



EXAMINING THE SPIRITUALITY AND SPIRITUAL CARE PERCEPTIONS AND MORAL SENSITIVITY OF NURSING STUDENTS¹

HEMŞİRELİK ÖĞRENCİLERİNİN MANEVİYAT VE MANEVİ BAKIM ALGILARI İLE ETİK DUYARLILIKLARININ İNCELENMESİ

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ABSTRACT

Spiritual care which is included in holistic care functions as a strong support mechanism in the processes of accepting the disease and coping with the disease. The present study was conducted to examine the spirituality and spiritual care perceptions and moral sensitivity of nursing students. The study conducted with the descriptive method was conducted with 176 nursing students studying in the 3rd and 4th grades. In the collection of data, "Descriptive Features Form", "Spirituality and Spiritual Care Rating Scale", and "Moral Sensitivity Questionnaire" were used. It was stated by the students that 75% of them believed in the necessity of spiritual care, 73.9% were incompetent about providing spiritual care, 46% of them faced an ethical dilemma during clinical application. The total Spirituality and Spiritual Care Rating Scale score average of the students was 46.72±5.94 and the total Moral Sensitivity Questionnaire score mean was 112.22±35.00. In conclusion, it was determined that the spirituality and spiritual care perceptions and moral sensitivities of students were moderate. It is suggested to use different teaching methods that would increase moral sensitivities and improve the spirituality and spiritual care perceptions of students during nursing education.

Keywords: Spirituality, Spiritual care, Moral sensitivity, Nursing students

ÖZET

Bütüncül bakım içerisinde yer alan manevi bakım, bireyin hastalığını kabullenme ve hastalığı ile baş etme süreçlerinde güçlü bir destek mekanizması olarak işlev görür. Bu çalışma hemşirelik öğrencilerinin maneviyat ve manevi bakım algıları ile etik duyarlılıklarının incelenmesi amacıyla yapılmıştır. Tanımlayıcı tipte yapılan bu çalışma 3. ve 4. sınıfta öğrenim gören 176 hemşirelik öğrencisiyle yapılmıştır. Verilerin toplanmasında "Tanıtıcı Özellikler Formu", "Maneviyat ve Manevi Bakım Dereceleme Ölçeği" ve "Ahlaki Duyarlılık Anketi" kullanılmıştır. Öğrencilerin %75'i manevi bakımın gerekliliğine inandığını, %73,9'u manevi bakım verme konusunda kendini yeterli bulmadığını, %46'sı klinik uygulama sırasında etik ikileme karşılaştığını ifade etmiştir. Öğrencilerin Maneviyat ve Manevi Bakım Dereceleme Ölçeği toplam puan ortalamasının 46,72±5,94, Ahlaki Duyarlılık Anketi toplam puan ortalamasının ise 112,22±35,00 olduğu saptanmıştır. Sonuç olarak çalışmada öğrencilerin maneviyat ve manevi bakım algılarının ve etik duyarlılıklarının orta düzeyde olduğu bulunmuştur. Hemşirelik eğitimi sırasında öğrencilerin maneviyat ve manevi bakım algılarını olumlu yönde geliştirecek ve etik duyarlılıklarını arttıracak farklı öğretim yöntemlerinin kullanılması önerilmektedir.

Anahtar kelimeler: Maneviyat, Manevi bakım, Etik duyarlılık, Hemşirelik öğrencileri

1. INTRODUCTION

Today, the holistic approach is the most extensive care approach accepted in the health system. Spiritual care has gained importance as much as other dimensions with the introduction of health care to individuals with a holistic approach. However, although the biological, psychological and social needs of the individual are handled in nursing care, the spiritual care (spirituality) dimension that has an important role in the coping/problem-solving process is insufficient (Çelik et al., 2014; Dağhan, 2018; Preposi et al., 2017; Rachel et al., 2019). Whereas, fulfilling the spiritual needs of an individual is as important and facilitating as other needs.

Spiritual care has an important place in individualized nursing care and it positively affects the recovery process by helping to accept the disease, to support coping mechanisms, to increase social support, and to

¹ This study is an extended version of the study presented as an Verbal Presentation at the 6th International 17th National Nursing Congress held on 19-21 December 2019.

plan for the future (Erişen & Sivrikaya, 2017). While spiritual care gives hope, strength, comfort, and peace to cope with the problems of people; it also provides benefits such as preventing diseases and improving health, relieving pain, facilitating the acceptance of diseases for people, reducing stress and depression, and improving the quality of life (Rachel et al., 2019; Ripamonti et al., 2018).

In terms of spiritual care, which has positive effects in the recovery and coping process, nurses should possess the necessary knowledge, skills, attitude, and perception. The ability of nurses to provide spiritual care is closely related to their perception of spirituality and spiritual care (Babamohamadi et al., 2018; Khairunnisa, 2014). The high level of perception of spirituality and spiritual care of nurses facilitates recognizing and fulfilling the spiritual needs of patients. Fulfilling the spiritual care needs of the patients will increase the quality of the care provided by supporting the individual in the process of coping with the diseases. However, although there is a positive relationship between the spiritual care and healing process, it is observed that the spiritual care applications of nurses and students are insufficient (Bulut & Meral, 2019; İnce & Akhan, 2016; Rachel et al., 2019). It is important to raise the awareness of nurses regarding spirituality and spiritual care during the education process in order to address all the dimensions in care and to spread spiritual care practices (Özveren & Kırca, 2019; İnce & Akhan, 2016).

In this context, when the studies conducted with nurses and nursing students are examined, the students' perception of spiritual care, personal thought systems, volunteering, and sensitivity to the subject are observed as the reasons for not being able to perform spiritual care at the desired level (Bulut & Meral, 2019; Dağhan, 2018; İnce & Akhan, 2016). The concepts such as personal thought, volunteering, and sensitivity to the subject reveal that the moral sensitivities of nursing students can significantly affect the spiritual care approaches in the clinic. Nurses and students encounter people of different cultures, languages, religions, races and ethnic backgrounds in clinics and have to take responsibility for the decisions that affect their lives. The spiritual needs of patients may differ according to the spiritual needs of nursing students. At this point, it becomes significant to provide care with an ethically sensitive and respectful approach to the perspective on life, beliefs, opinions, and rituals of patients (Burkhardt & Nathaniel, 2013). In nursing, the ability of moral thinking is related to the development of moral sensitivity. For this reason, it is important to raise individuals with ethical sensitivity in order to present nursing care in accordance with ethical values (Cerit & Özveren, 2019; Kahriman & Çalık, 2017). In nursing education, students should be equipped with qualities which will ensure that they adhere to ethical principles and also consider the values, beliefs, attitudes, and behaviors of patients. (Gürdoğan et al., 2018; Filizöz et al., 2015). Thus, it is expected that spiritual care practices will become common by increasing the sensitivity and awareness of the individual's spiritual needs.

The development of ethical sensitivity will support nursing students to be aware of their own values and to know how they affect human behavior and to provide more sensitive care to the individuals (Boz & İnce, 2018). The development of student nurses' ethical sensibilities contributes to the care of patients with an ethically sensitive and respectful approach towards their spiritual values such as the meaning, beliefs, opinions and rituals they attach to life. Therefore, it is considered that ethical sensitivity in nursing care may affect spiritual care perceptions of nursing students. While it can be observed in the literature that the spiritual care perceptions and moral sensitivities of nursing students are examined in independent studies, there was not any study examining both at the same time. In this context, the present study was conducted to examine the spirituality and spiritual care perceptions and moral sensitivity of nursing students.

1.1. Research Questions

1. What are the spirituality and spiritual care perception levels of nursing students?
2. What are the moral sensitivity levels of nursing students?
3. How do the moral sensitivities of nursing students affect their spirituality and spiritual care perceptions?

2. METHODS

2.1. Design

The study was conducted with descriptive method.

2.2. Samples and Settings

The population of the study consists of 3rd and 4th-grade students studying in the department of nursing in a university and received the "History of Nursing Deontology and Ethics" course. Since all the students were reachable, students who accepted to participate in the research were included in the study without performing

sampling (n=176). 1st and 2nd-grade students were not included in the research since they did not receive the History of Nursing Deontology and Ethics course and thus, their moral sensitivity levels might be affected. Data collection forms were applied to the students who volunteered to participate in the research by distributing them in their breaks. The application of the data collection forms took approximately 15-20 minutes.

2.3. Measures

The data of the research were collected with Descriptive Features Form, Spirituality and Spiritual Care Rating Scale (SSCRS), and Moral Sensitivity Questionnaire (MSQ).

Descriptive Features Form: In the form created by the researchers as a result of the literature review (Çelik et al., 2014; İnce & Akhan, 2016; Cerit & Özveren, 2019; Gürdoğan et al., 2018) the questions including the age, gender, marital status, relevant personal information as well as whether they received education regarding ethics, spirituality, and spiritual care, whether their education was sufficient, and believing the necessity of spiritual care were included.

Spirituality and Spiritual Care Rating Scale: The SSCRS was developed by McSherry et al. (2002). The validity and reliability study on Turkish version of the SSCRS was conducted by Ergül and Bayık. The scale, which contains 17 questions in total, consists of lower dimensions of spirituality and spiritual care (articles 6, 7, 8, 9, 11, 12, 14), religiosity (articles 4, 5, 13, 16) and individual care (articles 1, 2, 10, 15). The rating of the articles is generated from 1, meaning “totally disagree”, to 5, meaning “totally agree”. The first 13 articles are graded inversely, and the last four articles are graded directly. As the total point average increases, the perception level of spirituality and spiritual care concepts also increases positively. The approximation of the total point average to 5 shows that the perception level of spirituality and spiritual concepts is high. In the case of using the Turkish version of the scale in Turkey, it is suggested that the subdimensions should not be evaluated separately and the scale should be evaluated on the overall score (Ergül & Bayık, 2007). For this reason, the evaluation and interpretation of this research was based on the average of the scale scores. In the study of Ergül and Bayık (2007), Cronbach’s alpha value was found to be 0.76. In this study, Cronbach’s alpha value was calculated as 0.69.

Moral Sensitivity Questionnaire: The MSQ was developed by Lutzen et al. (1994) and was adapted to Turkish by Tosun (2005), who also established its Turkish validity and reliability. The MSQ consists of 30 items and six subscales; autonomy (7 items), benevolence (4 items), holistic approach (5 items), conflict (3 items), practice (4 items) and orientation (4 items). Items are scored on a 7-point Likert type scale (“1= Strongly” to “7= Strongly Agree”), with the lowest and highest scores being 30 and 210, respectively. The higher the score, the lower the moral sensitivity. The Cronbach's alpha coefficient of the MSQ was reported as 0.84, which was 0.95 in our study (Tosun, 2005).

2.4. Data Collection and Analysis

Data collection forms were applied to the students who volunteered to participate in the research by distributing them in their breaks. The application of the data collection forms took approximately 15-20 minutes. The evaluation of the data obtained from the research was performed by using the SPSS (Statistical Package for Social Sciences/22.0 for Windows) program. In the evaluation of the data, number, percentage, mean measures (minimum, maximum), standard deviation, and Spearman correlation analysis were used. The level of significance for acceptance was established as $p < 0.05$.

2.5. Ethical Considerations

Ethics committee (2020-03) and institutional approvals were taken before initiating the study. An informed consent form was taken from the nursing students who volunteered to participate in the research.

3. RESULTS

According to Table 1, the average age of students is 21.50 ± 1.88 , 86.4% are women, 43.22% are 3rd-grade students and 56.8% are 4th-grade students. 81.3% of the students participated in the research were aware of the concept of spiritual care before, 51.1% knew spiritual care, 76.7% of them received this information during their undergraduate education. 75% of the students believed in the necessity of spiritual care, 73.9% were insufficient in providing spiritual care, 62.5% were not guided by an instructor or responsible nurse about spiritual care, and 87.5% of them stated that they did not provide spiritual care in their clinical internship practices. 88.1% of the students stated that they knew nursing ethics, 74.8% received this

information during their undergraduate education and 46% encountered ethical dilemmas during clinical practice and 45.7% of the students who encountered ethical dilemmas could not find a solution.

Table 1. Descriptive Features of Students

Descriptive Features (n=176)	N	%
Age Average 21.50 ± 1.88		
Gender		
Female	152	86.4
Male	24	13.6
Grade		
3 rd Grade	76	43.2
4 th Grade	100	56.8
Status of being aware of spiritual care		
Yes	143	81.3
No	33	18.8
Status of receiving spiritual care training/information		
Yes	90	51.1
No	86	48.9
If yes, what is your source of information? (n=90)*		
During Education	69	76.7
Scientific article and publishing	13	14.4
Congress, symposium, and scientific meeting	6	6.7
Written and verbal media such as radio, television, newspaper.	2	2.2
Do you think your knowledge is sufficient? (n=90)*		
Yes	49	54.4
No	41	45.6
Status of believing the necessity of spiritual care		
Yes	132	75.0
No	44	25.0
Do you think you are competent in providing spiritual care?		
Yes	46	26.1
No	130	73.9
Have you been guided in terms of providing spiritual care?		
Yes	66	37.5
No	110	62.5
Did you provide spiritual care during clinical application?		
Yes	22	12.5
No	154	87.5
Did you receive training about nursing ethics?		
Yes	155	88.1
No	21	11.9
If yes, what is your source of information? (n=155)*		
During education	116	74.8
Scientific article and publishing	35	22.6
Congress, symposium, and scientific meeting	3	1.9
Written and verbal media such as radio, television, newspaper.	1	0.7
Did you experience an ethical dilemma during clinical application?		
Yes	81	46.0
No	95	54.0
If yes, what did you do for the solution? (n=81) *		
I did not solve	37	45.7
I solved on my own	31	38.3
I solved by getting help	13	16.0

*Evaluated on the participants who answered yes to the related question.

In table 2, the distribution of nursing students' score averages from the SSCRS and MSQ and sub-scales can be observed. While the average score of spirituality and moral care was 17.71 ± 4.12 from the SSCRS sub-dimensions, the average score of religiosity was 11.94 ± 2.12, the average score of personal care was 10.42 ± 2.28, and the total average score of SSCRS was 46.72 ± 5.94. Among the MSQ sub-dimension, the autonomy score average of the students is 26.82 ± 8.81, the benefiting score average is 14.75 ± 5.43, the holistic

approach score average is 18.22 ± 6.96 , the conflict score average is 11.38 ± 3.71 , the application score average is 14.87 ± 5.21 , the orientation score average is 14.60 ± 5.82 and the total average score of the ADA is 112.22 ± 35.00 .

Table 2. The Distribution of Nursing Students' Score Averages from the SSCRS and MSQ and Sub-Scales (n=176)

Scale	Subscales	Obtained Score $\bar{X} \pm SS$	Obtainable Score Interval $\bar{X} \pm SS$
SSCRS	Spirituality and Spiritual Care	17.71 \pm 4.12	11-31
	Religiosity	11.94 \pm 2.12	7-16
	Personal Care	10.42 \pm 2.28	7-16
	SSCRS Total	46.72 \pm 5.94	33-69
MSQ	Autonomy	26.82 \pm 8.81	7-49
	Benefiting	14.75 \pm 5.43	4-28
	Holistic Care	18.22 \pm 6.96	5-35
	Conflict	11.38 \pm 3.71	3-21
	Application	14.87 \pm 5.21	4-28
	Orientation	14.60 \pm 5.82	4-28
	MSQ Total	112.22 \pm 35.00	30-210

The correlation analysis between the score averages of nursing students from the SSCRS and MSQ scales was demonstrated in Table 3. According to the Table, a significant relationship was determined between the scores of spirituality and spiritual care with benefiting ($r=0.19$), between the scores of spirituality and spiritual care with a holistic approach ($r=0.15$), and between the total SSCRS scores with a holistic approach ($p<0.05$).

Table 3. The Relationship between SSCRS and MSQ

SCALES	Autonomy	Benefiting	Holistic Approach	Conflict	Application	Orientation	MSQ Total
Spirituality and Spiritual Care	.083	.152*	.190	.121	.094	.142	.138
Religiosity	.019	.019	.039	.009	-.065	-.022	.002
Personal Care	.056	.106	.145	.035	.058	.123	.108
SSCRS Total	.057	.122	.150*	.039	.029	.074	.094

* Significant on the level of $p<0.05$

4. DISCUSSION

It is required to evaluate the care of the patient with all the dimensions in order to provide care with a holistic approach by the nursing students. Fulfilling the spiritual care needs of the patients will increase the quality of the care provided by supporting the individual in the process of coping with the diseases. For this reason, nursing students should possess knowledge, skills, and perception about spirituality and spiritual care (Bulut & Meral, 2019; Preposi et al., 2017). On the other hand, nursing students should possess ethical sensitivity while providing spiritual care in order to present a positive approach to different spiritual care needs of patients. Accordingly, the findings of the present study, which was conducted to examine the spirituality and spiritual care perceptions and moral sensitivity of nursing students, were discussed in accordance with the literature.

In the study, most of the students knew the concept of spiritual care before and believed in the necessity of spiritual care; however, they stated that they were insufficient in providing spiritual care and that they did not provide spiritual care to their patients in clinical internship practices (Table 1). In the study conducted by İnce and Akhan (2016), it was stated that 62.4% of students did not receive information about spirituality and spiritual care and 86.2% of them stated that their knowledge was insufficient. In the study conducted by Aksoy and Çoban (2015), it was stated that 60.7% of students did not take any courses related to spirituality and spiritual care. In the studies conducted by Midilli et al. (2017), it was stated that 69.9% of students did not consider themselves sufficient in terms of spiritual care. Similarly, in the studies conducted with nurses in Turkey and foreign countries, it was concluded that the nurses were not sufficiently informed about the moral needs of the patients during the education process, few of them knew about spiritual care, most of them could not fulfill the spiritual care needs of patients, and the reason for their inability to provide spiritual care was due to the lack of information and time (DeKoninck et al., 2016; Eğlence & Şimşek, 2014; Gönenç et al., 2016; Midilli et al., 2017; Rachel et al., 2019). These results suggest that the perception of spiritual care in nursing education has not been developed sufficiently. This may be due to the abstract aspect of spirituality in nursing care (Erişen & Sivrikaya, 2017), thus, it is difficult to teach and understand. The issue of spiritual care in the education process should be given more and it should be explained by using

interactive education models in order to improve students' perceptions of spiritual care. For this purpose, it is important to determine the spiritual care practices required for individual nursing care and to guide students to these practices during clinical nursing education.

It was determined in the study that most of the students knew about nursing ethics and received this information during their undergraduate education. It was also determined that almost half of the students encountered an ethical dilemma during clinical practice and they generally could not find a solution (Table 1). When the studies conducted with nursing students were examined, it was determined that 54.5% of the students in the study of Gürdoğan et al. (2018) and 44.8% of the students in the study of Akça et al. (2017) encountered ethical dilemmas during clinical practices. In the study conducted by Kahrman and Çalık (2017) with nurses, 49.1% of nurses stated that they have never received any training on ethics. Kılıç and Akyl (2019) stated that 44.1% of nurses faced an ethical dilemma in professional life and the majority (38.8%) could not solve this dilemma without getting help. These results reveal that nurses and nursing students experience difficulties in solving ethical problems during clinical applications. In the study conducted by Boz and İnce (2018), it was determined that nursing ethics education given within the scope of the Health Care Ethics Course increased the level of ethical sensitivity of nursing students. Therefore, comprehensive education of nursing ethics can provide an ethically sensitive approach in all aspects of care such as physical, psychological, socio-cultural, and spirituality by adding ethics-related courses such as Health Care Ethics to the undergraduate curricula of nursing.

In the present study, the total SSCRS score average of the students was 46.72 ± 5.94 (Table 2). Considering that the highest obtainable score from the scale is 85 and the lowest score is 17, it can be stated that the spirituality and spiritual care perceptions of nursing students are moderate. In the study conducted by İnce and Akhan (2016), the MMBRS score average of nursing students was 64.99 ± 6.15 ; in the study of Pour and Özvurmaz (2017), the MMBRS score average of nursing and midwifery intern students was 56.16 ± 8.04 ; and in the study of Bulut and Meral (2019), the MMBRS score average of nursing students was determined as 55.08 ± 5.10 . In the study conducted by Gönenç et al. (2016) with nurses and midwives, the MMBD score average was 47.71 ± 4.93 . It was observed that the results of the present research comply with the literature, however, spirituality and spiritual care perceptions of students are not at the desired level. In the literature (Erişen & Sivrikaya, 2017; Wu et al., 2016), it was determined that the spirituality and spiritual care perceptions of nurses affect their application of spiritual care in the clinic. As the spiritual care perception of nurses increases, the frequency of including spiritual care practices increases as well; therefore, a positive relationship between the spiritual care perceptions of nurses and spiritual care practices can be emphasized. In this context, it is important to include detailed information in spiritual care, which is an important element of holistic care, in nursing curriculum programs, and to support and guide students to practice spiritual care in clinical practice. Thus, it is considered that spiritual care practices can be expanded by improving the spirituality and spiritual care perceptions of nursing students and increasing their awareness (İnce & Akhan, 2016).

In the present study, the total score average of the moral sensitivity scale of nursing students was determined as 112.22 ± 35.00 (Table 2). When the students' scores from the ADA sub-dimensions are evaluated according to the lowest and highest possible scores (Table 2), it was observed that they scored moderate in all sub-dimensions. The overall obtainable score from the scale ranges between 30 and 210, and while the high score indicates low ethical sensitivity, the decrease in the score indicates increasing ethical sensitivity. Accordingly, it can be stated that the moral sensitivity of the students was moderate. In the literature, when the studies conducted in order to determine the ethical sensitivities of nurses and nursing students using similar and different scales are examined, it was observed that the moral sensitivity of students and nurses was high in few studies (Dalcalı & Şendir, 2016; Gürdoğan et al., 2018; Kahrman & Çalık, 2017; Tuveşson & Lutzen, 2017), however, the moral sensitivity of students and nurses was moderate in most of the studies (Akça et al., 2017; Aydın et al., 2017; Borhani et al., 2016; Cerit & Özveren, 2019; Koçaslan & Demirbağ, 2019; Preposi et al., 2017). Today, the developments in health care also increase the experienced ethical problems (Aydın et al., 2017). It is stated in the literature that nurses who have high ethical sensitivity can make ethical decisions more easily by noticing ethical problems (Boz & İnce, 2018). Ethical sensitivity is required for recognizing, identifying, and producing solutions to the ethical problem (Cerit & Özveren, 2019). Professional nursing care also imposes moral responsibilities on the nurse since it includes understanding the vulnerable situations of the patients, protecting their dignity, and being aware of the moral consequences of decisions taken on behalf of the patient (Cerit & Özveren, 2019; Kahrman & Çalık, 2017; Ottekin-Demirbolat & Aslan, 2014). In this context, it can be stated that the moral sensitivities of nursing

students should be increased by using education methods such as sharing care ethics stories, discussing, and performing case analysis.

In the study, a correlation was determined in the certain sub-dimensions of the Spirituality and Spiritual Care Rating Scale and Moral Sensitivity Scale. A positive and weak correlation was determined between the spirituality and spiritual care scores of the students and benefiting scores, spirituality, and spiritual care scores and holistic approach scores, and the total MMBRS scores and holistic approach scores ($p < 0.05$). The fact that individuals receiving care are vulnerable and dependent on their body, emotions, thoughts, and values reveals the necessity of ethical sensitivity in care. Nursing care is a moral behavior that needs to be sensitive and supportive to individuals in need of help (Atay & Yurttas, 2019; Filizöz et al., 2015). Therefore, the relationship between the spirituality and spiritual care perceptions of students and the benefit dimension, which is a sub-dimension of the moral sensitivity questionnaire, is an expected result. Holistic care is a necessity for presenting care in accordance with moral values. Fulfilling the spiritual care needs of an individual function as a strong support mechanism in the processes of accepting the disease and coping with the disease. However, since spirituality is not universal but personal, ethical sensitivity is important in fulfilling these needs. Because human beings are unique in several aspects such as knowledge, skill, belief, opinion, attitude and values. This differentiation reflects on the behavior of the individual and affects their responses to health or disease. Therefore, it is necessary to ensure individuality in care and to try to fulfill different spiritual needs without judging. Hence; Atay and Yurttas (2019) determined that the individualized care perceptions of nurses with high moral sensitivities were significantly high. High ethical sensitivity contributes to the awareness and importance of individuality and diversity in the spiritual care needs of patients. Thus, nurses should possess the ability to understand verbal or nonverbal patient behavior to be able to recognize the ethical problem and to produce solutions (Atay & Yurttas, 2019; Cerit & Özveren, 2019). These skills contribute to the patient's ability to express spiritual care needs and to be understood by the nurse. The high level of spirituality and spiritual care perception of nurses allows them to accept spirituality as an essential component in terms of health, thus, they can listen to the patients on spiritual matters and collect information by observing their behavior (Burkhardt & Nathaniel, 2013). Therefore, spiritual care is essential for providing holistic care and nurses with high ethical sensitivity can be more sensitive to fulfilling spiritual care needs.

5. CONCLUSION

In the research, the spirituality and spiritual care perceptions and moral sensitivities of nursing students were determined as moderate. A weak correlation was determined between the SSCRS and MSQ scores of students. During nursing education, the development of student nurses' ethical sensibilities contributes to the care of patients with an ethically sensitive and respectful approach towards their spiritual values such as the meaning, beliefs and opinions they attach to life. It is suggested to use interactive teaching methods that would increase the moral sensitivities of students and improve the spirituality and spiritual care perceptions of students during nursing education.

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