



Predictive moral sensitivity in nursing students: The roles of empathy and spiritual health

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Abstract:

BACKGROUND: The evidence indicates a phenomenon of ethical erosion in healthcare students. Variables like empathy and spiritual health might affect moral sensitivity in nursing students. The present study is an attempt to predict the moral sensitivity of nursing students based on empathy and spiritual health.

MATERIALS AND METHODS: A cross-sectional and analytical study was carried out at Saveh University of Medical Sciences, Saveh, Iran, in 2023. In total, 110 nursing students were included in the study by census method. Data gathering was done using Ellison and Paloutzian spiritual health inventory, Jefferson's empathy inventory, and Lutzen's moral sensitivity scale. The collected data was analyzed using Pearson's correlation and multiple regression analysis.

RESULTS: The mean scores of empathy, spiritual health, and moral sensitivity in nursing students were equal to 99.8 ± 15.25 , 81.32 ± 10.01 , and 65.09 ± 12.23 respectively. Empathy and spiritual health were positively and significantly related to moral sensitivity ($P < 0.01$). In total, 31% of variation in moral sensitivity was attributed to empathy and spiritual health.

CONCLUSION: Empathy and spiritual health were positively and significantly related to moral sensitivity. Taking into account the role of spiritual health and moral sensitivity in nursing students, enhancing this aspect of health through informing individuals and highlighting the positive aspects and potential effects on physical and mental health and professional performance in return is recommended.

Keywords:

Ethics, empathy, morals, nursing, spirituality, students

Introduction

Moral sensitivity is the bedrock of ethics in nursing, which enables them to provide care to their patients in an efficient manner. With moral sensitivity, an individual becomes more sensitive to ethical phenomena and sees them from an ethical viewpoint.^[1] Nursing students with a higher moral sensitivity naturally demonstrate a higher quality of nursing care.^[2,3] Variables like empathy subscales personal intelligence might affect moral sensitivity in nursing students.^[4] Nursing is one of the professions with a high

emphasis on ethics, in which ethical principles dedicate the best methods of patient care.^[5,6]

Empathy is a major skill needed in nurses that enables them to understand patients and establish a supportive relationship with patients.^[7] The term "empathy" refers to the ability to see things from others' perspective and have a better understanding of their emotions and experiences. Using empathy, people can see the world from others' point of view.^[8] This ability enables us to walk in another person's shoes and have a better understanding of their emotions.^[9] Studies have shown that care and therapeutic

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models with an emphasis on mutual understanding between nurse and patient feature a higher quality of care and lower therapeutic costs.^[10,11] The results of a recent scoping review (2023) showed that it is controversy regarding the relationship between empathy and individual characteristics in nursing student.^[12]

In addition, it appears that spiritual health is one of the factors in moral sensitivity. Spirituality is a powerful factor in the improvement of performance in individuals and organizations that also enhances clinical competence. Nurses and nursing students need to be aware of their spiritual health and try to walk toward spiritual perfection.^[13-15] The results of a study showed that nurses and nursing students working in hospitals have a positive attitude toward spirituality and spiritual care.^[16] Spiritual health is one of the most important social and cultural factors in mental health, which has drawn a great deal of attention in the past decades.^[17] Spirituality enhances one's attitude toward the world around them and attenuates negative feelings and stresses and enhances the sense of independence and power.^[18]

The literature review showed a phenomenon of "ethical erosion" that degrades ethical merit or stops their enhancement during the medical education process.^[19] Nursing students are the main group who need ethical training, as all the decisions they will make at work are interwoven with ethical aspects, which affect not only the life and death of patients but also their routine performance.^[20] Studies have shown that nursing students with a higher level of moral sensitivity show a higher level of professional commitment, which enables them to better support patients' needs and rights.^[21] Identifying the predicting factors of moral sensitivity can help us identify strategies to enhance this sensitivity. Empathy, spiritual health, and moral sensitivity have been examined alone or with other variables by past studies; still, there is no study where the three variables are studied at the same time, and there is a research gap regarding the simultaneous examination of all three variables (empathy, spiritual health, and moral sensitivity) in nursing students. So, this study tries to answer if the two variables of empathy and spiritual health can predict moral sensitivity of nursing students?

Materials and Method

Study design and setting

The study was carried out as a cross-sectional analytical work in 2023 at Saveh University of Medical Sciences, Saveh, Iran.

Study participants and sampling

The study population consisted of all nursing students (N = 143) at the Saveh University of Medical Sciences,

Iran, who met the inclusion criteria and were included in the study by census method. These criteria were 2nd semester or higher and desire to participate in the study.

Data collection tool and technique

Data gathering was carried out using a structured questionnaire with four sections, which was delivered to students in person. Section one of the questionnaire included demographic data such as age, gender, and semester. To measure moral sensitivity, Lutzen's Moral Sensitivity Questionnaire (1994) was used.^[22] The questionnaire contains six dimensions including respecting the independence of clients, knowing how to communicate with patients, professional knowledge, the experience of problems and ethical conflicts, the application of moral concepts in moral decisions, and the dimension of honesty and benevolence. The tool consists of 25 questions that measure nurses' ethical decision-making status during the clinical decision-making process and is scored based on a Likert scale from 0 (totally agree) to 4 (totally disagree) with a minimum total score of zero and a maximum of 100. The higher the score, the higher moral sensitivity and vice versa. Validity and reliability of the tool was confirmed in Iran by Hassanpoor *et al.*^[23] and Izadi *et al.*^[24] In the present study, the total reliability Lutzen's Moral Sensitivity Questionnaire was obtained.89 through the internal consistency method (Cronbach's alpha).

To examine empathy in students, empathy with patients scale in health care providing nurses was used. The scale was introduced by Jefferson with 20 items with three subscales, namely attitude choice with 10 items; empathic care with eight items, and being in patients' shoes with two items. The scale contains 10 items with inverse scores and the items are designed based on Likert's seven-point scale with score range from 20 to 140. The higher the score, the higher the empathy with the patient.^[25] Karimi *et al.*^[26] conducted a psychometric assessment study on a Farsi version of the tool and supported a three-factor structure including choosing attitude, empathic care, and being in the patient's shoes. To examine validity of the tool, content validity index and to examine its reliability, Cronbach's alpha (.84) was used.

To measure spiritual health, Ellison and Paloutzian's spiritual health inventory with 20 items was used. The tool was designed in 1982 with 10 questions about religious health and 10 questions on existential health. The questions are designed based on Likert's six-point scale (completely disagree,..., completely agree). The higher the score, the higher the spiritual health and vice versa.^[27] Allah Bakhshian measured psychometric properties of the tool and reported Cronbach's alpha equal to 0.82.^[28] Several studies have used this tool

in Iranian participants.^[29] In the present study, the total reliability Ellison and Paloutzian's spiritual health inventory was obtained.87 through the internal consistency method (Cronbach's alpha).

The collected data was analyzed in SPSS using descriptive statistical methods (mean and SD) and analytical tools (correlation coefficient and multiple regression). To examine the predictability of moral sensitivity based on empathy and spiritual health, multiple regression analysis was used in a step-by-step way. The assumption of independent errors was examined using the Durbin Watson test beforehand, which was obtained equal to 2.11 and supported the assumption. In addition, tolerance indices and VIF were used to evaluate the multicollinearity hypothesis. The ideal tolerance value should be closer to 1 in the range of 0–1, which in this case, it was acceptable. Also, the ideal VIF score must be less than 10, which was acceptable in this case. Therefore, the assumption of no collinearity was supported.

Ethical consideration

This study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board and the Ethics Committee of Saveh University of Medical Sciences, Saveh, Iran (approval code: IR.SAVEHUMS.REC.1401.026). All participants were informed about the study objectives and their freedom to participate in or withdraw from the investigation.

Results

The total sample size was 143, of which 110 students participated in the study (response rate: 76.92%). The participants' age was in the 18–26-year range with a mean age of 20.99 ± 1.86 years. In addition, 51% of the participants were female. In terms of education, 25% were in the 2nd semester, 21% were in the 4th semester, 30% were in the 6th semester, and 24% were in the 8th semester. There is no significant relationship between moral sensitivity and academic semester and gender ($P > .05$). The minimum and maximum and mean score of the three variables of moral sensitivity, spiritual health, and empathy are listed in Table 1.

To measure the correlation between spiritual health, empathy, and moral sensitivity, Pearson's correlation was used [Table 2]. As the results showed, spiritual health and empathy were significantly and positively related to moral sensitivity. That is, moral sensitivity increases with an increase in spiritual health and empathy.

As listed in Table 2, spiritual health and empathy have a significant correlation with moral sensitivity. That is,

with an increase in empathy and spiritual health score, moral sensitivity increases. In other words, nursing students with a higher empathy and spiritual health have a higher moral sensitivity.

To examine the predictability of moral sensitivity based on empathy and spiritual health, multiple regression analysis was used in a step-by-step way. First, regression of empathy was added to the equation as a predictor variable and 23% of the variance of moral sensitivity was attributed to empathy. Then, spiritual health was added to the regression equation, which increased the regression coefficient by 8%. That is, 31% of the variance was attributed to empathy and spiritual health.

As listed in Table 3, Beta value was significant at step one—i.e., empathy alone had a significant contribution in predicting moral sensitivity. As to spiritual health, Beta value was significant at step two—i.e., spiritual health had a significant contribution in predicting moral sensitivity.

Discussion

The predictability of moral sensitivity based on empathy and spiritual health was examined in nursing students. In general, empathy and spiritual health had a positive and significant correlation with moral sensitivity, and 31% of the variance in moral sensitivity was attributed to these two variables. The literature review indicated that there has been no study on examining these three variables at the same time. Still, the findings of some of the relevant studies are reported here. Rezapour Mirsaleh (2022) examined the relationship between mindfulness,

Table 1: Numerical indicators of empathy, spiritual health, and moral sensitivity in nursing students

Variable	Minimum	Maximum	Mean±Standard Deviation
Empathy	65	132	99.8±15.25
Spiritual health	36	114	81.32±10.01
Moral sensitivity	16	96	65.09 12.23

Table 2: Correlation matrix of the study variables

Variable	Empathy	Spiritual health	Moral sensitivity
Empathy	1		
Spiritual health	0.31*	1	
Moral sensitivity	0.49*	0.36*	1

* $P < 0.01$

Table 3: Regression coefficients for predicting moral sensitivity variables by empathy and spiritual health in nursing students

Variable	B	Beta	t	R	R ²	Adjusted R ²	F
Empathy	0.26	0.49	3.79*	0.49	0.24	0.23	11.98*
Empathy and	0.23	0.38	3.54*	0.58	0.33	0.31	10.66*
spiritual health	0.36	0.32	2.98*				

* $P < 0.01$

empathy, and moral sensitivity in a group of nurses. The results of this study showed that mindfulness and empathy had a direct correlation with moral sensitivity which is consistent partially with our results. It is notable that the study population in Rezapour Mirsaleh study consisted of nurses, which is different from our participants (nursing students). Kumsar *et al.* (2021)^[30] tried to determine the relationship between compassion and moral sensitivity in nurses and showed that compassion and moral sensitivity levels were relatively high. They showed that an increase in compassion level in nurses increased moral sensitivity. The concept of compassion is close to empathy to some extent, and their results are consistent with the present study from this perspective. Another study showed that empathy, like personality intelligence, contributed in elaborating moral sensitivity of nurses.^[4] Our finding showed there was a significant relationship between spiritual health and moral sensitivity, which is inconsistent with Barkhordari Sharifabad^[20] who showed that there was no relationship between spiritual intelligence and ethical concern of nursing students. The inconsistent results can be attributed to different study populations and variables under study. Here, spiritual intelligence was studied, which is similar to spiritual health to some extent. Üzen Cura *et al.* (2022)^[31] studied 590 nursing postgraduate students from five universities in five different regions of Turkey. They showed that there was a significant relationship between spirituality and moral sensitivity.

Today's healthcare setting is often characterized by demanding work conditions, and nursing students must be prepared to face challenges in their future roles.^[32,33] The poor interpersonal relationship and low levels of empathy are some of the obstacles in the way of enhancing moral sensitivity. Improving empathy through education can lead to an enhanced professional ethics in nursing students. In other words, empathy is a major predictor of moral sensitivity, and there is a need to prioritize enhancing empathy in nursing students. To improve empathy in nursing students, empathy educational courses are recommended.

To have ethical decision-making, nurses need an imaginative process to see what it is like to walk in a patient's shoes.^[9] Several studies have shown that professional empathy or cognitive or state empathy in health professions including nursing is a clinical competency that can be educated, enhanced, and measured.^[34,35] Emotional empathy or affective, basic, or trait empathy is considered as a development characteristic in humans that can be fostered and nurtured during childhood and adulthood.^[35,36] Empathy is also described as a human trait and a professional state or a mixture of both. Still, there has been a tendency toward professional empathy in recent works.^[9]

Empirical studies have indicated that even with enough educational courses, nurses' ability to follow ethical concerns is limited when the clinical environment and structure are not supportive. If so, patients might not receive the proper care in terms of professional and moral standards.^[37]

Limitation and recommendation

The present study is not free of limitations on the generalizability of the findings. The study was based on attitudes expressed by nursing students, which might be slightly different from the actual status. In addition, the sampling was limited to one school and not based on random sampling. Therefore, future studies can adopt more reliable sampling methods in other cultures. Given the nature of analytical and cross-sectional studies, the obtained findings do not represent causal relationships. A longitudinal study can better reveal possible causal relationships.

Conclusion

Empathy and spiritual health were positively and significantly related to moral sensitivity. In total, 31% of variation in moral sensitivity was attributed to empathy and spiritual health. Taking into account the role of spiritual health and moral sensitivity in nursing students, enhancing this aspect of health through informing individuals and highlighting the positive aspects and potential effects on physical and mental health and professional performance in return is recommended. Therefore, it is possible to improve moral sensitivity in nursing students through enhancing empathy and spiritual health using educational courses.

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Conflicts of interest

There are no conflicts of interest.

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