

Investigating Relationship Between Religious Commitment and Moral Sensitivity in Nurses Working in Intensive care unit

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Abstract

Paying attention to the ethics and rights of patients has a special place. Developments in science and technology have led to increased attention to ethical issues, especially in the health system. Regarding the role and importance of spirituality in health as well as the role of observance of professional ethics by nurses in improving the health status of patients, this study aimed at determining the relationship between religious commitment and moral sensitivity among nurses working in the ICU sections of Ilam and Kermanshah cities in the west of Iran. The present study was a cross-sectional descriptive-analytic study carried out on nurses working in ICU wards of two western cities (Ilam and Kermanshah) in Iran. The instrument used includes a demographic questionnaire, religious commitment questionnaire and moral sensitivity questionnaire in nurses. First, the researchers referred to the ICU wards of the hospitals in the cities of Ilam and Kermanshah after receiving permission from the relevant authorities by referring to three shifts in the morning, evening and night shifts and holidays. The researchers, while explaining the research goals for the nurses participating in the study, obtained their informed consent to participate in this study. According to the findings, mean (SD) of the overall score of religious commitment was equal to 36.38 (4.58) and mean (SD) of MS score of nurses was 59.21 (12.65). Also, 91 nurses (82.7%) had average MS, 7 (6.4%) had low MS and 12 (10.9%) had high MS. The results showed that there was a relationship between the amount of religious commitment and MS. So, nurses with a higher religious mean score had a higher mean MS score. Regarding the results of this study, there has not been a similar study, but studies in the field of religion showed that religion can be a predictor of the ethical situation. According to the results, it is necessary to take necessary religious interventions to improve the rate of RC in nurses so as to provide the necessary field in order to improve the status of MS.

Background

Paying attention to the ethics and rights of patients has a special place. Developments in science and technology have led to increased attention to ethical issues, especially in the health system. Regarding the role and importance of spirituality in health as well as the role of observance of professional ethics by nurses in improving the health status of patients, this study aimed at determining the relationship between religious commitment and moral sensitivity among nurses working in the ICU sections of Ilam and Kermanshah cities in the west of Iran.

Materials And Methods

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Research question

this study aimed at determining the relationship between religious commitment and moral sensitivity among nurses working in the ICU sections of Ilam and Kermanshah cities in the west of Iran.

Research design

The present study was a cross-sectional descriptive-analytic study carried out on nurses working in ICU wards of two western cities (Ilam and Kermanshah) in Iran. The entry criteria included having at least a bachelor's degree in nursing, having a work experience of more than 1 year in the ICU and informed consent for participation in the study. Nurses who delivered incomplete questionnaires were excluded from the study.

Sample and sampling method

First, the researchers referred to the ICU wards of the hospitals in the cities of Ilam and Kermanshah after receiving permission from the relevant authorities by referring to three shifts in the morning, evening and night shifts and holidays. The researchers, while explaining the research goals for the nurses participating in the study, obtained their informed consent to participate in this study. Then, the nurses were assured that their participation did not have any harm or loss to them, and the information obtained from these nurses would be reported anonymously. The questionnaire was then provided to the nurses and they were asked to complete the questionnaire when they were willing. Given that the nurses' fatigue may have prevented them from completing with the questionnaires accurately, they were asked to complete the questionnaire at the time of rest and to have sufficient time. The questionnaires were collected on the next day. The hospitals that were visited in Ilam included ICU's of Imam Khomeini Hospital, Martyr Mostafa Khomeini Hospital and Ayatollah Taleghani Hospital. Also, in the city of Kermanshah, ICU sections of Ayatollah Taleghani, Imam Khomeini, Imam Reza and Imam Ali hospitals were investigated.

Measurement instrument

The instrument used includes a demographic questionnaire (which includes questions about age, gender, education, work experience in the intensive care unit, length of employment, type of employment, etc.), religious commitment questionnaire and moral sensitivity questionnaire in nurses. Religious Commitment Questionnaire had 10 items in two dimensions: intra-individual religious commitment (6 questions) and extra-individual religious commitment (4 questions) in the form of 5-point Likert scale, which describes the level of religious commitment of a person (35). The reliability of the Persian version of this questionnaire has been confirmed (36). The questionnaire of moral sensitivity in nursing had 25 items, which includes the amount of respect for patient independence, the level of awareness of how to communicate with the patient, the level of professional knowledge, the experience of problems and ethical conflicts, the use of ethical concepts in moral decision-making and honesty and benevolence. A five-point Likert scale was used from zero (no idea) to four (totally agree) and the scores ranged from zero to 50 (low moral sensitivity), 50 to 75 (a moderate moral sensitivity), 76 to 100 (a high moral

sensitivity) (37-40). The reliability of the Persian version of this questionnaire has been confirmed in Iran (37, 41).

Data collection

Data collected in 2019 by interview method It turned out The questionnaire was given to the nurses and they were asked to complete the questionnaires.

Data analysis

SPSS 16 software was used to analyze the data related to religious commitment and moral sensitivity. For this purpose, the prevalence of religious commitment and moral sensitivity were measured by descriptive statistics (mean and standard deviation), and then, for the association between these two variables, with demographic characteristics and with each other, analytical statistics (Pearson, regression correlation etc.) were used.

Ethical consideration

The present study is a research project approved by Research Committee of Kermanshah University of Medical Sciences (Grnat Number: 3008282).

Findings

According to the findings, MS and RC rates in female nurses, having MA degree and higher were higher than male nurses with BA degree which was statistically significant. Moreover, with the increase in age and work experience, the nurse MS and RC also increased, which were statistically significant (Table 1).

According to the findings, mean (SD) of the overall score of religious commitment was equal to 36.38 (4.58) and mean (SD) of MS score of nurses was 59.21 (12.65) (Table 2). Also, 91 nurses (82.7%) had average MS, 7 (6.4%) had low MS and 12 (10.9%) had high MS. The results showed that there was a relationship between the amount of religious commitment and MS. So, nurses with a higher religious mean score had a higher mean MS score. Regarding the results of this study, there has not been a similar study, but studies in the field of religion showed that religion can be a predictor of the ethical situation.

Discussion

In the study of BaloochiBeydokhti et al. on the nurses' group of Gonabad city of Iran, it was shown that the amount of internal religious orientation was higher than the external religious orientation and there was a significant weak relationship between the amount of internal religious orientation and the rate of MS (42) which showed the relationship between religion and MS in nurses. In the study of Farahaninia et

al. on the nursing students, the implementation of six sessions of the ethical intervention program can lead to an increase in the MS score of nursing students (43), which confirms the role of religious factors in nurses' MS status.

In this study, the MS mean score for most nurses was average and equal to ($M = 59.21$) ($SD = 12.65$). Various studies have been performed on the rate of MS in nurses working in the intensive care units of Iran and their results were compared with the results of this study. In the study of Mohammadi et al. on the nurses working in the specialized care units of South Khorasan province in Iran, the results showed that the MS score of nurses was average and upward with a score of 3.05 (0.68) out of a total of 4. It was also shown that by increasing the MS score, the attitude score toward patient's rights was also increased (44). Different studies have been conducted on nurses working in non-specialized care units of Iran. The study of Amiri et al., on nurses working in internal wards of Tabriz hospitals showed a score of 4.84 (0.48) out of 7.

It was also shown that nurses had the highest MS scores regarding the "awareness of interpersonal communication" and "adherence to the rules", while it was lowest for the "experiencing moral conflicts" and "patient independence dimension". (22). In a study by Tazakori et al on the anesthetic and surgery room staff in Ardabil hospitals, the MS scores of staff were 87 (11) out of 100, and there was a correlation between MS and self-efficacy (45).

Conclusion

The study by Dalwand et al. on the nurses working in the heart and pediatric wards of Lorestan hospitals, it was shown that the MS score of nurses was 58.92 (10.18) (46). MS rates were higher in nurses who had higher RC than the other.

According to the results, it is necessary to take necessary religious interventions to improve the rate of RC in nurses so as to provide the necessary field in order to improve the status of MS.

Abbreviations

KUMS: Kermanshah university of medical sciences

Declarations

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Availability of data and materials

Data available by contacting the corresponding author.

Authors' contributions

EK and MB contributed in designing the study, FL and LS collected the data, and analyzed by AT, LS and FS, the final report and article were written by MB, EK, and AT and it was read and approved by all the authors.

Ethics approval and consent to participate

The study was approved by research ethics committee of KUMS with the code IR.Kums.rec.1398.132. The written informed consent was obtained from the participants.

Consent for publication

Not Applicable.

Competing interests

The authors declare there are no competing interests.

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