Original Article

Studying the Relationship between Moral Sensitivity and Moral Performance of Nursing Students

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Abstract

To improve the quality of health care and make better ethical decisions, it is important to identify the relationship between ethical performance and ethical sensitivity. Therefore, the present study was conducted to determine the relationship between moral performance and moral sensitivity in nursing students. This descriptive cross-sectional study was conducted on nursing students. Questionnaires of demographic characteristics, moral performance, and moral sensitivity were completed by the students and finally collected by the researcher. After collecting the data, it was analyzed by SPSS version 23 software. The findings revealed that the average score of moral sensitivity and moral performance of the participants was 69.18 ± 7.05 and 146.11 ± 15.91, respectively. In addition, the results showed that the relationship between moral sensitivity and its subscales with moral performance was significant ($P < 0.05$). The relationship between professional knowledge and moral performance (total score) was not significant ($P > 0.05$). The findings of the research revealed that moral sensitivity has a significant relationship with moral performance and this variable can be considered as an important and influential factor in improving the moral performance of students. These results can help to design suitable educational programs, improve the level of moral education in nursing students, and promote the improvement of their moral performance.

Keywords: Nursing students, Moral sensitivity, Moral performance, Health care

Introduction

One of the missions of nursing education is to prepare nursing students to enter the nursing profession and provide safe and quality treatment, and care services to patients [1-3]. Ethics is defined as a set of values or moral rules that regulate the behavior of individuals or businesses [4]. Ethics seeks the best way to care for the patient, and the nurse as a member of the care team is responsible for taking care of the patient based on ethical principles [5]. In other words, the existence of an inseparable part of ethics is considered in nursing care and it is considered the central core of nursing values [6]. Nurses who cannot solve moral problems suffer from moral anxiety [7, 8] and in practice cause low-quality services and many problems such as increasing the number of hospitalization days and insufficient and ineffective care. Therefore, nurses need to have the capacity to solve ethical problems so that they can provide high-quality nursing services [9], which is one of the main components of providing holistic and quality care to patients and clients [10, 11].

The student period provides a good opportunity to empower students and improve the moral performance of nurses in the future. However, the ethical performance of nursing students does not seem appropriate [1]. In a survey of

a group of graduates in Pakistan, it was shown that nurses are aware of their ethical duties, but are often unable to fulfill them [12, 13]. Being aware of moral principles and having moral sensitivity is a requirement for moral practice [14].

Ethical sensitivity is another fundamental concept in the field of ethics, which not only makes nurses sensitive to ethical issues in the professional environment but also increases the ability of nurses to recognize ethical challenges and develop the ability to make ethical decisions [15]. Moral sensitivity is not only the diagnosis of patients' moral challenges but also includes the correct intellectual and emotional perception of the patient's situation [16, 17]. Moral sensitivity is a combination of a person's awareness of moral dimensions such as responsibility, calmness, tolerance, and giving importance to moral issues. Ethical sensitivity is reflected in the nurse's concerns about actions for others and helps people to distinguish between right and wrong actions [18, 19]. Therefore, identifying the relationship between moral sensitivity and other variables can be useful in formulating appropriate strategies to elevate moral sensitivity and subsequently increase care quality [18, 20].

According to the above material, it can be said that the moral performance of nurses is effective in improving the quality of clinical services and hence creating satisfaction in patients. However, the studies conducted in this case have not reported the level of moral performance of nurses at the optimal level [1]. On the other hand, most of the studies conducted in this field were either very limited or had a low sample size [21-23]. Therefore, it is necessary to conduct a study with a larger sample size to reach more accurate results. This allows us to more precisely examine the relationship between ethical performance and ethical sensitivity using more data. This study is designed to identify and better understand the relationship between ethical practice and the ethical sensitivity of nursing students. By receiving detailed information in this field, solutions can be provided to strengthen ethical performance and improve the quality of health care. This study can help nursing students become more aware and sensitive to ethical issues and ultimately help to improve the quality of nursing and health services in society.

Materials and Methods

This descriptive cross-sectional-correlation study was done on 500 nursing students of nursing schools. Inclusion criteria included all second-year nursing students and above in nursing and midwifery faculties, and students who were interested in participating in the study. Students who incompletely completed the questionnaires were excluded from the study.

In the current study, considering the 80% power and 95% confidence interval, the final sample size of 500 people was calculated. The sampling method was available by determining the quota for each faculty according to the number of students in each faculty. After determining the faculties and the quota of each of them, available sampling was done among the qualified students.

Lutzen's moral performance and moral sensitivity questionnaire were utilized to collect data. The tool used to collect information in this research contained three sections. The first part of the questionnaire was related to the demographic characteristics of nursing students. These characteristics included gender, age, academic semester status, residence status, marital status, place of study, and ethics unit completion status. The second part was Lutzen *et al.*'s moral sensitivity questionnaire, which was developed in Sweden in 1994 [24]. This questionnaire has 25 questions and six sub-scale dimensions, including respect for client autonomy [3], awareness of how to communicate with the patient (5 questions), professional knowledge (2 questions), experience of moral problems and conflicts (3 questions), the application of ethical concepts in ethical decisions (5 questions), and honesty and benevolence (7 questions). In this questionnaire, the score of each question using a Likert scale with the options of no opinion (score of 0), completely disagree (score of 1), disagree (score of 2), agree (score of 3), and completely agree (score of 4) is calculated. To determine the score of each subscale, the score of each item associated with it was added together, and to calculate the overall score of the questionnaire, the scores of all the items of the questionnaire were added together. The range of scores was from 0 to 100. The highest score is 100 and the lowest score is zero. Based on this, if the total score of each sample is between 0 and 50, it is considered to have low moral sensitivity, 50 to 75 medium sensitivity, and more than 75 is considered high moral sensitivity [24]. This questionnaire was used in Saudi Arabia in 2020 by Al-Najjar *et al.* and Cronbach's alpha coefficient was 0.888, and the content validity was tested by academic experts and did not require modifications to the original instrument [25]. In the present study, to verify the face and content validity, the questionnaire was given to ten faculty members of the University of Medical Sciences, and the suggested corrective measures were implemented, by collecting information from 20 nursing students, the internal consistency was determined and the coefficient Cronbach's alpha was 0.70.

To comply with the ethical standards, the questionnaires were distributed among the participants without mentioning their names. After stating the objectives of the study individually and obtaining consent from the students, the questionnaire was provided to them. The questionnaires were completed by the students themselves and finally collected by the researcher. The participants of the study were assured about the confidentiality of the information. After collecting, the data was analyzed by SPSS version 23 software.

Results and Discussion

The demographic information of gender, marital status, age, the status of passing the ethics course, the status of the academic semester, and the status of the residence of the participants in the research are provided in **Table 1**.

Table 1. Frequency distribution and percentage of demographic information of research participants.

Research variables		N	%
Gender	Female	252	50.4
	Male	248	49.6
Age (years)	18-24	441	88.2
	25-31	41	8.2
	32-38	18	3.6
	Mean (SD) = 23.22 (3.98)		
Marital status	Single	423	84.6
	Married	77	15.4
Status of passing the ethics course	Passed the course	470	94.0
	Not passed the course	30	6.0
Academic semester status	3rd academic semester	142	28.4
	4th academic semester	50	10.0
	5th academic semester	83	16.6
	6th academic semester	60	12.0
	7th academic semester	93	18.6
	Eighth academic semester	72	14.4
State of residence	Dormitory	350	70.0
	Private house	150	30.0

Table 2 reveals the average score of the moral sensitivity variable and its subscales. The average overall moral sensitivity score of the participants was 69.18 ± 7.05.

Table 2. Mean scores of moral sensitivity and its subscales.

Variable	Lowest score	Highest score	Mean	Standard deviation	Standard error of the mean
Moral sensitivity (total score)	52	87	69.18	7.05	0.31
Respect for the client's independence	5	12	8.55	1.57	0.07
Knowledge of how to communicate with the patient	9	20	16.67	2.36	0.10
The amount of professional knowledge	0	7	3.18	1.63	0.07
Experiencing moral problems and conflicts	5	12	8.62	1.44	0.06
Applying ethical concepts in ethical decisions	10	18	13.72	1.71	0.07
Honesty and benevolence in the ethical decision-making situation	10	2	18.52	3.26	0.14

Table 3 reveals the average score of the moral performance variable and its subscales. The average score of the moral performance of the participants was 146.11 ± 15.91.

Table 3. Mean scores of ethical performance and its subscales.

Variable	Lowest score	Highest score	Mean	Standard deviation	Standard error of the mean
Ethical performance (Total score)	110	170	146.11	15.91	0.31
Nurse and society	5	15	12.63	2.11	0.07

Nursing and professional commitment	40	65	56.01	6.68	0.10
Nurse and provide clinical services	35	61	52.15	5.63	0.07
Nurse and colleague	5	10	8.89	1.08	0.06
Nursing and education	9	20	16.42	2.66	0.07

According to the contents of **Table 4**, the correlation coefficients of moral sensitivity (69.18 ± 7.05) and its subscales with moral performance were significant at the 0.01 level. The correlation coefficient of professional knowledge was not significant with moral performance (146.11 ± 15.91) (P > 0.05).

Table 4. Correlation coefficients of moral sensitivity and its subscales with moral performance.

Variable	Ethical performance (total score)	
	R	P
Moral sensitivity (total score)	0.37	0.001
Respect for the client's independence	0.15	0.001
Knowledge of how to communicate with the patient	0.44	0.001
The amount of professional knowledge	-0.08	0.074
Experiencing moral problems and conflicts	0.15	0.001
Applying ethical concepts in ethical decisions	0.15	0.001
Honesty and benevolence in the ethical decision-making situation	0.33	0.001

The present study was done to study the relationship between moral performance and moral sensitivity in nursing students. The findings of this study showed that moral sensitivity and its subscales have a significant relationship with moral performance.

According to the current study, previous studies have also emphasized that there is a positive relationship between moral performance and moral sensitivity in nursing students. In a cross-sectional study conducted by Chen *et al*. [26] in China, the results showed that moral sensitivity is positively and significantly related to moral performance. In addition, moral sensitivity and professional values are positively related to ethical decision-making, and professional values have a mediating impact on this relationship [26]. Therefore, it is recommended to strengthen moral education, especially about moral values and moral sensitivity, to improve the moral decision-making abilities of nursing students. Kim *et al*. [27] conducted research to determine the relationship between ethical sensitivity and clinical application of ethical codes of practice among nurses working in three medical institutions in Jiangxi, South Korea. The results showed that this relationship is statistically significant. Nurses who had a high score in moral sensitivity had a high score in the clinical application of ethics codes. Therefore, to promote the clinical application of ethics codes, educational programs are necessary to develop the moral sensitivity of nurses [27].

However, some studies have reported the opposite results. A study by Lu *et al*. [28] in China found that while moral sensitivity was positively associated with ethical decision-making, the relationship between moral sensitivity and moral performance was not as strong as expected. This difference may be due to cultural differences or diversity in educational systems [28]. In addition, a study by Smith *et al*. [29] in the United States showed that ethical performance is influenced by a set of factors that go beyond ethical sensitivity, including organizational culture and personal values. These inconsistent results emphasize the complexity of the relationship between moral performance and moral sensitivity and the need for more research to investigate these dynamics [29]. The results of this study have important implications for nursing education. First, they emphasize the need to integrate ethical education into educational programs to strengthen ethical sensitivity and performance in nursing students. By focusing on ethical reasoning and ethical decision-making, faculty can equip students with the skills necessary to manage complex ethical situations in clinical practice. Second, the study recommends that faculty members model ethical behavior and provide opportunities for reflection on ethical dilemmas. This can be done through case studies, masking, and discussions that encourage critical thinking and ethical awareness.

Future research should aim to study the factors that mediate and moderate the relationship between moral performance and moral sensitivity. For example, longitudinal studies could examine how moral sensitivity develops over time and how it is influenced by clinical experiences. In addition, comparative studies in various educational and cultural contexts can provide a more comprehensive understanding of global and situation-specific aspects of moral performance and sensitivity. In conclusion, the current study contributes to the understanding of the relationship between ethical practice and ethical sensitivity in nursing students.

Conclusion

The current study was done to determine the relationship between moral performance and moral sensitivity in nursing students. The results showed that the relationship between moral sensitivity and its subscales with moral performance was significant. The relationship between professional knowledge and moral performance (total score) was not significant. The findings of the research revealed that moral sensitivity has a significant relationship with moral performance and this variable can be considered as an important and influential factor in improving the moral performance of students. These results can help to design suitable educational programs, improve the level of moral education in nursing students, and promote the improvement of their moral performance.

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