ORIGINAL ARTICLE

Effects of Teaching Nursing Codes of Ethics through Lecture on Moral Sensitivity and Moral Performance of Nursing Students – A single blind, Quasi Experimental Study

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ABSTRACT

Background: Nursing students constantly attend at educational hospitals and encounter ethical issues; so they should be familiar with codes of ethics and the essentials of ethical decision-making.
Aim: To explore teaching nursing codes of ethics based on lecture and measure moral sensitivity and moral performance of nursing students.
Methods: This study was a quasi-experimental research conducted with the participation of all nursing students in semesters 6 and 8 (n=83) through census sampling and were assigned to the control group (semester 6) and lecture group (semester 8). Using moral sensitivity and the nurses' moral performance questionnaires a pre-test was performed of two groups before the Intervention. Ethics education was done in lecture group for three two-hour training sessions. The control group only received the training program of the faculty. After the intervention, the questionnaires were completed again by the two groups. Data were analyzed by SPSS 16 statistical software, t-test, Chi-square test and repeated measure ANOVA.
Results: According to the results, no statistically significant difference was found between two groups regarding the pretest mean score of moral sensitivity and moral performance($P>0.05$), But after the intervention, the mean score of moral sensitivity and moral performance in the lecture group were significantly increased compared to the control group($P> 0.001$).
Conclusions: Considering the positive effects of teaching Iranian nursing codes of ethics to improve the moral sensitivity and moral performance of nursing students**,** it is suggested that managers and nursing educators pay more attention to the observance of nursing codes of ethics and design a student-centered ethical codes to prepare them to face for ethical issues.
Keywords: codes of ethics, education, moral sensitivity, nursing, lecture

INTRODUCTION

Nurses are the largest group of service providers in the medical system, and providing care to clients is a key part of their services[1]. Nursing care requires individual, social, moral, and spiritual ability to implementation in the most appropriate form[2]. Today, many factors, such as the length of life, the increase in the levels of hospitalization and healthcare, technological advances, migration, and cultural values and beliefs have inevitably led to change and development in the nursing profession[3]. The ability of nurses to provide effective nursing care may be made possible by the knowledge and facilities required by the time, as well as sensitivity of care toward human and moral aspects[4].

Moral sensitivity has been referred to as a foundational component of ethical behavior[5]. It is a personal 'intuitive' competence and is an essential dimension of the inter-relational aspect of the and ethical decision-making process in nursing care[6,7], that allows nursing students and nurses to determine the needs of their clients and interpret their behavior. When nurse has high moral sensitivity, he/she can recognize ethical problems easily and is able to make correct decisions, which increases the quality of care by contributing to professional development [8]. reversely, diminished or lack moral sensitivity can bring about ethically improper care, which is incompatible with the professional obligations of nursing[9].

furthermore, the only way to strengthen people's trust in the medical team is promoting the principles of moral and professional performance by emphasizing the teaching of moral principles[10]; But studies have indicated that the performance of nursing students in the field of ethics is not appropriate, one of the reasons can be due to the shortcomings in the teaching of ethics[11,12].

Moral performance is one of the main components of providing quality and appropriate care to clients[9], which means thinking, acting, and accepting responsibility for action, in the nursing profession may be hampered by conflicting values[10].

At this point, the concepts of ethics and morality are closely related to each other and commonly used together, but do not actually represent exactly the same situation. moral philosophy refers to the discussing philosophically what is good or bad, what is wrong or right, ethics reflects the process in which appropriate decisions are taken based on ethical-moral philosophy[13].

Nursing as a profession that has morality at its center, requires being alert to moral and ethical issues[14]. Nursing students constantly attend at educational hospitals and encounter ethical issues[15] but responses to ethical issues

and ethical decision-making do not always follow a process with clear boundaries. In particular, the dilemmas in ethical issues are accompanied by solutions that are unclear or inaccurate[16,17]; so they should be familiar with codes of ethics and the essentials of ethical decision-making.

The codes of ethics have been adopted for many professions in recent decades. In nursing, as one the most-trusted professions, the codes of ethics have been also delivered nearly every recognized professional group worldwide[18]. The first international code of ethics for nurses was adopted by the International Council of Nurses (ICN) in 1953[19].

The codes outline how the nurses should behave ethically as a profession, and how they should decide when encounter dilemmas preventing them from carry out their professional obligations[18].

In Iran, there have been several efforts to design a code of ethics in medical fields, with an emphasis on religious values and their integration into these codes[20]. The Ministry of Health and Medical Education (MOHME) established the Medical Ethics Research Center in 1993 and formed medical ethics research committees on the national level in 1997[21]. Another substantial measure in this regard was designing the National Code of Ethics published in early 2011[22] for professional nurses working in educational, research, management, health, and clinical departments at all levels. This code has been revised and updated when necessary[23].

Therefore, an appropriate plan to improve moral performance, clinical decision-making and nursing services should be based on the required ethics and training needs[24].

According to traditional education system has used the traditional instruction lecture method to enable students to acquire knowledge; Hence, this study aimed to explore teaching nursing codes of ethics based on lecture and measure student nurses' moral sensitivity and moral performance.

METHOD

Study design and participants: This study was a single blinded, quasi-experimental Study with two-group pre-test and post-test design to investigate the effect of teaching nursing Codes of Ethics through lecture in nursing students at clinical situations on moral sensitivity and moral performance. The study participants were the Junior students (semester 6, n=41) and senior students (semester 8, n=42), drawn through census sampling, who studied at School of Nursing and Midwifery, Urmia University of medical sciences in Iran, in 2019. Since most of the students were in the dormitory and also the Junior students (semester 6) and senior students(semester 8) were in the two different dormitories, Therefore, in order to prevent sharing of the given educational information, semester 7 was not included in the study and semester 6 was selected as the control group.

Inclusion criteria included: willing to participate in the study, lack of experience in participating in similar studies, lack of conditionality in previous semesters entered the study. Unwilling to stay in the study and who missed more than one training session or did not complete the questionnaires completely was considered exclusion criteria.

Instruments: The first part was related to demographic information, including age, gender, marital status, grade point average (GPA), Socio-economic status and living status.

To measure students' moral sensitivity and moral performance, the following two instruments were employed: The Moral Sensitivity Questionnaire (MSQ) and the Nurses' Moral Performance Questionnaire (NMPQ) respectively.

The moral sensitivity questionnaire (MSQ) was developed by Lützen to measure the moral sensitivity of nurses working in a psychiatric clinic in Sweden [25]. The original MSQ contains a scale with 30 items that are distributed across six sub-domains of moral sensitivity: interpersonal orientation, modifying autonomy, expressing benevolence, structuring moral meaning, experiencing moral conflict and trusting in professional knowledge [9]. However, the questionnaire translated into Persian(P-MSQ) has 25 questions that measure the moral decision-making status of nurses when providing clinical services. In this questionnaire, the score of each question is scored by the Likert method from completely "agree" with the score of 4 to completely opposite to the score of zero. The highest score of this questionnaire is 100 and the lowest score is zero [12,26]. Hassanpour et al in their research after the correct Persian translation of MSQ, to obtain formal and content validity, provided the questionnaire with English text to 10 professors and after making changes and proposed amendments, the questionnaire was approved and they used Cronbach's alpha to confirm the reliability of the questionnaire P-MSQ (α=0.81)[12], Also Baghaei et al (2014) also confirmed its reliability through Cronbach's alpha α=0.77[27].

The Nurses' Moral Performance Questionnaire (NMPQ) was used for Codes of Ethics by Ismailpour Zanjani et al in 2014 at various fields in Codes of ethics. The NMPQ includes 34 moral guidelines in 5 sub-domains of nurses and people (3 questions), nurses and the profession (13 questions), nurses and practice (12 questions), nurses and Co-workers[2], questions) nursing, education and research (4 questions). For each item, the Likert scale with the answers always (5), often [4], sometimes[3], rarely (2), never (1) and I don't know (0) and the average score of 3 and above is desirable in will be considered. Distribution of scores related to professional ethics performance of nursing students is divided into weak (56-0), medium (113-57), good (170-114)[28]. The content validity of the NMPQ in their study (2014) was confirmed and also confirmed its reliability through Cronbach's alpha α=0.94[29].

Intervention: First, we obtained permission from the research and ethics committee of Urmia University of medical science. Then, we visited the School of Nursing and Midwifery and obtained permission from the relevant authorities to use practice room and discussed about our study process. Sampling was done via non-random census method and consisted of the Junior students (semester 6, n=41) and senior students (semester 8, n=42). As a result, 83 nursing students were selected to participate in the study. They were divided into two groups; control group (semester 6) and lecture group (semester 8).

Educational content includes: An introduction to nursing ethic, definitions of ethics, the importance of ethics

in nursing, codes of ethics in nursing include five sub-domains of “Nurses and People”, “Nurses and the Profession”, “Nurses and Practice”, “Nurses and Co-workers”, and “Nursing, Education and Research”, including 71 provisions in total, available through the website of MOHME.

At the beginning and before the start of the training sessions, a briefing session was held on the study objectives for all nursing students, then a pre-test was performed for all nursing students willing to participate in the study and who had the inclusion criteria to study. Two nursing students in the lecture group dropped out of study due to absences from training sessions and one in the control group due to incompleteness of the questionnaires. The two groups of students were selected in two different dormitories to reduce data sharing. For the senior students (semester 8), three separate training sessions (one session every three days) related to codes of ethics and educational content based on lecture method were held for two hours in the practice room of Urmia School of Nursing and Midwifery. There was no training in the control group (semester 6) and they only received the training program of the faculty. After completing the course and two months after the intervention, the study questionnaires were re-completed by the nursing students.

Data analysis: 80 nursing students were entered into the analysis. We used the Kolmogorov–Smirnov test to determine normal distribution of data. The researcher who was blinded to the data, conducted the analysis. Data were analyzed through inferential and descriptive statistical methods (t-test and repeated measure) using by SPSS 16. In descriptive statistics, we (ANOVA) used frequency and percentage for qualitative variables and mean and standard deviation for normal quantitative variables. In inferential statistics, we used chi-squared to assess the homogeneity of the groups.

RESULTS

Findings showed (Table 1) that in the lecture group, the average age and Grade Point Average (GPA) of nursing students were 23.85 and 15.75 respectively, and were in the control group 22.75 and 15.82 respectively. The statistical results of t-test did not show a significant difference between age and GPA of nursing students in the two groups. In the lecture group, 52.5% of the participants were male and in the control group, 57.5% were male. Also, the chi-square test did not show a significant difference in nominal variables between the two groups (gender, marital status, Socio-economic status and living status).

Table 1: Comparison of demographic characteristics of the patients in the study groups

Quantitative variables	Control group	Lecture group	P value
Gender			
Female	17(42.5%)	19(47.5%)	0.90
Male	23(57.5%)	21(52.5%)	
Marital status			
Married	2(5%)	6(15%)	0.22
Single	38(95%)	34(85%)	
Socioeconomic status			
Medium	12(30%)	18(45%)	0.14
Good	27(67.5%)	20(50%)	
Excellent	1(25%)	2(5%)	
Living status			
Native	7(17.5%)	4(103.5%)	0.24
Non native	-	2(5.1%)	
Dormitory	33(82.5%)	33(84.6%)	

*Standard deviation, **Grade Point Average

The findings showed (Table 2) that the highest average scores before and after intervention for student nurses’ moral performance in both groups pertained to nurses and the profession which were 44.90 ±10.31 and 47.86 ± 11.02 in lecture and control groups respectively. Additionally, the lowest average score before and after intervention for moral performance of nursing students in both groups pertained to Nurses and Co-workers which were 7.52±1.60 and 7.24±1.90 in lecture group and control group respectively.

The repeated measurements ANOVA did not show (Table 2) a significant difference before, after and two months after intervention in terms of the mean sub-domains of moral performance and moral sensitivity score in the control group (P <0.05) and also the results of ANOVA showed (Table 2) that the lecture group had a statistically significant difference in terms of the mean sub-domains of moral performance and moral sensitivity score before, after and two months after intervention (P <0.001).

The results of ANOVA showed that the nursing students had a difference mean sub-domains of moral performance and moral sensitivity score in the control and lecture groups after the intervention by adjusting the variables of mean sub-domains of moral performance and moral sensitivity score before the intervention (P <0.001).

Table 2. Comparison of the mean sub-domains of moral performance and moral sensitivity score of the nursing students in the study groups before, after and two months after intervention

Variables	groups	Lecture group	Control group	P-value
	time	Mean±SD	Mean±SD	
Moral Sensitivity	before intervention	57/45±10/32	63/76±11/50	0.001
	after intervention	83/30±10/15	63/50±12/02	<0.001
	*2M after intervention	76/02±10/71	62/15±12/82	<0.001
	P-value	<0.001	0.81	
Nurse and People	before intervention	10/02±2/08	11/07±2/64	0.15
	after intervention	13/22±1/38	11/10±2/69	<0.001
	2M after intervention	12/22±1/18	11/26±2/62	<0.001
	P-value	<0.001	0.93	
Nurse and	before intervention	44/90±10/31	47/86±11/02	0.41
	after intervention	57/65±10/87	47/13±11/22	<0.001

Profession	2M after intervention	52/10±10/41	47/50±10/69	0.001
	P-value	<0.001		
Nurse and Practice	before intervention	43/50±9/86	43/53±9/66	0.97
	after intervention	53/87±10/04	42/58±11/59	<0.001
	2M after intervention	49/35±10/55	42/38±10/84	<0.001
	P-value	<0.001	0.96	
Nurse and Co-workers	before intervention	7/52±1/60	7/24±1/90	0.90
	after intervention	9/00±1/81	7/27±1/92	<0.001
	2M after intervention	8/05±1/10	7/10±1/85	<0.001
	P-value	<0.001	0.93	
Nurse Education and Research	before intervention	14/65±3/15	14/64±3/66	0.81
	after intervention	18/10±3/03	14/75±3/43	<0.001
	2M after intervention	16/32±3/34	14/89±3/22	<0.001
	P-value	<0.001	0.95	
total Moral Performance score	before intervention	120/60±26/83	124/62±27/07	0.66
	after intervention	151/85±27/60	122/23±28/47	<0.001
	2M after intervention	138/05±28/71	121/13±28/77	0.001
	P-value	<0.001	0.86	

*two months

DISCUSSIONS

The results showed that the two groups were not statistically significant in terms of contextual variables including age, gender, GPA, marital status, Socio-economic status and living status that could affect the results of the study. Therefore, there has been a significant difference in the dependent variables in the intervention groups before and after the education codes of ethics is due to the positive effect of the implementation of lecture method.

The results indicated that the moral performance of nursing students in the sub-domains of “Nurses and the Profession” and "Nurses and Practice" before intervention were higher compared to other codes of ethics’ sub-domains, which was consistent with Maarefi et al (2014) in which the mean score of codes of ethic’ moral performance in the sub-domain of " Nurses and Practice" was 20.68±5.33 (in 28 scores), which it was at a good level[30], also in line with our results, Ghalje et al (2009) showed that only 9.2% of patients were dissatisfied with nursing services, 61% were relatively satisfied and 29.8% were completely satisfied[31]. Mehdipour et al (2011) showed that the level of patient education by nursing students was insufficient which is consistent to our results that the moral performance of nursing students in the sub-domain of “Nursing, Education and Research” was lower than other sub-domains[32]. It seems that despite the emphasis of nursing managers and professors on the subject of education, unfortunately, nursing education has been ineffective in empowering students. Ethics education can help nurses and nursing students and other healthcare workers not only determine the extent to which problems they encounter in practice are ethical issues, but can also help them define their own ethical values and beliefs, and help them develop skills needed to solve ethical issues[33].

Grady et al. (2008) showed that teaching of nursing ethics has a positive and significant effect on the moral performance of nurses and social workers[33] which is consistent to our results; However, it should be noted that according to their findings, nurses and social workers, unlike nursing students, have more work experience and study resources, and this factor can affect the results of work.

The results also showed that teaching codes of ethics based on lecture method has increased the average score of moral performance and moral sensitivity in nursing students, which is consistent with the result of Silva et al(2018), as well as Tunkara et al (2018)[34-35]; whereas, Houg et al (2008) consider the effect of experience and education on moral sensitivity in decision-making to be dim, they illustrate some moral problems confound the nurse and cause the nurse not to make the right decision[36] this finding is against our result.

In line with our results, Hassanpour et al (2010) showed the teaching the principles of nursing ethics among nurses on moral sensitivity in nurses' decision making were significantly effective[37]. Kim et al investigated the clinical application of the Third Revised Korean Nurses’ Code of Ethics and the moral sensitivity of nurses; they indicated the average score of moral sensitivity has increased and nurses who scored high on moral sensitivity also scored high on application[38], which is consistent to our results, but we have to point out that in the nursing profession, values and the perception of the care of patients are effected by religious and Islamic values[39].Therefore, it is necessary to educate the values based on the Islamic-Iranian perspective and the Islamic content should be included in education. This makes the results different from cultural or religious to other.

The results also showed that there was no significant relationship between the level of education and moral sensitivity in nursing students.; Because before the intervention, there was no significant difference between the average scores of sixth and eighth semester students in terms of moral sensitivity. Hassanpour et al (2012) and Abbaszadeh et al (2010) also obtained similar results, while Lützen et al indicated that moral sensitivity is influenced by people's education[12,40-41].

Our study has several limitations. First, the presence of some environmental, behavioral and psychosocial factors that could have an impact on answering questions and completing questionnaires and the researcher has no control over them. Secondly, the reluctance of some nursing students to cooperate in the implementation of this

research, especially since participation in this study and also its educational content was not considered as their curriculum. thus, we tried to manage this limitation and encourage their participation in the study by providing gifts. Furthermore, this study was based on a census sampling that is limited to a specific region of Iran; Therefore, the results cannot be generalized, the future research is needed on nursing students in different countries.

The moral sensitivity questionnaire (MSQ) used in this study may or may not reflect the realm of nursing student moral sensitivity because this measurement was not originally developed for nursing students or nurses. Understanding more about the influence of student characteristics on moral development is needed; this understanding can help nurse educators to appreciate frameworks of ethical decision making used by students and to assess student needs in their classes in terms of ethics education.

CONCLUSIONS

The results of this study revealed that the intervention of teaching codes of ethics based on lecture method enhanced student nurses' moral sensitivity and moral performance. These results can be applied to the training of clinical nursing interns and nursing professionals in the future and nursing schools support patient care based on codes of ethics.

Ethical issues make an important part of the nursing profession and may lead to conflicting decisions; In the encounter with the ethical issues experienced by nursing students due to the constant presence of them in educational hospitals an ethical coordination unit could be set up, which they could consult at their institution. At the same time, this unit could provide in-service training to nursing students to convince that they make impactful decisions in response to ethical situations. Furthermore, managers and nursing educators pay more attention to the observance of nursing codes of ethics and they should try to design student-centered ethical codes because the ethical codes in Iran are nursing- centered and are not designed specifically for nursing students. Despite the advantages and limitations of professional ethics teaching methods, education based on lecture are able to improve the level of knowledge and moral performance of students while satisfying learners. Although positive results were obtained in this study, the generalizability of the study results to other programs and other cultures needs to be further investigated. In addition, long-term effects of teaching codes of ethics were not explored in this study.

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