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Assessing Ethical Sensitivity and Caring Behaviors Among Nursing Students

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ABSTRACT

Nursing students' ethical sensitivity and caring behaviors were examined in this cross-sectional research. The university board approved ethical procedures, which followed the Declaration of Helsinki. A convenience sample of 191 nursing students from a population of 317 provided data from January 15 to June 15, 2024. To achieve statistical power, G*Power 3.1 selected sample size. Descriptive Information Form, Ethical Sensitivity Scale Adapted for Nursing Students, and Care Behaviours Scale-24 were used to gather data. The instruments' Cronbach's alpha coefficients showed good internal consistency and dependability. Online surveys and in-person interviews gathered data. To reduce confounding, age, gender, clinical experience, and ethics education were controlled. Statisticians used IBM SPSS Statistics 25. We used descriptive statistics, normality tests (Shapiro–Wilk), and variance homogeneity tests. Independent t-test, Mann–Whitney U test, ANOVA, Kruskal–Wallis test, and Spearman's correlation analysis were utilized depending on data distribution. Group differences were identified using post-hoc analysis, assuring credible results.

Keywords: *Ethics, Sensitivity, Nursing, Care, Behavior.*

I. Introduction

Ethics guides nursing decision-making and patient care. Morality, compassion, and human dignity underpin nursing. Nurses face difficult clinical problems that need technical and ethical judgment in modern healthcare. Ethics sensitivity—the capacity to perceive and comprehend ethical dilemmas in clinical practice—is essential for nurses to meet patient requirements. It helps nursing students and professionals recognize moral issues, assess options, and make ethical, patient-centered choices.

In nursing education, ethical awareness is vital. Nursing students learn ethics including autonomy, beneficence, non-maleficence, and justice as well as clinical competence. These concepts underpin ethical nursing practice and are stressed throughout the program. Students face ethical dilemmas such patient confidentiality, informed consent, and end-of-life care as they go from theory to practice. Ethical awareness helps students handle these situations with integrity.

Another important feature of nursing that represents patient care is caring conduct. Emotional, respectful, competent, and patient-focused behavior are included. Patients see caring actions as markers of nursing care efficacy and compassion. Active listening, emotional support, patient dignity, and tailored care are examples. Ethical nurses are more likely to provide patient-centered care and create trust with patients, improving nursing practice.

Nursing research is focusing on ethical sensitivity and caring attitudes. Higher ethical awareness may help nurses show greater care in clinical contexts. This link is crucial in nursing school, where students learn ethics and caregiving. Understanding how these two elements interact may help educators create successful teaching methods and curriculum. It also helps identify student needs for assistance or training.

Nursing students acquire ethical awareness and compassionate actions due to several variables. Age, gender, education level, and ethics course exposure all matter. Clinical experience helps students face ethical challenges and cultivate compassion. Participating in ethics training programs and seminars improves ethical awareness and professional ideals. These criteria show how complex ethical and compassionate growth in nursing education is.

II. Review of Literature

P. S. George, m. Anuradha, b. M. Rose, and a. John (2022) A cross-sectional research examined emotional intelligence in medical students at two Ernakulam medical schools. 251 medical students were convenience-sampled. Data was gathered using the Schutte Self-Report Emotional Intelligence Test (SSEIT) and analyzed using SPSS v20, employing descriptive and inferential statistics with a significance threshold of $p < 0.05$. Participants had a mean age of 21.5 ± 1.14 years, with 67.7% being female.

Benjamin l. S., pasayan e., vijayalakshmi k (2024) A comparative cross-sectional study examined emotional intelligence (EI), self-esteem, and demographic and academic characteristics in 643 undergraduate nursing students from Saudi Arabia (Riyadh and Abha) and India (one private institution). The Schutte Self-Report Emotional Intelligence Test (SSEIT) and Rosenberg Self-Esteem Scale (RSES) were used to gather and analyze data using Pearson's correlation, one-way ANOVA, and multiple linear regression. The study found that individuals had high emotional and self-perception levels, with an average EI score of 128.6 ± 14.2 and a mean self-esteem score of 27.8 ± 4.6.

F. Turjuman and b. Alilyyani (2023) A Descriptive Survey" examined hospital nurses' work satisfaction and emotional intelligence (EI). Purposive sampling yielded 100 nurses, 79% of whom were staff nurses. The quantitative, descriptive correlational study used structured questionnaires with validated EI and work satisfaction ratings. Emotional intelligence averaged 191.59 (SD = 18.03), and work satisfaction 75.14 (SD = 11.99). A favorable link between EI and work satisfaction was found ($r = 0.4059$, $p = 0.000002$).

N. Jawabreh (2024) The cross-sectional correlational research examined Jordanian nursing students' emotional intelligence and clinical decision-making. 225 students were convenience-sampled. We collected data using the Schutte Self-Report Emotional Intelligence Test (SSEIT) and Clinical Decision-Making Scale. Emotional intelligence was positively correlated with clinical decision-making ($r = 0.70$, $p = 0.001$), showing that students with greater emotional intelligence made better clinical decisions.

III. Methods

The University board approved the research before it began. Before collecting data, all students gave written informed permission and were told of the research's goal, in line with the Declaration of Helsinki. The research will employ the Ethical Sensitivity Scale Adapted for Nursing Students and Care Behaviors Scale-24, which was tested for reliability and validity. Permission was received by email.

A foundation university's nursing students participated in the research from January 15 to June 15, 2024. The research included 317 foundation university nursing students. The research sample size was calculated using G*Power 3.1. Convenience sampling was chosen over nonprobability sampling. To do analysis of variance in repeated measures with an effect size of 0.25, an error level of 0.05, a confidence interval of 95%, and a 95% measurement strength, at least 174 individuals were needed. After receiving informed permission, the researchers interviewed students in class and by Google survey form from students outside the class. The study was performed by 191 willing students. The university where the research was performed required third-grade nursing values and ethics courses.

The Descriptive Information Form, Ethical Sensitivity Scale for Nursing Students, and Care Behaviors Scale-24 were used to collect study data. During the examination of ethical sensitivity and caring behaviors, demographic and educational characteristics may alter the connection. Conflicting variables like clinical experience, age, grade level, gender, and ethical education were considered in data analysis, grouping was done by demographics, and statistically significant differences were evaluated to minimize their effect.

The descriptive information form asked six questions about the students' gender, high school, nursing department grade level, status of ethical issues in clinical practice, ethical issues encountered, professional values, and ethics training/meeting participation. Researchers customized the ethical sensitivity measure to their language. The 23–25 Scale was evaluated from 1 (strongly disagree) to 7 (totally agree). Scale: Interpersonal Orientation (building trust and meeting the patient's needs), Modified Autonomy (recognizing patient autonomy and allowing patients to make their own decisions in situations requiring physical and psychological protection of the patient or others or limiting the patient's autonomy), Benevolence (doing good deeds or acting in the patient's favor), and creating ethical meaning Points range from 30 to -210. The scale scores are categorized as highly important (7-to-–5.9, 177-210), substantial (5.8-5, 150-176), neutral (4.9--3.1, 93-149), and ethical (≤3.1, 93). Cronbach's alpha was 0.64 on the original scale, 0.73 in the Turkish adaption, and 0.83 in this research.23-25 This value promotion indicates high-quality ethical and reliable growth measurement.

Care behaviors scale-24 was established in 1994 as 42 patient and nurse expressions to measure nursing care. Updated in 2006, a 24-expression short version was produced and converted to Turkish in 2010. 26–28 The certainty, knowledge-skill, respect-fulness, and commitment subscales are scored on a six-point scale (1: never, 2: nearly never, 3: occasionally, 4: generally, 5: most of the time, 6: always). The scale score ranges from 24 to -144, with the average value utilized for assessment. A high score reflects strong patient and nurse care perception. In a prior research, the Turkish scale's Cronbach's alpha was 0.97 for patients and 0.96 for nurses.28 The scale's Cronbach's alpha reliability coefficient was 0.971 in this research. Both scales demonstrated strong internal consistency according to Cronbach's alpha coefficient in the reliability investigation. Content and construct validity assessments from the literature determined the measures' validity in the research.

IBM SPSS 25 analyzed research data. This research described qualitative data in numbers and percentages and quantitative data in mean, standard deviation, minimum, maximum, and median values. The Shapiro-Wilk test and Levene test were used to assess the normality assumption and variance homogeneity in the statistical study. When the normality assumption was fulfilled, the Independent Sample T-test was used to compare two independent groups. When the normality assumption failed, the Mann-Whitney U test was used. ANOVA compared three or more independent groups with a normal distribution, whereas Kruskal Wallis tested non-normal distributions. Group differences were determined using post-hoc Bonferroni and Tamhane analyses. Spearman's correlation technique measured non-normally distributed continuous variables' relationships.

IV. Results

The study found that 79.6% of pupils were female and 74.9% graduated from Anatolian High School. Furthermore, 17.3% of kids were in 1st grade, 28.3% in 2nd, 27.2% in 3rd, and 27.2% in 4th. In clinical practice, 15.7% of students experienced ethical issues, while 48.7% engaged in training or meeting professional principles and ethics (Table 1).

The Ethical Sensitivity Scale Adapted for Nursing Students yielded a mean score of 4.89 ± 0.60, with sub-dimension scores of 5.66 ± 0.85 for interpersonal orientation, 3.59 ± 1.20 for ethical dilemma, 4.56 ± 0.84 for benevolence, 5.01 ± 0.68 for ethical meaning formation, 4.87 ± 0.85 for modified autonomy, and 5.07 ± 0.75 for expert knowledge application. The students' mean Care Behaviors Scale-24 score was 5.32 ± 0.70, with subdimensions of reassurance (5.31 ± 0.74), knowing competence (5.40 ± 0.75), respectfulness (5.32 ± 0.74), and reliance (5.27 ± 0.75) (Table 2).

Students' gender significantly affected interpersonal orientation, expert knowledge application, and ethical problem formulation on the ethical sensitivity measure ($p < 0.05$). Women scored better on the ethical sensitivity measure and in interpersonal orientations, expert knowledge application, and ethical problem generation than men. Significant difference was found between high school graduation factor and Ethical Sensitivity Scale Adapted for Nursing Students-expert knowledge subdimension ($p < 0.05$). Expert knowledge application scores were higher for Anatolian and Vocational High School graduates than Straight High School graduates.

Table 1: Distribution of Nursing Students According to Their Descriptive Characteristics (N = 191)

Descriptive Characteristics	N	%
Sex		
Female	152	79.6
Male	39	20.4
Graduated High School		
Straight High School	3	1.6
Anatolian High School	143	74.9
Vocational High School	39	20.4
Science High School	6	3.1
Current Year in The Nursing Program		
1	33	17.3
2	54	28.3
3	52	27.2
4	52	27.2
Having Previously Encountered Any Ethical Problems During the Care Process in Clinical Practice		
Yes	30	15.7
No	161	84.3
Participation in Training/Meetings on Professional Values and Ethics		
Yes	93	48.7
No	98	51.3

Table 2: Distribution of The Total and subdimensions of the Ethical Sensitivity Scale Adapted for Nursing Students and the Care Behaviors Scale-24 According to The Descriptive Characteristics of The Students (Mean ± SD)

	Interpersonal Orientation	Experiencing an Ethical Dilemma	Beneficence	Ethical meaning formation	Modified autonomy	Expert Knowledge	ESS-NS	Reassurance	Knowledge-Skill	Respectfulness	Dependence	CBS-24
Mean ± SD	5.66 ± 0.85	3.59 ± 1.20	4.56 ± 0.84	5.01 ± 0.68	4.87 ± 0.85	5.07 ± 0.96	4.89 ± 0.60	5.31 ± 0.74	5.40 ± 0.75	5.32 ± 0.74	5.27 ± 0.75	5.32 ± 0.70
(Min – Max)	(2.00 – 7.00)	(1.00 – 7.00)	(2.13 – 7.00)	(2.83 – 6.83)	(2.40 – 7.00)	(6.67 – 7.00)	(3.00 – 6.40)	(2.25 – 6.00)	(2.80 – 6.00)	(2.50 – 6.00)	(3.00 – 6.00)	(3.00 – 6.00)
Sex												
Female	5.81 ± 0.69	3.52 ± 1.16	4.6 ± 0.82	5.09 ± 0.64	4.93 ± 0.82	5.16 ± 0.93	4.96 ± 0.56	5.44 ± 0.65	5.49 ± 0.69	5.42 ± 0.65	5.42 ± 0.65	5.43 ± 0.62
Male	5.06 ± 1.11	3.88 ± 1.32	4.4 ± 0.92	4.72 ± 0.76	4.65 ± 0.92	4.69 ± 0.98	4.63 ± 0.68	4.82 ± 0.86	5.05 ± 0.87	4.94 ± 0.92	4.94 ± 0.92	4.91 ± 0.86
p	<0.001*	0.093	0.190	0.004*	0.066	0.006*	0.004*	<0.001*	0.005*	0.003*	0.003*	0.001*
Year in the nursing program												
1	5.83 ± 0.86	3.84 ± 1.25	4.78 ± 0.94	5.10 ± 0.66	5.19 ± 0.83	5.26 ± 1.05	5.09 ± 0.62	5.45 ± 0.65	5.44 ± 0.75	5.44 ± 0.66	5.44 ± 0.66	5.42 ± 0.61
2	5.60 ± 0.76	3.51 ± 1.21	4.50 ± 0.86	4.94 ± 0.64	4.86 ± 0.83	5.00 ± 0.96	4.84 ± 0.59	5.31 ± 0.81	5.41 ± 0.77	5.27 ± 0.72	5.27 ± 0.72	5.30 ± 0.74
3	5.57 ± 0.87	3.35 ± 1.20	4.48 ± 0.88	5.11 ±	4.70 ±	5.11 ±	4.84 ± 0.6	5.47 ± 0.63	5.56 ± 0.64	5.58 ± 0.60	5.58 ± 0.60	5.52 ± 0.6

				0.75	0.93	0.90	6					0
4	5.69 ± 0.91	3.76 ± 1.13	4.56 ± 0.71	4.95 ± 0.68	4.86 ± 0.74	4.97 ± 0.95	4.88 ± 0.52	5.06 ± 0.78	5.19 ± 0.80	5.05 ± 0.84	5.05 ± 0.84	5.09 ± 0.76
p	0.527	0.147	0.507	0.457	0.135	0.449	0.249	0.021*	0.090	0.002*	0.002*	0.015*
Graduated high school Straight High School	4.92 ± 1.81	3.67 ± 0.67	4.04 ± 0.14	4.83 ± 1.04	3.87 ± 0.23	3.67 ± 0.33	4.27 ± 0.58	4.50 ± 0.98	4.67 ± 0.99	4.28 ± 0.63	4.33 ± 0.58	4.44 ± 0.81
Anatolian High School	5.64 ± 0.86	3.52 ± 1.12	4.51 ± 0.79	4.99 ± 0.69	4.85 ± 0.84	5.14 ± 0.95	4.87 ± 0.58	5.26 ± 0.77	5.34 ± 0.78	5.31 ± 0.72	5.23 ± 0.77	5.28 ± 0.72
Vocational High School	5.74 ± 0.76	3.70 ± 1.44	4.67 ± 0.98	5.09 ± 0.66	4.95 ± 0.87	4.87 ± 0.93	4.97 ± 0.67	5.51 ± 0.59	5.64 ± 0.56	5.41 ± 0.81	5.42 ± 0.71	5.49 ± 0.62
Science High School	5.92 ± 0.61	4.61 ± 1.29	5.15 ± 0.86	5.17 ± 0.47	5.47 ± 0.62	5.22 ± 1.00	5.34 ± 0.46	5.60 ± 0.24	5.67 ± 0.39	5.58 ± 0.42	5.50 ± 0.30	5.59 ± 0.22
p Having ethical problems Yes	0.356 5.62 ± 0.64	0.247 3.69 ± 1.12	0.159 4.52 ± 0.73	0.806 5.12 ± 0.59	0.051 4.73 ± 0.82	0.027* 5.10 ± 0.91	0.064 4.87 ± 0.49	0.050 5.42 ± 0.62	0.035* 5.57 ± 0.50	0.062 5.41 ± 0.79	0.069 5.41 ± 0.79	0.050 5.44 ± 0.61
No	5.66 ±	3.57 ±	4.57 ±	5.00 ±	4.90 ±	5.06 ±	4.90 ±	5.29 ±	5.37 ±	5.31 ±	5.31 ±	5.30 ±

	0.88	1.22	0.86	0.70	0.85	0.97	0.62	0.76	0.78	0.73	0.73	0.72
p	0.777	0.630	0.863	0.399	0.271	0.834	0.897	0.375	0.162	0.514	0.514	0.316
Participation in training/meetings												
Yes	5.54 ± 0.93	3.52 ± 1.08	4.48 ± 0.83	4.96 ± 0.73	4.80 ± 0.88	5.01 ± 1.00	4.82 ± 0.63	5.32 ± 0.73	5.41 ± 0.74	5.34 ± 0.79	5.34 ± 0.79	5.34 ± 0.72
No	5.77 ± 0.75	3.66 ± 1.31	4.63 ± 0.85	5.07 ± 0.63	4.94 ± 0.81	5.12 ± 0.91	4.97 ± 0.56	5.30 ± 0.76	5.39 ± 0.76	5.31 ± 0.69	5.31 ± 0.69	5.31 ± 0.69
p	0.058	0.445	0.210	0.282	0.231	0.466	0.245	0.919	0.818	0.723	0.723	0.812
*$p < 0.05$												

Table 3: Relationship Between the Ethical Sensitivity Scale Adapted to Nursing Students and the Caring Behaviors Scale-24

	Reassurance	**Knowledge-Skill**	**Respectfulness**	**Dependence**	**Care Behaviors Scale-24**
Interpersonal orientation					
r	0.344	0.267	0.387	0.341	0.350
p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
Experiencing an ethical dilemma					
r	−0.124	−0.166	−0.065	−0.133	−0.120
p	0.088	0.022*	0.371	0.067	0.099
Benevolence					
r	0.251	0.235	0.343	0.262	0.292
p	<0.001*	0.001*	<0.001*	<0.001*	<0.001*
Ethical meaning formation					
r	0.359	0.337	0.393	0.366	0.380
p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
Modified autonomy					
r	0.317	0.292	0.375	0.308	0.336
p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
Expert knowledge					
r	0.164	0.181	0.237	0.194	0.179
p	0.023*	0.012*	0.001*	0.007*	0.013*
Ethical sensitivity scale adapted for nursing students					
r	0.373	0.344	0.468	0.374	0.406
p	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*

Student gender and grade substantially impacted the mean Care Behaviours Scale-24 total and subdimension scores ($p < 0.05$). Female students scored 3rd higher on the Care Behaviours Scale-24 total and subdimensions than male students. The mean Care Behaviours Scale-24 total, respectfulness, and assurance subdimension score of pupils studying in the classroom was 4, higher than the class mean. Students' high school factor significantly impacted their mean Care Behaviours Scale-24 knowledge-skill subdimension scores ($p < 0.05$). The average knowledge and skill ratings of vocational high school graduates were higher than Anatolian high school graduates (Table 2).

A weak, positive, significant correlation was found among the total scores of the Ethical Sensitivity Scale Adapted for Nursing Students, including sub-dimensions such as interpersonal orientation, benevolence, ethical meaning formation, modified autonomy, reference to expert knowledge, and Care Behaviours Scale-24. A weak negative correlation ($r = -0.166$, $p < 0.05$) was found between the ethical sensitivity scale and the caring behaviors scale-knowledge-skill subdimension. A moderate, positive, significant connection was discovered between the total and sub-dimension scores of the Ethical Sensitivity Scale Adapted for Nursing Students and the Care Behaviours Scale-24

V. Conclusion

Finally, ethical awareness and caring actions are vital to nursing practise and education. The research shows that ethically sensitive nursing students are more likely to provide positive and professional care in clinical situations. This link emphasizes the need to combine ethical awareness with practical caring abilities for comprehensive, patient-centered care. Nursing education continues to shape these abilities via ethics-based, clinical, and value-oriented courses. The results also show that demographic and educational characteristics like clinical experience and ethics training strongly impact ethical sensitivity and caring behavior. Addressing these aspects reduces theoretical-clinical gaps. Continuous evaluation, assistance, and supportive learning settings improve students' ethical decision-making. This research emphasizes the importance of ethics in nursing education. Develop ethically sensitive and caring professionals to enhance healthcare results, patient satisfaction, and nursing's compassionate and responsible reputation.

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