

Moral and Professional Values of Nurses in Lebanon

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abstract

Background: Moral and professional values vary among cultures. The purpose of this study was to explore the moral and professional values of registered nurses at a university medical center in a Middle Eastern country and determine the relationship among formal ethics education, background variables (age, gender, nursing degree, regular daily prayer), and nurses' professional and moral values. **Method:** A cross-sectional survey method with 123 nurses was used. Data on background variables, moral and professional values, and confidence in ethical decision-making were assessed. **Results:** Professional values were significantly higher among older nurses and nurses with master's degrees compared with younger nurses and nurses with bachelor's degrees. Daily prayer was related to higher mean scores for moral values. Nurses were confident in their ethical decision-making; however, formal education in ethics did not influence professional or moral values. **Conclusion:** Although formal education in ethics did not influence the professional or moral values of nurses in Lebanon, this finding does not negate the need for future studies to investigate the content and duration of ethics education that is likely to affect professional or moral values. [*J Contin Educ Nurs*. 2021;52(9):429-437.]

As members of the health care system, nurses are responsible for providing quality care to patients. They often encounter challenging ethical situations that require decisions that may lead to painful moral dilemmas when their actions are limited by institutional and cultural constraints. Nurses have a moral obligation that includes

adhering to organizational standards and being accountable for their actions. Thus, every decision they make may have a profound effect on the organization. The decisions that nurses make are usually based on their moral and professional values, which are often influenced by sociocultural background and upbringing. To gain a better understanding of moral and professional values as they relate to nursing, it is important to define several concepts.

A moral value is a principle that is intrinsically worthy or desirable. The word *moral* is an adjective that is derived from the Latin word *moralis*, which refers to customs and human behavior. Morality is concerned with the right conduct or the distinction between right and wrong (Horton et al., 2007; Numminen et al., 2017; Turiel, 2006). Moral values are vital elements of human existence that separate humans from animals and affect all human actions (Fealy, 2004). Although humans are born with certain intrinsic values, personal experiences, religious beliefs, and the cultural milieu will shape their values and affect the actions they take (Haddad & Geiger, 2019).

Professional values, on the other hand, are embedded in every profession and vary among occupations and institu-

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tions. Professional values are standards of performance that are approved by a professional organization or group and that provide the basis for practice (Schank & Weis, 2000). According to the American Association of Colleges of Nursing, professional values are foundational to the practice of nursing (American Nurses Association [ANA], 2015).

Several studies have noted that nurses who receive ethics training in their graduate or undergraduate courses are more knowledgeable about ethical principles and better able to detect ethical violations (Chen et al., 2014; Demiryay et al., 2020; Grady et al., 2008). A quasi-experimental study conducted in Turkey with 25 students each in an experimental and control group found that students who received ethics training had higher scores in ethical sensitivity than the control group (Baykara et al., 2015). A more recent study noted that an ethics seminar on moral sensitivity and ethical behavior decreased unethical behavior among clinical nurses (Lee et al., 2020).

Culture is defined as a set of values, beliefs, customs, and social behavior of a particular group of people that shapes a person's ideas, perceptions, and decisions. Each individual has their own unique set of cultural values that influence their behavior (Wros et al., 2004). The professional values set by the field of nursing may be standardized; however, culture will determine which values are prioritized or valued. A comparison of perceptions of ethical responsibilities among Chinese, American, and Japanese nurses showed that American nurses rated principle-based values the highest, Chinese nurses rated virtue-based values the highest, and Japanese nurses rated care-based values the highest (Pang et al., 2003). Shahriari et al. (2012) concluded that Iranian nurses place a greater emphasis on preserving the dignity and religious beliefs of patients compared with nurses in Western countries.

Professional confidence affects all aspects of nurses' clinical judgment and can affect the quality of patient care. Few studies have evaluated the confidence of nurses in ethical decision-making and how to take appropriate moral actions. Only two studies were found. Grady et al. (2008) found that ethics and continuing education influence the confidence of nurses and social workers in their ability to make ethical decisions and moral judgments. Iacobucci et al. (2013) noted that although nursing students had high levels of self-esteem, this was not related to their confidence in ethical decision-making.

Nurses at the university medical center where this study was conducted follow the ANA Code of Ethics and the Lebanese Order of Nurses Code of Ethics. However, it was not clear what values the nurses hold and whether the mandatory session from the Clinical and Professional Development Center (CPDC) on ethics was sufficient, espe-

cially because there were a few incidents where unethical conduct was observed. Further, because of the significant increase in the number of new nurses (32%) hired in the past 5 years and their varied backgrounds, it was considered necessary to assess the variables that influence their moral and professional values (Tuveesson & Lützén, 2017). Based on previous studies, the variables of interest in this study included age (Osingada et al., 2015; Tuveesson & Lützén, 2017), gender (Bang et al., 2011; Fernández-Feito et al., 2019), spirituality (Jun & Lee, 2016), highest degree in nursing (Sibandze & Scafide, 2018), and completion of a formal course in ethics (Gazaway et al., 2018; Monroe, 2019; Park et al., 2012). The purpose of this study was to explore the moral and professional values of registered nurses at a university medical center in a Middle Eastern country as well as the relationship between those values and formal ethics education and background characteristics. Formal ethics education or training was defined as at least a 2- or 3-hour class or course in ethics or professional values. Both moral and professional values may be influenced by external factors, such as culture, age, and spirituality (measured by regular daily prayer). The research questions were:

1. How do registered nurses at a university medical center in Lebanon rate their moral and professional values?
2. What is the relationship between formal ethics education and moral and professional values?
3. What are the relationships among sociodemographic variables (gender, age, highest nursing degree, and prayer frequency) and moral and professional values?
4. How confident are professional nurses in dealing with the ethical issues they face?

It was hypothesized that nurses who have taken a formal course in ethics will have significantly higher moral and professional values than nurses who have not taken a formal course and that age, gender, nursing degree, and prayer frequency influence their moral and professional values.

THEORETICAL FRAMEWORK

The theoretical basis for this study was Kohlberg's and Gilligan's theories on moral development. Kohlberg based his theory on Piaget's concrete cognitive developmental stages whereby a person's logic influences their moral behavior (Kohlberg, 1984). Gilligan, on the other hand, based her theory on interviews with women. She argued that, for women, transitions between stages of development were more fluid and influenced by the sense of self and social relationships (Gilligan, 1993). The two theories of moral reasoning can be complementary, with Gilligan's work focusing more on women and emotions and Kohlberg's work focusing on cognitive development. Moral values that are formed in childhood may undergo

developmental changes throughout life (Gilligan, 1993; Kohlberg, 1984).

METHOD

Design

A descriptive cross-sectional survey design was used. The study took place from July 2018 to November 2018.

Setting

The study was conducted at a university medical center in Lebanon, a 365-bed tertiary care center that provides inpatient and outpatient services to the people of Lebanon and the Middle East. The hospital is accredited by the Joint Commission International and designated as a Magnet institution. The medical center provides various types of medical, surgical, and specialized services and admits approximately 35,000 patients a year. More than 675 nurses are employed, with a mean age of 31.7 (\pm 6.5) years and 6.84 (\pm 3.2) years of experience; more than 91% hold a bachelor's degree in nursing (BSN), and 12% hold a master's degree in nursing (MSN); and nearly 40% are men. No temporary nurses or agency nurses are employed at the medical center.

Participants

All 650 RNs working at the institution were eligible to participate. They were invited to participate with an email invitation through an online survey that included an introductory email with a link to the consent form, information on institutional review board approval, and the survey. A reminder was sent every week after the initial request, and the invitation was closed 4 weeks after the initial invitation. When participants clicked on the survey link, they were asked to indicate their willingness to participate. Their responses were collected with the online survey program, which was exported into SPSS software, version 25 (IBM), for analysis. There were no incentives for nurses to complete the survey, which may have affected the low response rate.

Variables Measured

Three instruments and one sociodemographic survey were used to assess the variables of interest:

1. The Moral Development Scale for Professionals (MDSP) is grounded in Kohlberg's theory of moral development (Kohlberg, 1984) and includes 12 Likert-type items ranging from 1 (*do not agree at all*) to 5 (*agree completely*), which yields a total sum of 12 to 60. A higher score indicates a higher degree of moral development (Skisland et al., 2012). Cronbach's alpha coefficient for the MDSP is reported at 0.67, with four factors explaining 51% of the variance. In this study, reliability was $r = 0.74$

and construct validity yielded a three-factor model that explained 55.4% of the variance.

2. The Nursing Professional Values Scale–Revised (NPVS-R) measures the professional values of nurses with questions derived from the ANA Code of Ethics (Weis & Schank, 2017). The NPVS-R includes 26 items rated on a Likert scale ranging from 1 (*not important*) to 5 (*most important*), with scores ranging from 26 to 130, with higher scores indicating higher professional values. Each item in the NPVS-R is a short descriptive phrase reflecting a specific code provision from the ANA. Although the ANA updated the Code of Ethics in 2015 (ANA, 2015), the updated NPVS-3 was not published when data collection began for this study. The NPVS-R has been widely used in different cultures (Cetinkaya-Uslusoy et al., 2017; Lin & Wang 2010), with good reliability (alpha coefficient, $r = 0.92$) and validity. The NPVS-R has five subfactors: caring, activism, trust, professionalism, and justice. Reliability for this study was $r = 0.91$, and construct validity with factor analysis yielded four subfactors that explained 69.35% of the variance.

3. The confidence questionnaire was adopted from a previous study and included three statements: 1. "I feel confident that I can justify my decisions regarding ethical issues." 2. "I feel prepared to deal with the ethical issues I face." 3. "I feel confident about my professional responsibilities and scope of practice regarding ethical issues." (Grady et al., 2008). Statements are scored on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), for a total score of 3 to 15, with higher scores indicating greater confidence. The alpha coefficient for the three-item confidence score was reported at $r = 0.65$. For this study, Cronbach's alpha was 0.72.

4. A sociodemographic questionnaire obtained data on gender, age, nursing degree (BSN or MSN), spirituality (measured by regular daily prayer), and formal ethics education or training.

Procedure

The study was conducted after approval was received from the institutional review board (NUR.LB10). The researcher (M.N.) informed the nurses during staff meetings, grand rounds, and journal clubs about the goal and method of the study and explained that the information would be obtained via an anonymous online survey. Nurses who were willing to participate completed the survey, which was indicative of their consent.

Data Analysis

Data were analyzed with SPSS, version 25. Descriptive statistics were used to summarize the data. For research question 1, "How do registered nurses at a university med-

TABLE 1
CHARACTERISTICS OF THE NURSES (N = 123)

Characteristic	n (%)
Gender	
Male	40 (32.5)
Female	83 (67.5)
Pray daily	
Yes	97 (78.9)
No	26 (21.1)
Nursing degree	
Bachelor of science in nursing	107 (87.3)
Master of science in nursing	16 (12.7)
Formal course in ethics	
Yes	42 (34.2)
No	81 (65.8)
Age ($M = 35.42 \pm 10.13$ y)	
20-30 y	38 (30.9)
31-40 y	51 (41.5)
41-65 y	34 (27.6)

ical center in Lebanon rate their moral and professional values?" descriptive analysis was conducted. For research question 2, "What is the relationship between formal ethics education and moral and professional values?" a *t* test was conducted. For research question 3, "What are the relationships among sociodemographic variables (gender, age, nursing degree, prayer frequency) and moral and professional values?" analysis of variance was conducted. For research question 4, "How confident are professional nurses in dealing with the ethical issues they face?" descriptive analysis was conducted.

RESULTS

Table 1 describes the characteristics of the participants. A total of 123 nurses responded to the survey (19% response rate). Mean age was 35.42 ± 10.13 years, the study group included 83 (67.5%) women and 40 (32.5%) men, 107 (87.3%) held a BSN, and 16 (12.7%) held an MSN.

The majority prayed daily (78.9%); and 81 (65.8%) had not attended a formal course in ethics.

1. How do registered nurses at a university medical center in Lebanon rate their moral and professional values?

Mean score on the MDSP was 40.69 ± 5.43 , whereas mean score on the NDVS-R was 100.37 ± 15.35 , with

higher scores indicating higher moral and professional values. **Table 2** shows how nurses rated the most and least important items. The items with the highest ratings were related to patient confidentiality and patient rights.

2. What is the relationship between formal ethics education and moral and professional values?

No relationship was found between formal ethics education and moral and professional values; only 34.2% of participants had attended a formal course in ethics.

3. What are the relationships among sociodemographic variables and moral and professional values?

Table 3 shows the relationship between sociodemographic variables and moral and professional values. Significant findings included a relationship among age, nursing degree, and professional ethics. Older nurses and those with an MSN degree had higher mean values for professional ethics ($F(3/119) = 3.22, p = .04$) and ($t(2/120) = 2.88, p = .02$), respectively. Nurses who prayed had higher mean scores for moral values ($t(2/120) = 3.56, p = .03$). None of the other variables reached significance.

4. How confident are professional nurses in dealing with the ethical issues they face?

Confidence scores ranged from 3 to 15, with a mean of 12.13 ± 0.82 . Most of the participants (83.1%) agreed or strongly agreed that they were confident in justifying their ethical decisions; 87.2% reported that they were prepared to deal with the ethical issues they face; and 86.2% expressed confidence about their professional responsibilities and scope of practice for ethical issues.

DISCUSSION

The purpose of this study was to explore the moral and professional values of RNs at a university medical center in a Middle Eastern country as well as to determine the relationship among formal ethics education, background variables (age, gender, nursing degree, regular daily prayer), and professional and moral values. Characteristics of the nurses, such as age, education, and gender, were similar to those reported in previous studies in Lebanon at this center (Kouatly et al., 2018). The reliability and construct validity of both the MDSP and the NPVS-R were supported by our data; the instruments were not translated to Arabic because all of the nurses spoke English. Reliability of the MDSP was $r = 0.74$, which is higher than that reported in an earlier study in Norway, at 0.67 (Skisland et al., 2012). The three-factor model explained 55.4% of the variance, which is very close to what was reported by the authors of the instrument, at 51% (Söderhamn et al., 2011). For the

TABLE 2
MEAN AND STANDARD DEVIATION FOR NURSES ON THE NURSING PROFESSIONAL VALUES SCALE—REVISED IN ORDER OF HIGHEST TO LOWEST MEAN

Scale item	<i>M</i>	<i>SD</i>
Maintain confidentiality of patients	4.35	0.75
Act as a patient advocate	4.17	0.76
Protect moral and legal rights of patients	4.14	0.82
Safeguard patient's right to privacy	4.14	0.80
Protect health and safety of the public	4.09	0.78
Protect rights of participants in research	4.03	0.81
Maintain competency in area of practice	4.00	0.81
Accept responsibility and accountability for own practice	3.99	0.76
Seek additional education to update knowledge and skills	3.99	0.76
Practice guided by principles of fidelity and respect for person	3.98	0.80
Confront practitioners with questionable or inappropriate practice	3.92	0.81
Request consultation/collaboration when unable to meet patient needs	3.91	0.75
Provide care without prejudice to patients of varying lifestyles	3.89	0.85
Promote equitable access to nursing and health care	3.87	0.80
Recognize role of professional nursing associations in shaping health care policy	3.79	0.77
Assume responsibility for meeting health needs of culturally diverse population	3.76	0.81
Initiate actions to improve environment of practice	3.76	0.77
Participate in activities of professional nursing association	3.72	0.92
Participate in nursing research and/or implement research findings appropriate to practice	3.72	0.84
Establish standards as a guide for practice	3.72	0.77
Advance the profession through active involvement in health-related activities	3.72	0.88
Engage in ongoing self-evaluation	3.71	0.76
Participate in public policy decisions affecting distribution of resources	3.57	0.82
Promote and maintain standards where planned learning activities for students take place	3.54	0.78
Refuse to participate in care if in ethical opposition to own professional values	3.52	1.09
Participate in peer review	3.35	0.83

NPVS-R, reliability was $r = 0.91$, which is similar to reports in previous studies (Lin & Wang, 2010; Weis & Schank, 2009). However, construct validity yielded four factors that explained 69.35% of the variance, whereas the authors of the instrument described five factors (Weis & Schank, 2009), which explained 56.7% of the extracted common variance. A study in Turkey that used a translated NPVS-R version obtained a three-factor solution explaining 66.42% of the total variance (Erkus & Dinc, 2018), whereas a study in China obtained three factors that accounted for 60.12% of the variance (Lin & Wang, 2010). The differences could be related to the understanding of the questions in different cultures. Reliability of the confidence questionnaire was also similar to the report of Grady et al. (2008).

Mean score for moral values in this study on the MDSP was 40.69 ± 5.43 , which is slightly higher than what was reported in a previous study in Norway, at 36.9 ± 6.6 (Skisland et al., 2012). This finding could be explained by the differences in the ages of nurses. In our study, mean age was 35.42 ± 10.13 years, whereas the nurses in the study by Skisland et al. (2012) were younger, 24.7 ± 7.8 years. This finding may be explained by the fact that moral development is progressive and increases with time and experience.

Mean score for the NPVS-R in our study was 100.37 ± 15.35 , slightly lower than the scores reported previously in the United States (104.7 ± 11.2 ; Gazaway et al., 2018), Iran (102.57 ± 11.94 ; Poorchangizi et al., 2019), and Turkey (103.42 ± 17.36 ; Erkus & Dinc, 2018). Our

TABLE 3
RELATIONSHIP BETWEEN MORAL AND ETHICAL VALUES AND CHARACTERISTICS OF NURSES

Characteristic	Moral value (Moral Development Scale for Professionals) <i>M</i> ± <i>SD</i>	<i>t</i> test or <i>F</i> value	Professional ethics (Nursing Professional Values Scale-Revised) <i>M</i> ± <i>SD</i>	<i>t</i> test or <i>F</i> value
Gender				
Male	41.86 ± 6.12	1.19	100.24 ± 16.89	1.34
Female	40.18 ± 5.12		100.91 ± 15.56	
Age				
20-30 y	40.27 ± 5.02	1.18	96.19 ± 14.23	3.22*
31-40 y	40.16 ± 6.47		101.82 ± 15.67	
41-65 y	41.12 ± 4.59		104.83 ± 13.99	
Education				
Bachelor of science in nursing	41.54 ± 5.07	1.31	100.05 ± 18.43	2.88*
Master of science in nursing	40.55 ± 6.22		104.26 ± 14.67	
Pray regularly				
Yes	50.93 ± 6.58	2.56*	99.02 ± 15.32	1.29
No	30.08 ± 5.06		102.34 ± 14.75	
Ethics course				
Yes	41.23 ± 9.53	0.96	101.78 ± 18.45	0.63
No	39.87 ± 4.22		100.22 ± 12.78	

**p* = .05.

value was higher than that found in Taiwan (99.10 ± 15.6; Lin et al., 2016). This finding was unexpected, especially because all nurses at this institution are required to take a yearly online session in ethics provided by the CPDC. One possible explanation for this finding is that the education provided in this session was not sufficient to influence NPVS-R scores. It is also possible that other characteristics of nurses that were not assessed in this study, such as parental education or religion, influenced their responses. The items scored highest by nurses were related to patient confidentiality, advocacy, and privacy, which are included in the third provision of the ANA (2015). These results are in accordance with previous studies in the United States (Gallegos & Sortedahl, 2015; Monroe, 2019), Iran (Poorchangizi et al., 2019), and Turkey (Erkus & Dinc, 2018). This finding indicates that, regardless of cultural variations, nurses maintain similar professional values.

Significant relationships were identified between age and professional values. Some previous studies reported that older nurses have higher professional values (Erkus & Dinc, 2018; Kubsch et al., 2008), whereas others found no relationship between age and professional values (LeDuc

& Kotzer, 2009; Osingada, 2015; Shammari et al., 2017). It is argued that, as nurses grow older and experience multiple ethical dilemmas, their professional values are reinforced (Weis & Schank, 2009). Nurses with MSN degrees had higher scores on professional values compared with nurses with BSN degrees, a finding that is in line with earlier studies (Demiray et al., 2020; Jun & Lee, 2016). This finding can be explained by the fact that nurses with MSN degrees may have taken an advanced course in ethics that may have influenced their professional values.

In terms of moral values, the only significant finding was that those who prayed daily had higher scores on the MDSP. Although no studies were found that looked at the relationship between prayer and moral values, Young et al. (1998) noted that spirituality is important in the formation of moral structure.

Our results indicate that nurses did not perceive that formal education in ethics affected their scores on the NPVS-R. A recent study by Gazaway et al. (2018) of mentoring for graduating nursing students in the United States reported that, although mentoring increased NPVS-R scores, no significant difference was found over

time. In contrast, Monroe (2019) noted that there was a significant relationship between professional values scores and the number of hours spent in nursing ethics education after licensure, although the relationship was weak. Although studies show that participation in formal ethics education is effective in improving the ethical knowledge of nursing students (Knecht et al., 2020) and clinical nurses (Lee et al., 2020; Zakaria et al., 2016), researchers have questioned the long-term contribution of ethics education to the actual professional values and ethical behavior of nurses (Cannaerts et al., 2014; Monroe, 2019). It is also unclear what educational method is best and how it affects practice (Hoskins et al., 2018; Saberi et al., 2019). It is plausible that the brief session on ethics provided by the CPDC, which consists of 32 PowerPoint (Microsoft) slides and a yearly examination, is not likely to affect professional values that are embedded in moral, religious, and personal values. It is also plausible that a formal course in ethics that was taken by 34.2% of nurses was not sufficient to affect their professional values. We argue that a formal course in ethics, confined to a lecture, may have introduced nurses to general principles of professional values but was not enough to affect their professional values. Because ethical situations can be difficult to discuss through theory alone, it may be more effective to include informal sessions with role modeling and case scenarios based on real patients and situations (Kim & Park, 2019). Active learning has recently been adopted at this institution and now includes monthly rounds in different units with case scenarios discussed with nurses. During these sessions, nurses are encouraged to bring cases they encountered in their practice, and the clinical ethics consultant facilitates a 1-hour discussion. Although attendance is not compulsory, nurses have been enthusiastic about these rounds and have attended regularly. Because the efficacy of different teaching methods has not been researched adequately (Hoskins et al., 2018; Kim & Park, 2019), more studies are needed, with a larger number of participants from different institutions, before recommendations can be made (Parker et al., 2012). It is also important to tailor ethics education to the culture because moral and professional values in Middle Eastern culture differ from those in Western culture (Yildiz, 2019).

Finally, the confidence scores of nurses in terms of ethical decision-making were similar and slightly higher than what was reported by Grady et al. (2008). This finding indicates that our nurses have confidence in their decisions and how to take appropriate ethical actions when required.

Limitations

This study is the first to assess the professional and moral values of nurses in a Middle Eastern country, and

it has several limitations. First, the participants who chose to respond may have different ethical and moral values compared with those who did not respond or may have exaggerated their responses (social desirability bias), making conclusions difficult, especially because the response rate was only 19%. Second, no incentive was given to nurses for responding; however, offering an incentive may have increased participation but would have decreased anonymity. Third, data were collected from a convenience sample in one institution that requires a brief educational session on ethics for all nurses. Thus, the results cannot be generalized to other institutions where such education is not offered. Fourth, there may be other variables that influence the moral and professional values of nurses that were not assessed in this study, such as years of experience or religious background. Finally, we evaluated the perception of nurses related to their moral and professional values; however, it cannot be assumed that they are applying these values in their practice. This topic requires more in-depth qualitative or observational studies.

CONCLUSION

In this study, the mean total score for the professional values of nurses was slightly lower, whereas the mean score for moral values was higher than what has been published in previous studies. A significant relationship was found between nurses who pray regularly and their moral values, and relationships were found among age, nursing degree, and professional values. Formal education in ethics did not affect professional or moral values. Future studies are needed to assess the benefits of continuing sessions in ethics and examine the content and method of instruction. Finally, because background variables may affect professional values in different cultures, these variables should be considered when providing ethics education.

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