**Title: Relationship between Professional Ethics and Spiritual Wellbeing in Iranian Nurses**

**Running title: Professional Ethics and Spiritual Wellbeing in Iranian Nurses**

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**Relationship between Professional Ethics and Spiritual Wellbeing in Iranian Nurses**

**Abstract**

Unethical task fulfillment may create moral distress in nurses, thereby endangering their spiritual wellbeing. This study was conducted to investigate the effect of spiritual wellbeing and demographic factors on the professional ethics in Iranian nurses.

This correlational study was conducted on 250 nurses. Data collection tools were demographic questionnaire, nurses' performance measurement questionnaire based on professional ethics, and Paloutzian and Ellison’s Spiritual Wellbeing Scale*.* The data were analyzed in *SPSS*22 and AMOS23.

The mean scores of spiritual wellbeing and professional ethics were measured at 69.69±10.28 and 180.89±19.47, respectively. The findings of the present study indicated a significant relationship between the mean scores of spiritual wellbeing and professional ethics (*r*=0.478; *P*<0.001). According to the results of this study, there was a statistically direct relationship between spiritual wellbeing and professional ethics. Consequently, it is suggested to educate nurses about spiritual wellbeing in order to improve professional ethics.

**Keywords*:*** Spirituality, Ethics, Professional, Nurses

**Background:**

Although ethics is essential in all vocations, it is more important in nursing profession because professional ethics concomitant with nurses’ responsibility play a major role in improving and restoring patients' health. Therefore, nursing is based on ethical codes([1](#_ENREF_1)). At the first sight, nurses’ performance may be considered as clinical activities and viewed to be separate from professional ethics. However, in practice, these two issues are integrated to each other ([2](#_ENREF_2))

In nursing, professional ethics involve a set of behavioral conducts to which a nurse should adhere. Some of these conducts are positive and imperative, while others are negative and deterrent. Generally, professional ethics in nursing should be in line with God and mankind satisfaction([3](#_ENREF_3)). Nursing ethics is a set of principles related to the practice of the nurse in relation to the patient, families, health care providers, managers and the community. Iran's nursing ethics code has been developed to complement ethical guidelines relevant to the field of health and focuses directly on nurse practice in patient care([4](#_ENREF_4)).

Factors affecting professional ethics are divided into three groups: 1. Individual factor (Personal characteristics, religious values, family factors, etc.) 2. Organizational factors (Leadership, management, relationships with colleagues, incentives, punishment, and organizational culture) 3. Environmental factors (Economic, social and cultural factors, etc.)([5](#_ENREF_5))

Nursing ethics focuses on correct performance and avoidance from dangers; moreover, nurses are responsible for patient values. Nurses are confronting with moral issues on a daily basis and are prone to a moral contradiction in caring patients([6](#_ENREF_6)).

In a cross-sectional study titled “Nurses and patients' views of professional ethics in Jahrom, Iran”, Dehghani et al. (2015) reported the ethical adherence rates of 72% and 70% in terms of liability and improved patient care, respectively, based on the nurses' point of view. However, patients reported the rates of 40%, 45%, and 69% for the professional ethics dimension related to liability, improved patient care, and patient respect, respectively([7](#_ENREF_7)). The results of the aforementioned study are indicative of a difference in the viewpoints of the nurses and patients regarding adherence to professional ethical codes.

Failure to perform duties in a moral manner causes an imbalance and disruption in nurses' mental health and invoke a sense of job stress and moral distress in them.([8](#_ENREF_8)). Moral distress can have different consequences for nurses, patients, and health organizations([9](#_ENREF_9)). Rafiei and et al. study titled “Role of spiritual health on job stress among nurses: a Cross-sectional study in an educational hospitals of Qazvin city” in Iran (2019) reported spiritual wellbeing in both religious and intrinsic dimensions were statistically related to job stress (p<0.05)([10](#_ENREF_10)). Generally, there are several concepts to consider about how coping with stress one of these concepts of spiritual wellbeing. Since the formation of applied psychology, research on the relationship between religion, spirituality, and mental health has often indicated a positive relationship between these two variables([11](#_ENREF_11)).

Spiritual wellbeing is defined as having a sense of acceptance, positive feelings, ethics, and a strong emotional bond with an almighty source of power. This state emerges as a result of a dynamic and harmonious process at an individual level involving cognitive, experiential, interactive, and consequential dimensions. Spiritual wellbeing covers the humans' spiritual experience in two different perspectives, religious and existential spiritual wellbeing. ([12](#_ENREF_12)).In Islam, spirituality is not separated from religion; rather it is an inner dimension of that. According to this school of thought, religion presents a path for achieving the ultimate purpose of life, which is the constant relation with God. Therefore, the separation of religion and spirituality is not acceptable in the Islamic way of living([3](#_ENREF_3)). In Islamic societies, religion has a major role in society and health care ([13](#_ENREF_13)).

The nurses enjoying higher spiritual wellbeing more attentively consider patients' spiritual dimension during the care ([14](#_ENREF_14)). Spiritual wellbeing balances the body, mind, and spirit in order to restore general health([15](#_ENREF_15)). One of the tasks of the clinical nurse specialists is to consider the spiritual needs of the patients and perform the necessary measures ([16](#_ENREF_16)). In a study, nurses' spiritual wellbeing and patient spiritual care were reported to be positively correlated([17](#_ENREF_17)). spiritual care are considered central elements of holistic nursing while according to the literature, related spiritual care in nursing practice is not well developed when compared with other elements of care([13](#_ENREF_13))On the other hand, other aspects of health, such as biological, psychological, and social dimensions, cannot fully develop in the absence of spiritual wellbeing. Accordingly, it is not possible to achieve the highest quality of life without spiritual wellbeing([18](#_ENREF_18)). Any risk to spiritual wellbeing may result in the emergence of mental disorders, such as loneliness, depression, and absurdity, in patients([19](#_ENREF_19)).

In a study titled "Relation between the spiritual wellbeing of the oncology nurses and their viewpoint of spiritual care" by Markani et al. (2018), 32.5% of the subjects reported to have a good level of spiritual wellbeing. They also demonstrated a relationship between spiritual wellbeing and attitude toward spiritual care ([20](#_ENREF_20)). Arsang-Jang et al. (2017) in a study titled "Relationship between spiritual intelligence and ethical decision-making in Iranian nurses" observed a negative relationship between ethical decision-making dimensions and spiritual Intelligence of the nurses (*P*<0.05). They concluded that spiritual intelligence plays an important role in ethical decision-making among nurses ([21](#_ENREF_21)).

In a descriptive correlational study titled “Relationship between nurses’ clinical competence and adherence to professional ethics and spiritual wellbeing in Neyshabur, Iran”, Ramezanzadeh et al. (2015) demonstrated a positive correlation between clinical competence and spiritual wellbeing. (*P*<0.05) ([22](#_ENREF_22)).

An increase in individual spirituality leads to the perception of questionable business practices as being unethical, implying that higher spirituality leads to greater ethical concerns. Thus, spiritual well-being, viewed as an outcome of experiencing spirituality, should also influence ethical orientations ([23](#_ENREF_23)).

As nurses spend more time to communicate with patients, the importance of ethical care will be as important as the technical aspects of nursing. Indeed, there are certain ethical situations in healthcare that nurses encounter that are complex and that require a collaborative approach to solve ([3](#_ENREF_3)). A review of the domains of spiritual well-being indicates that increased spiritual well-being corresponds with an increased consideration of the impact of one’s actions on others. Being more conscious of the relationship between oneself and others and should lead to focusing on others in terms of one’s actions, and thus lead to greater idealistic decision making([23](#_ENREF_23)). The results of studies in Iran show that nurses have poor communication skills ([24-26](#_ENREF_24)).

With regard to the contradictory results presented by various studies and limited number of studies addressing this domain, there is no clear data considering the relationship between spiritual wellbeing and professional ethics. Given the importance of adherence to professional ethics in nursing, this issue can lead to the improvement of the care services offered to patients. Considering the role of adherence to professional ethics in the promotion of patient physical and mental health, the present study was conducted to investigate the effect of spiritual wellbeing and demographic factors on the professional ethics in Iranian nurses. Determination of the relationship between these two variables may be helpful in the improvement of spiritual wellbeing and professional ethics, which results in enhancing patient satisfaction and the quality of nursing services.

**Methods:**

***Design***

The present descriptive-correlational study was conducted within 2018-2019. The research population included all nurses in the Educational and Medical Centers affiliated to Hamadan University of Medical Sciences, Hamadan, Iran. Educational and Medical Centers affiliated to Hamadan University of Medical Sciences are 5(Besat Hospital, with 540 beds, 25 unit, and 368 RNs; Shahid Beheshti Hospital with 95 beds, 14 unit, and 212 RNs;Fatemieh hospital with 120 beds, 12 unit, and 115 RNs; Hospital cardiovascular subspeciality Farshchian, with 200 beds, 25 unit, and 221 RNs; and Sina Hospital, with 200 beds, 12 unit, and 185 RNs). The sample size was estimated at 250 cases based on a similar study ([27](#_ENREF_27)) and considering a correlation coefficient of 0.24, power of 90%, an estimated error of 0.05%, and sample loss of 20% using the following formula:(Table 1)

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, *C* = 0.5 \* ln[(1+r)/(1-r)]

Sampling was Stratified random sampling that performed in two-stage. After estimating the total number of employed nurses in the educational and medical centers under investigation, the samples were selected based on the proportion of the employed nurses in each center considered as a stratum to the total number of nurses. In the second phase, after determining the exact number of employed nurses in each unit, each of the clinical wards were considered as one stratum. Subsequently, a certain percentage was allocated to each center with regard to the number of employed nurses in each unit. The inclusion criteria were: 1) employment for a minimum of one year, 2) Bachelor and Master’s degree, 3) non-student, and 4) non-employment in private clinics. On the other hand, incomplete questionnaires were excluded from the study.

After preparing a list of the nurses working in each unit, a number was assigned to each individual. Then, using the random number table, the sample calculated for each unit was selected. According to the nurses’ working schedule, the researchers referred to the unit. He established communication with the nurses at a proper time. After providing the necessary explanations about the research and signing an informed consent, the questionnaires were given to the nurse to complete them. After receiving the completed questionnaire, the subjects were appropriately appreciated. The rate of nonresponse in this study was 0.0% (all 250 participants returned their completed questionnaires and answered all questions).

***Instruments:***

The data collection was accomplished using three instruments, demographic questionnaire, nurses' performance measurement questionnaire based on professional ethics, and spiritual well-being scale. The demographic questionnaire assessed demographic information such as age, gender, education level, occupational experience, marital status, and place of residence.

The nurses' performance measurement questionnaire based on nursing professional ethics was designed by Esmaeilpourzanjani in 2015. This test contains 34 multiple (6) choice questions (always=5, often=4, sometimes=3, rarely=2, never=1, I do not know=0).To obtain the overall score, the scores of each item is summed up. Therefore, a higher test score represents a higher level of the variable and vice versa. In this regard, the score ranges of 0-56, 57-113, and 114-170 are indicative of weak, moderate, and good, respectively. This questionnaire consists of five subscales, including nurse and society (1-3 items), nurse and professional commitment (4-16 items), nurse and provision of clinical services (17-28 items), nurse and treatment team colleagues (29-30 items), nurse and education/research (31-34 items).

The content validity of this questionnaire was confirmed by Esmaeilpourzanjani et al. (2015), and cronbach's alpha coefficient for reliability was determined and 0.94 calculated, which indicates appropriate reliability([28](#_ENREF_28)). In the current study. The reliability of this questionnaire was calculated. Questionnaires were completed by 20 samples and the Cronbach's alpha coefficient was calculated at 0.913.

Spiritual well-being scale was first proposed by Palutzian and Ellison in 1982([29](#_ENREF_29)). This questionnaire entails 20 items, 10 items of which measured spiritual wellbeing, and the other 10 items assessed existential health. The answer to each items is set on a 6-point scale ranging from completely disagree to completely agree. This questionnaire consists of two dimensions, religious (odd items) and existential health (even items).Items 1, 2, 5, 6, 9, 12, 13, 16, and 18 are scored reversely. The final score is obtained by summing up the score of each dimension. In this instrument, the score ranges of 20-40, 40-70, and > 70 are representative of weak, moderate, high spiritual wellbeing, respectively. For content validity of spiritual well-being scale Persian version in Biglari Abhari et al. study confirmatory factor analysis was performed and statistics for the SWBS were goodness of fit index (χ=103.36, P=0.0081) and root mean square error of approximation of 0.0047. To assess the reliability and repeatability of the questionnaires using test–retest analysis and ICC 0.94 calculated ([29](#_ENREF_29)). In a study performed by Soleimani, et al. (2016), the Cronbach's alpha coefficient of this tool was measured at 0.91. In addition, in the current study, the reliability of this questionnaire was confirmed. Questionnaires were completed by 20 samples and the Cronbach's alpha coefficient was calculated 0.754.

***Ethical considerations:***

The present study included all ethical points including the code of ethics which were approved by the Ethics Committee of Hamadan University of Medical Sciences (IR.UMSHA.REC.1397.607). Informed consent was obtained from the participants, and the principles of confidentiality were observed for the collected data.

***Statistical analysis:***

The collected data were analyzed in *SPSS* (version.22) and *AMOS* software (version 23), using descriptive and inferential statistics (Pearson correlation and regression test). A *p*-value of less than 0.05 is considered statistically significant.

**Results:**

The results of the data analysis showed that the mean age of the participants was 23.2±7.8 years. Most of the participants in the study were female (57.6%), married (85.2%), bachelor (91.6%), and Persian (49.65%) (Table 2). Based on the results, 94% and 90.45% of the participants had good levels of professional ethics and spiritual wellbeing, respectively. In additions, the mean scores of professional ethics and spiritual wellbeing were measured at 180.19±89.47 and 69.10±69.28, respectively (Table 3). The results of the Pearson’s correlation coefficient test showed a significant relationship between all dimensions of professional ethics and spiritual wellbeing (*P*<0.05; Table 4).

The path regression coefficients revealed that gender, employment status, education level , and work experience could directly affect spiritual wellbeing. Moreover, professional ethics was directly affected by spiritual wellbeing, employment status, and work experience. Additionally, work experience, employment status, education level, and gender indirectly influenced professional ethics through the mediation of spiritual wellbeing. The overall impact of such variables as work experience, employment status, education level, and gender was also significant on professional ethics and spiritual wellbeing (Figure 1, Tables 4).

**Discussion:**

The present study aimed to assess the relationship between professional ethics and spiritual wellbeing among employed nurses in Educational and Medical Centers affiliated to Hamadan University of Medical Sciences in 2018. Based on the findings, none of the nurses were found to have weak professional ethics. Only a few cases moderately adhered to professional ethics, while a majority of them had good professional ethic. Therefore, regarding the descriptive results, a high mean score was obtained for professional ethics, indicating a high level of adherence to such ethics among the participants.

Various studies have addressed the level of adherence to professional ethics. In a study asking patients to score nurses’ adherence to professional ethics, only 48.73% of the patients rated the nurses’ dedication to professional ethics at a good level([30](#_ENREF_30)). While in our study, 94% of the nurses reported to have a good level of adherence to professional ethics. The reason for this discrepancy could be due to the difference in nurses and patients’ perspectives. Another study was targeted toward determining the perspective of nurses and patients about the level of adherence to ethical codes by nurses. Based on the results of the mentioned study, 72% of the nurses reported to follow ethical codes in such domain as accountability. In addition, 70% of them claimed to respect patient and consider the improvement of patient care. ([7](#_ENREF_7)) The results of our findings are consistent with the mentioned study.

In another study which aimed to assess the relationship between professional ethics and organizational commitment, the mean score of professional ethics was obtained as 112.10, indicating a moderate level of professional ethics. The inconsistency between our results and those of the mentioned study may be due to the difference in the study population and research instruments([17](#_ENREF_17)). The results of another study targeted to find the relationship between professional ethics and spiritual wellbeing demonstrated a high level of professional ethics among participants, which is in line with our findings([31](#_ENREF_31)). In a study conducted by Bidokhti et al. (2015), adherence to professional ethics was reported as 64.1% (*n*=125), indicating a relatively favorable level([27](#_ENREF_27)). Our results are in disagreement with those of the mentioned study due to using different questionnaires.

In the current study, most of the participants reported to have a good level of spiritual wellbeing with no result indicting a weak level and only a few cases with a moderate level. Furthermore, the total mean score of spiritual wellbeing indicated a high level of this variable. In the same vein, nurses are reported to have a high level of spiritual wellbeing in a number of studies. In a descriptive study performed by Khodawasi et al., a mean score of 97.10±13.40 was estimated for spiritual wellbeing, which is in line with the result of the current research([32](#_ENREF_32)). In a study, Farahaninia et al. assessed spiritual wellbeing among nursing students and their perspectives towards spirituality and spiritual care. They estimated that 98.8% of the freshman students and all senior students had a moderate level of spiritual wellbeing([33](#_ENREF_33)).

The discrepancy between the results of the mentioned study and those of our study may be due to the difference in the populations under investigation. In a study titled “Relationship between spiritual wellbeing of oncology nurses and their perspectives towards spiritual wellbeing in Iran”, Markani et al. (2018) demonstrated that 32.5% of the subjects had a good level of spiritual wellbeing([20](#_ENREF_20)). The results of the aforementioned study are not consistent with our findings which could be ascribed to the confinement of the mentioned study to the nurses of one ward and its smaller sample size.

In a cross-sectional study, Tavan et al. (2014) assessed spiritual wellbeing among nursing students in Ilam, Iran. Based on their findings, 14%, 60%, and 26% of the subjects had less than moderate, more than moderate, and high scores, respectively([34](#_ENREF_34)). The findings of the mentioned study are not consistent with ours, which could be due to the difference in sample size. In addition, Zakariyayi et al. (2015) ([13](#_ENREF_13)) and Jahandideh et al. (2018) ([35](#_ENREF_35)) reported a moderate mean score for spiritual wellbeing among nurses. The reason for this difference with the findings of the present study could be due to the appliance of different methodologies.

In the current study, spiritual wellbeing showed a statistically positive correlation with professional ethics and its dimension, indicating the enhancement of adherence to professional ethics with the improvement of spiritual wellbeing. Accordingly, the hypothesis regarding this association was approved.

As far as the researchers of this study are concerned, there was no study assessing the relationship between spiritual wellbeing and professional ethics. Therefore, we could only compare our findings with those of relatively similar studies. A study involved the assessment of the relationship of clinical competence with professional ethics and spiritual wellbeing among nurses. The results of the mentioned study showed a statistically positive relationship between nurses’ clinical competence and spiritual wellbeing. However, spiritual wellbeing and professional ethics demonstrated no significant relationship with morality and piety ([22](#_ENREF_22)).

Furthermore, Monali et al. reported a relationship between spiritual wellbeing and subjectivity, self-sufficiency, and life satisfaction in undergraduate nursing students in Bangalore and Karnataka in India([36](#_ENREF_36)). Therefore, it can be deduced that there is a relationship between student satisfaction and their adherence to professional ethics. In line with our findings, in a study, a relationship was reported between spiritual wellbeing dimensions and ethical orientation ([23](#_ENREF_23)). Soleymani et al. (2016) showed no significant relationship between spiritual wellbeing and moral distress([3](#_ENREF_3)), which is inconsistent with our findings. This discrepancy may be due to the usage of different variables and tools.

Consistent with our findings, Hassanian et al. (2017), investigating the mediating effect of morality on religious consciousness and ethical behavior, found a direct relationship between these two variables ([37](#_ENREF_37)). In another study, Mohajeran et al. (2014) assessed the relationship of professional ethics and spirituality at work with social responsibility among nurses and observed a statistically positive relationship between the mentioned variables([31](#_ENREF_31)).

Regression analysis in the present study showed that spiritual wellbeing, employment status, and work experience directly influenced professional ethics. Additionally, work experience, employment status, education, and gender had an indirect impact on professional ethics through the mediation of spiritual wellbeing. Furthermore, the direct impact of gender, employment status, education level, work experience on spiritual wellbeing was significant. In a study carried out by Markani (2018), spiritual wellbeing was correlated with gender (P<0.05), age (*P*<0.05), and work experience (*P*<0.05) ([20](#_ENREF_20)).

In another study performed by Tavan, there was a statistically significant correlation between age and existential health (*P*<0.05)([34](#_ENREF_34)). In addition, the findings of Jahandeh et al. (2018) showed a statistically negative relationship between the mean score of spiritual wellbeing and age (*P*<0.04) and work experience (*P*<0.04) ([35](#_ENREF_35)). The results of these studies confirm those of the present study. Soleimani et al. (2016) showed a significant relationship between marital status and job satisfaction (*P*<0.05) ([3](#_ENREF_3)). Mohajeran et al. (2014) indicated that spirituality in the workplace had a mediating role in the relationship between ethics and social responsibility, confirming the mediating role of spirituality. In addition, professional ethics had an indirect, positive, and significant effect on social responsibility among nurses ([31](#_ENREF_31)). These studies found other contributing factors in addition to those identified in the present study.

**Conclusions:**

In the present study, the nurses reported to have a good level of spiritual wellbeing and professional ethics. In addition, the overall mean score of spiritual wellbeing and professional ethics was positively correlated, meaning that an increase in spiritual wellbeing results in the enhancement of adherence to professional ethics. Moreover, different aspects of spiritual wellbeing, including religious and existential health, were positively correlated with the overall score of professional ethics. Among the assessed demographic variables in this study, work experience, employment status, education level, and gender influenced spiritual wellbeing and professional ethics both directly and indirectly. Regarding the identified relationship, it is suggested to plan for the promotion of spiritual wellbeing in order to improve adherence to professional ethics and increase the quality of nursing care delivery. Since the present study had a descriptive design, it is recommended that future interventional studies be conducted in this field.

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Table 1. Estimated number of samples from each center

|  |  |  |
| --- | --- | --- |
| Number of samples selected | Number of RNs | Educational and Medical Centers Name |
| 84 | 368 | Besat Hospital |
| 48 | 212 | Shahid Beheshti Hospital |
| 26 | 115 | Fatemieh hospital |
| 40 | 221 | Hospital cardiovascular subspeciality Farshchian |
| 42 | 185 | Sina Hospital |
| 250 | 1101 | Total |

Table 2. Socio-Demographic Characteristics of Nurses

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Variables |  | Frequency | Percent | Variables |  | Frequency | Percent |
| Age (Y) |  |  |  | **Workplaces** |  |  |  |
|  | 30-25 | 76 | 30.4 |  | Intensive care unite | 43 | 17.2 |
|  | 35-31 | 61 | 24.4 |  | Emergency | 58 | 23.2 |
|  | 40-36 | 68 | 27.2 |  | Surgical | 53 | 21.2 |
|  | >40 | 45 | 18 |  | Medical | 54 | 21.2 |
| Sex |  |  |  |  | Dialysis | 9 | 3.6 |
|  | Female |  | 6.57 |  | Psychiatric | 19 | 7.6 |
|  | Male |  | 4.42 |  | Pediatric | 14 | 5.6 |
| Marriage |  |  |  | **Shift work** |  |  |  |
|  | Single | 34 | 6.13 |  | Rotation | 31 | 4/12 |
|  | Married | 213 | 2.58 |  | Fix | 219 | 6/87 |
|  | Divorced and Widow | 3 | 3.1 | **Employment status** |  |  |  |
| Education level |  |  |  |  | Corporate | 11 | 4.4 |
|  | BSc | 229 | 6.91 |  | Contractual | 35 | 14.0 |
|  | MSc | 21 | 4.8 |  | Treaty | 73 | 29.2 |
| Ethics course |  |  |  |  | Official | 131 | 52.4 |
|  | No | 112 | 44.8 |  |  |  |  |
|  | Yes | 138 | 55.2 |  |  |  |  |

Table 3. Distribution of Absolute and Relative Frequency of Research Units in Terms of Professional Ethics and Spiritual Wellbeing Scores

|  |  |  |
| --- | --- | --- |
| Professional Ethics | Frequency | Percent |
| Low(0-56) | 0 | 0.0 |
| Medium (57-113) | 15 | 6.0 |
| High (114-170) | 235 | 94 |
| Spiritual Well Bing |  |  |
| Low (20-40) | 0 | 0 |
| Medium(41-70) | 24 | 9.6 |
| High(>70) | 226 | 90.4 |

Table 4. The Relationship Between Spiritual Wellbeing and Professional Ethics and Their Dimensions Using Pearson Correlation Coefficient

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Professional Ethics | Spiritual Well Bing | | | | | |
|  | Religion Health | | Existential Health | | Total | |
|  | *r* | *p* | *r* | *p* | *r* | *p* |
| Nurse and Society | 0.217 | <0.001 | 0.216 | <0.001 | 0.246 | <0.001 |
| Nurse and Professional Commitment | 0.324 | <0.001 | 0.229 | <0.001 | 0.320 | <0.001 |
| Nurse and Provision of Clinical Services | 0.383 | <0.001 | 0.310 | <0.001 | 0.397 | <0.001 |
| Nurse and Treatment Team Colleagues | 0.244 | <0.001 | 0.223 | <0.001 | 0.266 | <0.001 |
| Nurse and Education/Research | 0.250 | <0.001 | 0.150 | <0.001 | 0.233 | <0.001 |
| Total | 0.398 | <0.001 | 0.302 | <0.001 | 0.403 | <0.001 |

Table 5. Estimation of Direct (A), Indirect (B) and Total (c) Regression Coefficients of the Predictors in the Path Analysis

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | Unstandardized regression coefficients | Standard Errors | *t* | *P* |
| A)Direct effects |  |  |  |  |  |  |  |  |
| Gender |  | Spiritual Well being |  |  | -5.098 | 1.589 | -3.209 | .001 |
| Employment Status |  | Spiritual Well being |  |  | 2.500 | 1.019 | 2.454 | .014 |
| Education Level |  | Spiritual Well being |  |  | 9.350 | 2.830 | 3.304 | <0.001 |
| Work Experience |  | Spiritual Well being |  |  | -.333 | .163 | -2.044 | .041 |
| Spiritual Well being |  | Ethics |  |  | .547 | .084 | 6.526 | <0.001 |
| Ethics |  | Employment Status |  |  | 5.869 | 1.411 | 4.160 | <0.001 |
| Ethics |  | Work Experience |  |  | -1.332 | .225 | -5.922 | <0.001 |
| B)Indirect effects | | |  |  |  |  |  |  |
| Work Experience |  | Spiritual Well being |  | Ethics | -.182 | 0.104 | -1.75 | <0.001 |
| Employment Status |  | Spiritual Well being |  | Ethics | 1.368 | 0.641 | 2.134 | <0.001 |
| Education Level |  | Spiritual Well being |  | Ethics | 5.117 | 1.746 | 2.931 | <0.001 |
| Gender |  | Spiritual Well being |  | Ethics | -2.790 | 1.111 | -2.511 | <0.001 |
| c)Total Effects | | |  |  |  |  |  |  |  |
| Work Experience |  | Spiritual Well being |  |  | -.333 | 0.174 | -1.914 | <0.001 |
| Employment Status |  | Spiritual Well being |  |  | 2.500 | 1.049 | 2.383 | <0.001 |
| Education Level |  | Spiritual Well being |  |  | 9.350 | 2.695 | 3.469 | <0.001 |
| Gender |  | Spiritual Well being |  |  | -5.098 | 1.614 | -3.159 | <0.001 |
| Work Experience |  | Ethics |  |  | -1.514 | 0.350 | -4.326 | <0.001 |
| Employment Status |  | Ethics |  |  | 7.237 | 1.967 | 3.679 | <0.001 |
| Education Level |  | Ethics |  |  | 5.117 | 1.746 | 2.931 | <0.001 |
| Gender |  | Ethics |  |  | -2.790 | 1.111 | -2.511 | <0.001 |
| Spiritual Well being |  | Ethics |  |  | .547 | 0.100 | 5.47 | <0.001 |

Work Experience

-0.14

-0.37

Gender

-0.20

0.36

Spiritual Well Being

Ethics

0.20

Education level

0.26

0.17

Employment Status

Figure 1: Drawing the final route model using AMOS23 software

e: error term; numbers show the standardized regression coefficients; (goodness of fit criteria: Chi2/df=1.077; RMSE: 0.018; CFI= 0.997; GFI=0.992 ; AGFI= 0.970)