International Journal of Business and Social Science*. 2012;3(8).
6. Wolman R. Thinking with your soul: Spiritual intelligence and why it matters: Richard N. Wolman, PhD; 2001.
7. MASOUDI R, Etemadifar S, AFZALI SM, KHEYRI F, HASANPOUR DA. The influential factors on burnout among nurses working in private hospitals in Tehran. 2008.
8. KARIMYAR JM, HOJAT M. ASSESSING BURNOUT SYNDROME ETIOLOGIES AND STRESS TENDENCY IN NURSES. 2014.
9. 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. *Journal of caring sciences*. 2013;2(3):219.
10. 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.
11. Borhani F, Abbaszadeh A, Mohsenpour M. Nursing students' understanding of factors influencing ethical sensitivity: A qualitative study. *Iranian journal of nursing and midwifery research*. 2013;18(4):310.
12. 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.
13. 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.
14. Fogel KM. The relationships of moral distress, ethical climate, and intent to turnover among critical care nurses: Loyola University Chicago; 2007.
15. Rushton CH, Batcheller J, Schroeder K, Donohue P. Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care*. 2015;24(5):412-20.
16. borhani f, abdar me, marzban f, mostafa r. moral distress in nurses and its relationships with job burnout. *medical ethic journal*. 2013;7(25):123-44.

17. Dehghani A, MOHAMMADKHAN KS. Evaluating of compliance with professional ethical standards in nursing practice from nursing staff's viewpoints in Tehran university of medical sciences. 2012.
18. Farahbod F, Chegini MG, Eramsadati LK, Mohtasham-Amiri Z. The association between social capital and burnout in nurses of a trauma referral teaching hospital. *Acta Medica Iranica*. 2015;53(4):214-9.
19. Barrett L, Yates P. Oncology/haematology nurses: a study of job satisfaction, burnout, and intention to leave the specialty. *Australian Health Review*. 2002;25(3):109-21.
20. 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;20(2):21-2.
21. 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.
22. 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.
22. Saghrvany S, Ghaur S. Spirituality and their flourishing spiritual intelligence at work. *Journal Community Management Group, Imam Reza University* . 2009;8(1):27-31