



Original Research

## Relationship between Demographic Characteristics and Moral Sensitivity among Professional Nursing Students in Bali

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### ABSTRACT

**Introduction:** Moral sensitivity is indispensably required in nurses for them to be aware of and be able to understand clients' needs. This study aimed to determine the relationship between demographic characteristics and moral sensitivity among professional nursing students in Bali.

**Methods:** The research used a descriptive-correlation method and a cross-sectional approach. The study population was all professional nursing students in Bali with 162 students as research respondents, sampled using the purposive sampling technique. The dependent variable is the moral sensitivity among professional nursing students and the independent variable is the demographic characteristics consisting of gender, age, religion, and number of siblings. Data were collected by means of a moral sensitivity questionnaire for nursing students developed by Lutzen in 1993 consisting of 27 statements.

**Results:** The results of this study show that there is a significant relationship between religion and moral sensitivity ( $p=0.027$ ;  $\alpha=0.05$ ), and that there is no relationship between sex, age, and number of siblings and moral sensitivity ( $p>0.05$ ;  $\alpha=0.05$ ).

**Conclusion:** The nursing students' level of faith and understanding of their respective religious teachings can increase their moral sensitivity in providing nursing care.

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## INTRODUCTION

In providing nursing care to the clients, nurses must consider the ethical and moral aspects. They have the responsibility to apply the ethics of caring for every patient they are treating as part of their professional role. Law No. 38 of 2014 on Nursing mandates that the delivery of nursing services must be carried out responsibly, based on ethics and professionalism. Nevertheless, nurses are not always completely prepared to deliver optimum nursing services or they are not able to properly care for their patients (Woods, Rodgers, Towers, & La Grow, 2015).

In this case, sensitivity to address these problems, which is known as moral sensitivity, is required to respond to various ethical issues (Trobec & Starcic, 2015). Moral sensitivity is a fundamental personal attribute required in a nurse to be competent in identifying, interpreting, and appropriately responding to ethical issues in the nurse's

relationship with the patient, in order to improve the patient's wellbeing (Kim, Kang, & Ahn, 2013). Moral sensitivity and consideration could improve the quality of relationship between the patient and the nurse (Heggstad, Nortvedt, & Slettebø, 2013). Improvement of moral sensitivity in nursing practice is needed to prepare nurses that are ethically competent in implementing nursing care and decision-making (Ohnishi et al., 2019).

Several studies found that the mean score of nurses' moral sensitivity was in the moderate category, which contributed to a decrease in the quality of services (Nora, Zoboli, & Vieira, 2017; Range & Rotherham, 2010). A study in Iran, Thailand, and South Korea also showed that nurses' moral sensitivity was in the moderate category (Boonyamane, Suttharangsee, Chaowalit, & Parker, 2014; Borhani, Abbaszadeh, Mohamadi, Ghasemi, & Hoseinabad-Farahani, 2017; Han, Kim, Kim, & Ahn, 2010). Ethical and moral education for nursing

students in Indonesia is given since the first year of college students, so it is expected to increase moral sensitivity of students from the start of nursing education.

Moral sensitivity in nursing practice is expected to be applied starting from nursing school. A previous study regarding ethics in nursing practice revealed the importance of preparing nursing students to adjust themselves to the ethical challenges in their future role as a nurse (Muramatsu, Nakamura, Okada, Katayama, & Ojima, 2019). This requirement has to be met because newly-registered nurses will face different moral dilemmas occurring in every nursing care administration, which may cause nurses to experience stress and burnout (Fairchild, 2010). The level of moral sensitivity was influenced by a number of factors, such as socio-demographic factors and professional characteristics, including income, quality of work life, professional satisfaction, nurse's length of service, number of patients per day, and total number of nurses in the workplace (Öztürk, Şener, Koç, & Duran, 2019). Study on the description of the moral sensitivity and the determinant factor that influence the moral sensitivity among professional nursing students in Indonesia especially has never been done before.

Based on the problems described above, this study aimed to identify the relationship between demographic characteristics and moral sensitivity among professional nursing students in Bali by means of a quantitative approach.

## MATERIALS AND METHODS

The present study is a correlative analytic study with a cross-sectional design. The dependent variable of the study is the moral sensitivity among professional nursing students and the independent variable is the demographic characteristics consisting of gender, age, religion, and number of siblings. A total of 162 professional nursing students in Bali were recruited as participants by using the purposive sampling technique from September to November 2018 with inclusion criteria: (1) professional nursing students in the regular program, (2) Students not on leave when the entire research process is carried out, (3) Students are willing to become respondents by signing the informed consent form as a participant. The 27-item moral sensitivity questionnaire developed by Lutzen (1993) and the participants' demographic data form were used to collect the data (gender, age, religion, and number of siblings). The questionnaire had been proven to have good validity and reliability (Park, 2012).

The procedure in this study began with organizing a research permit. Permission to conduct research was obtained from relevant institutions. The researcher then chose one lecturer in each nursing institution as an assistant in this study. Research assistants have the same role as researchers. This role is carried out when researchers cannot meet directly with students. The researcher provided guidance

and understanding of the research assistant's about procedures and how to fill out the questionnaire. Determination of respondents was done by looking at the names of students who are registered as study populations. They were given an explanation of the objectives, benefits and procedures of the research conducted. The researcher or research assistant asked the respondent to fill in the consent form to become a respondent after agreeing to be a participant in the research conducted.

Univariate analysis was performed to examine the distribution frequency and mean value of the nursing students' demographic characteristics and moral sensitivity. Meanwhile, the relationship between gender and moral sensitivity among the nursing students was analyzed using an independent *t* test. In addition, the relationship between religion and moral sensitivity among the nursing students was analyzed using one-way ANOVA. Finally, a Spearman's Rank test was performed to analyze the relationship between the nursing students' age and number of siblings and their moral sensitivity with Confidence Interval at 95% ( $\alpha = .05$ ).

This study was granted the approval of the Institutional Review Board of the Faculty of Medicine, Udayana University and Sanglah Hospital by virtue of Approval No. 1673/UN14.2.2/PD/KEP/2018. All of the participants voluntarily signed the informed consent as a participant in the present study.

## RESULTS

The participants' demographic characteristics are presented in Table 1 and Table 2. Meanwhile, Table 3 presents the distribution frequency of the participants' moral sensitivity. The results showed that the majority of respondents were women (75.3%) and Hindu (92.6%). In addition, the average age of respondents in this study was 23 years. The age of the youngest respondent was 21 years and the oldest was 24 years. The average number of respondent siblings was two people with at least one person and at most eight people. The results of the normality test using the Kolmogorov Smirnov test showed that the moral sensitivity scores of students were normally distributed. Table 4 shows the data categories of moral sensitivity of students with mean scores as cut of points. Mean score  $\geq 142.27$  is good moral sensitivity and mean score  $<142.27$  is student with low moral sensitivity.

The results show that there is a significant relationship between religion and moral sensitivity among the nursing students in Bali Province ( $p = .027$ ). This means that there are differences in the mean score of moral sensitivity among the nursing students between Hindus, Muslims and Christians. However, there was no significant relationship between gender, age, and number of siblings and moral sensitivity among the nursing students ( $p > .05$ ).

Table 1. Participants' Demographic Characteristics based on Gender and Religion (n = 162)

Variables	n	%
Gender		
Male	40	24.7
Female	122	75.3
Religion		
Hindu	150	92.6
Islam	10	6.2
Christianity	2	1.2

Table 2. Distribution Frequency of Age and Number of Siblings (n = 162)

Variables	Median (Min-Max)	95% CI
Age (years)	23 (21-24)	22.79; 23.85
Number of siblings (person)	2 (1-8)	2.04; 2.45

Table 3. Distribution Frequency of Participants' Moral Sensitivity (n=162)

Variable	Mean (SD)	95% CI
Moral sensitivity	142.27 (20.31)	139.12; 145.42

Table 4. Distribution Frequency of Participants' Moral Sensitivity Category (n=162)

Variable	Mean (SD)	95% CI
Moral sensitivity	142.27 (20.31)	139.12; 145.42
Moral sensitivity	n	%
Low	73	45.1
Good	89	54.9

Table 5. The Relationship between Demographic Characteristics and Moral Sensitivity among Professional Nursing Students in Bali (n = 162)

Variable	n	Mean (SD)	Median (Min-Max)	MD	r	P value
Age (years)	162	-	23 (21-24)	-	-0.026	0.745 <sup>†</sup>
Number of sibling (person)	162	-	2 (1-8)	-	-0.18	0.818 <sup>†</sup>
Gender				-2.651	-	0.224 <sup>‡</sup>
Male	40	140.28 (22.69)	-			
Female	122	142.93 (19.52)	-			
Religion				-	-	0.027 <sup>*</sup>
Hindu	150	143.39 (20.30)	-			
Islam	10	131.00 (14.30)	-			
Christianity	2	115.00 (14.14)	-			

<sup>†</sup> Spearman's Rank test; <sup>‡</sup> T Independent t- test; <sup>\*</sup> One Way ANOVA test ( $\alpha = .05$ )

## DISCUSSION

The majority of the participants in the present study have good moral sensitivity. The results of this study support previous studies which reported that moral sensitivity among nursing students or nurses was relatively high (Borhani, Abbaszadeh, & Hoseinabadi-Farahani, 2016; Kim, Park, You, Seo, & Han, 2005). Students who have good moral sensitivity have a better ability in identifying moral or ethical issues and determining an action, in doing which they tend to refer to moral principles (Reza, 2013).

Moral sensitivity is an ability to identify moral issues. Moral sensitivity is defined as an individual's ability to understand that a certain situation has a moral meaning when that situation is experienced by an individual (Kim, Kang, & Ahn, 2013). Moral sensitivity can be considered as a personal, intuitive concept, or even a competence and an essential dimension in daily decision-making that arises from a

search for moral meaning of human acts (Kim Lützn & Ewalds-Kvist, 2013; Tuveesson & Lützn, 2017). Moral sensitivity comprises the experiences and personal development of an individual and the experiences of others. It is in a constant process of change and development throughout a professional's life (Baykara, Demir, & Yaman, 2015). The process of moral sensitivity takes place before an individual considers a moral decision. The components of moral sensitivity include showing kindness, developing a moral understanding, modifying autonomy, interpersonal orientation, moral conflict experiences, and using knowledge as health professionals (Lützn, 1993). Students' moral sensitivity is also influenced by their demographic characteristics, including age, gender, religion, and number of siblings (Park, 2012). However, this study shows different results. This can be caused by other factors that might influence the moral sensitivity of students, such as student practice

experience and culture or family environment, which need to be further investigated.

The present study reported that there was a significant relationship between religion and the nursing students' moral sensitivity. Religion is one factor that contributes to an individual's moral development. What makes people understand and implement moral principles in life can be linked with religion (Park, 2012). It is related to an individual's level of moral sensitivity (Han, Kim, Park, Ahn, Meng, & Kim, 2007). Thus, religion can shape people's mindset toward moral principles.

In addition, this result is also in congruence with a study that reported a strong significant positive correlation between religiosity and morality in adolescents (Reza, 2013). In other words, the higher the religiosity, the higher the adolescents' morality. Problem solving through religion had significant contributions in overcoming work stress (Safaria, 2012).

An individual who is mature in practicing her/his religion and routinely carries out religious rituals will always try to obey the teachings of her/his religion. Consequently, it has a positive effect on the person's behavior (Nashori, 1997). In addition, people will be more open to all facts and values and present moral and practical purposes in life while still adhering to the teachings of the religion that they believe in (Indrawati, 2006).

The present study also found that there was no significant correlation between age and gender and moral sensitivity in this study. These results are contrary to a previous study that reported that there was a significant difference between demographic characteristics, age, and gender and moral sensitivity (Tuvesson & Lützn, 2017). Students who were older and female had a higher level of moral burden and strength. In addition to this, a study also reported that there was a significant difference between age and moral sensitivity (Kim et al., 2005). Those who were aged 25–30 years had a higher score in moral sensitivity compared to those who were under 25 years old and over 30 years old. The different results between the present study and the previous ones could be caused by the fact that there was no big gap in the participants' age range, because all of the participants were professional nursing students. In addition, the frequency of the participants' gender was not the same.

Lastly, the present study reported that there was no significant correlation between the number of siblings and moral sensitivity. This result is in contrast to a study that reported that the difference in the number of siblings influenced an individual's level of moral sensitivity (Park, 2012). Some findings reported on siblings being positively impacted by their lived experiences, through the expression of positive social skills, increased empathy, and more caring personalities (Cox, Marshall, Mandleco, & Olsen, 2003). Researchers argue that the number of siblings is not related to moral sensitivity because students place different feelings between siblings and

patients as other people. It is possible for students to feel a sense of belonging to their siblings due to their blood ties and growing up together since they were young in one family environment. Whereas, with patients, it is felt necessary to have a relationship over a longer time so that a sense of belonging or sensitivity arises like a brother.

This study has several limitations, although efforts have been made to overcome them. This research cannot involve all nursing institutions in Bali because the periods of practice between institutions are different. Students in some institutions were not in the practice period when the research is conducted. The researcher also cannot fully control and see directly when the respondent answers the questionnaire.

## CONCLUSION

This study concludes that there is a significant relationship between religion and moral sensitivity among professional nursing students in Bali. However, gender, age, and number of siblings were found to be unrelated to the moral sensitivity. The majority of professional nursing students have good moral sensitivity.

Students are expected to increase their faith and understanding of the teachings of their respective religions. This will affect the moral sensitivity of students, especially in providing care to patients. Researchers also recommend that future researchers can identify more deeply about other factors that can influence the application of moral sensitivity, such as morality knowledge, practical experience, family culture, spirituality, and emotional intelligence. The results of the study are expected to provide appropriate interventions to improve the moral sensitivity of nursing students.

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