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Validity and Reliability of a Turkish Version of the Modified Moral Sensitivity Questionnaire for Student Nurses

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This study examined the validity and reliability of a Turkish version of the Modified Moral Sensitivity Questionnaire for Student Nurses (MMSQSN). After obtaining permission to adapt the MMSQSN into Turkish, the translation/back-translation method was used with expert opinions to determine content validity. Factor analysis was conducted to examine the construct validity and test–retest was performed on the questionnaire to determine reliability. Cronbach's alpha coefficients were calculated to assess for internal consistency. Participants included 272 baccalaureate degree student nurses who took ethics lessons prior to their clinical internship. The factor analysis revealed that even though the factor structure in the original scale was the same, relevant items were categorized with similar components, and factor loads were sufficient. The correlation coefficient in the analyses of test–retest scores was .66 for the total scale ($p < .05$) and the Cronbach's alpha was .73 for the total scale. The translated MMSQSN is a valid and reliable measure of ethical sensitivity in student nurses in Turkey.

Keywords: ethical conflict, ethical sensitivity, ethics, moral sensitivity, nursing student

INTRODUCTION

Rapid developments in science and technology have led to ethics becoming increasingly significant in healthcare delivery. Nurses, who provide increasingly more complicated care, face many ethical dilemmas in their daily work. Thus, they must have the capabilities to make ethical decisions when faced with these ethical problems (Cerit, 2010; Orgun & Khorshid, 2009).

"Ethics" is defined as a group of moral principles or a mass of values regulating the behaviors of an individual or a profession. Ethics require a review of all actions performed, decisions made, and reasons provided; ethics enlighten individuals about how to conduct this review process (Elçigil et al., 2011). To complete work properly and appropriately, nurses are required to understand the main principles directing their actions and to act according to these principles. The

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International Council of Nurses, American Nursing Association and Turkish Nurses Associations published ethical principles for nurses while performing their duties (Baykara, Çalışkan, & Karadağ, 2014; Turkish Nurses Associations, 2009). During ethical actions, it is possible to face ethical problems, such as ethical uncertainty, ethical dilemma, and moral stress. Ethical uncertainty about which ethical principles are applicable and which morals matter is relevant to the problem. Ethical dilemmas are situations of indecision regarding the better option when there are two or more alternatives supporting the action. They are situations in which there are no correct answers and it is necessary to select an option from unsatisfactory alternatives. Moral stress requires being aware of what the true course of action should be but failing to take it due to institutional limitations (Comrie, 2012; Elçigil et al., 2011; Lützén, Blom, Ewalds-Kvist, & Winch, 2010). Ethical sensitivity starts with the awareness of an ethical dilemma or a moral problem, and it includes commenting on the situation and deciding on the true course of action to solve the problem (Ersoy & Gündoğmuş, 2003; Morton, Worthley, Testerman, & Mahoney, 2006).

Nursing education is significant in the professionalization of nursing and increasing the quality of patient care. The continuous changes in the requirements and expectations of patients lead to constant improvements in nursing education. The aim of a nursing education program is to ensure that students can exhibit knowledge, abilities, and behaviors after graduation (Karadağ & Uçan, 2006; Sherwood & Drenkard, 2007). To prepare student nurses for their professional roles and acquire the necessary qualifications, nursing education in Turkey is provided at the baccalaureate degree level.

After nurses graduate from nursing school, they begin working in a complicated health system that requires strong problem-solving abilities. To prepare nursing students for working in this complicated atmosphere, nursing schools are obliged to educate nurses who are equipped with the required scientific knowledge, talented in clinical reasoning, proficient about ethical principles, and able to reflect all of these skills in patient care. Therefore, nursing education must have the capacity to teach nurses how to work within ethical guidelines (Comrie, 2012; Karadağ & Uçan, 2006; Orak & Alpar, 2012).

There are various applications for ethics education. For instance, some nursing programs offer independent ethics lessons, whereas others add ethics and other critical subjects to the existing curriculum (Grady et al., 2008; Park, Kjervik, Crandell, & Oermann, 2012). Currently, ethics education is part of the broader Turkish curriculum. Nursing ethics is one of the first subjects taught in Turkish nursing education programs in order to meet the minimum education requirements of baccalaureate degree programs. The main purpose for educating students on ethics is to teach basic occupational values, develop the ability to make ethical decisions, and educate nurses on how to identify ethical problems in the field and how to find solutions for them (Başak, Uzun, & Arslan, 2010; Orak & Alpar, 2012; Park et al., 2012).

Ethics education includes basic ethical principles and concepts, human rights, patient rights, and ethical principles for nurses. In addition to these, subjects such as ethics theory, professional nursing, the meaning of life and death, ethical problems in the field of health, and decision processes are included. Ethics education consists of educational methods, such as formal lessons, conferences, seminars, role playing, and event analysis (Görgülü & Dinç, 2007; Grady et al., 2008).

There are limited studies in the literature related to the impact of ethics education on improving ethical sensitivity in nursing students (Comrie, 2012; Park et al., 2012). Assessing the ethical sensitivity of student nurses may be useful in determining the effectiveness of ethics education;

this would allow nursing education to be assessed and improved. In Turkey, ethics education is an essential part of baccalaureate degree programs in nursing. There is a need for well-defined assessment methods to ensure ethics education meets expected outcomes. In Turkey, there are studies that evaluate student nurses' awareness of ethical dilemmas and ethical problem solving, but no studies have evaluated the levels of student nurses' ethical sensitivity that existed prior to solving ethical problems (Baykara et al., 2014; Gül, Aşiret, Kahraman, Devrez, & Büken, 2013). It is thought that the adaptation of the Modified Moral Sensitivity Questionnaire for Student Nurses (MMSQSN) to the Turkish culture would be useful in assessing the ethical sensitivity of student nurses in Turkey. In this study, the validity and reliability of a Turkish version of the MMSQSN is examined to determine the ethical sensitivity of student nurses.

METHODS

Population

To determine the validity and reliability of a Turkish version of the MMSQSN, this study was conducted in a school of nursing in Ankara between January and February 2013. The research sample consisted of 272 student nurse volunteers in Years 2, 3, and 4 of their baccalaureate degree nursing programs who took ethics lessons prior to their clinical internship. Student nurses in Year 1, who had not yet taken ethics lessons at the time of the study, were excluded. In this sample, student nurses are educated through an integrated education system; in this, the curriculum consists of several committees. In the committee, "Nature of Nursing," held during the second semester of their 1st year, student nurses undertake basic ethics lessons, and they continue to study ethical issues throughout their education program. In the 1st year, the committees consist of basic nursing concepts, such as society and environment, wellness/illness and health promotion, and the nature of humans and nursing. In Years 2 and 3, these committees include the basic human living requirements such as respiratory, heart and circulatory, digestive, excretory, sexual, and reproductive health. The committees are based on nursing profession courses, which are integrated with basic medical science courses. For example, "The Basic Human Living Requirements; Committee of Respiratory" begins with anatomy, physiology, pathology, microbiology, and pharmacology lessons, and continues with diagnosis, medical and surgical treatment, and nursing care management of respiratory patients, and special cases in respiratory diseases of adults, children, pregnant, elderly patients, and occupational health. Committees include both theoretical and practical lessons. Theoretical lessons are mostly carried out as formal lessons by using interactive educational model and conferences. After theoretical lessons, students practice physical assessment of the respiratory system and nursing interventions, such as tracheostomy care and suctioning, at nursing skills laboratories under the guidance of an instructor. Students perform both theoretical and practical exams. Toward the end of the semester, they attend clinical internships to observe and perform the nursing care of patients with respiratory disease. In Year 4, nursing students are educated in clinical-based intern programs (Unver et al., 2013).

Instrument

The Moral Sensitivity Questionnaire was developed by Kim Lutzen to measure the moral sensitivity of nurses working in a psychiatry clinic, and Rhonda W. Comrie modified Kim Lutzen's

questionnaire to measure the moral sensitivity of student nurses (MMSQSN). According to Comrie, determining the level of ethical sensitivity of student nurses can identify what nursing education programs should do to develop ethical sensitivity. Comrie studied the validity and reliability of the MMSQSN using 250 undergraduate and postgraduate student nurses at a midwestern university. Cronbach's alpha was .64.

The MMSQSN is a 7-point Likert type scale that includes 30 items. Statements in the scale are assigned a score between 1 (*I completely disagree*) and 7 (*I completely agree*). Higher scores indicate higher ethical sensitivity, and lower scores indicate lower ethical sensitivity. The total score varies between 30 and 210. Scale score averages are evaluated as 7–5.9 (*very important*), 5.8–5 (*important*), 4.9–3.1 (*neutral*), and less than 3.1 (*unimportant*). The scale has six subdimensions: (a) Interpersonal orientation (having a relationship with the patient based on trust, and finding ways to support the patient to fulfill his or her needs), (b) Modified autonomy (recognizing the principle of patient autonomy and for the patient to make his or her own decision in situations requiring the physical and psychological protection of the patient or others; or, on the other hand, limiting the patient's autonomy), (c) Beneficence (performing good deeds; acting in favor of the patient), (d) Creating ethical meaning (a process that reflects and comments on the decisions that may even limit the patient's own decisions), (e) Experiencing the ethical dilemma (first, recognizing the presence of an ethical dilemma, then defining the emotions and intuitions, recognizing the cognitive perception of the ethical problem, and awakening the requirements), and (f) Getting expert opinion (consulting an expert to solve patient care problems). Completing the scale takes approximately 15 min.

Procedure and Data Analysis

After obtaining permission to adapt the MMSQSN into Turkish, the translation/back-translation method was used with expert opinions to determine content validity (Alpar, 2010; Tavşancıl, 2010). The questionnaire was translated into Turkish by a researcher, two academicians who worked abroad and were proficient in the English language, and a professional translator. The translations were combined and prepared as a single text and then translated into English again. The obtained scale texts were evaluated in terms of compliance. After the required corrections were made, the expert opinions of five nursing academicians experienced in ethics and research methods, a biostatistician, and a Turkish teacher were incorporated, and the scale took its final form. It was decided that no changes would be made and all 30 items in the questionnaire would be included in the final form of the Turkish version of the MMSQSN.

In testing the validity of the Turkish version of the MMSQSN, a factor analysis was performed to examine the scale's construct validity (Alpar, 2010; Tavşancıl, 2010). The criterion validity could not be evaluated because there was no similar scale measuring the moral sensitivity of student nurses that was valid and reliable in the Turkish language.

In testing the reliability of the Turkish version of the MMSQSN, an internal consistency coefficient and test–retest method was used. Sixty-five student nurses who answered the scale in the first application were requested to complete the scale again after a 3-week interval (Alpar, 2010; Tavşancıl, 2010).

Descriptive statistics were reported as frequencies and percentages for categorical variables, and means, standard deviations, and ranges for continuous variables. Exploratory factor analysis

was performed to evaluate construct validity. Principal component analysis was used for factor extraction, internal consistency was evaluated by Cronbach's alpha, and Spearman's correlation coefficients were calculated for repeatability.

Ethical Aspects of the Research

Written permission was obtained from Rhonda W. Comrie, the owner of the scale, to adapt the MMSQSN into Turkish. Furthermore, written permission was obtained from the Ethical Board of the Gulhane Military Medical Academy and from the Directorate of the Gulhane Military Medical Academy School of Nursing to conduct this research. Student nurses were informed of the research being conducted, and written consent to participate was obtained from each.

RESULTS

This study, which was conducted in a school of nursing in Ankara, determined the validity and reliability of the Turkish version of the MMSQSN. Participants were 272 nurses; of these, 97 (36%) were in Year 2, 83 (30%) in Year 3, and 92 (34%) in Year 4. In addition, all of the participants were female, and their average age was 21 (range = 19–23).

The analysis of the Turkish version of the MMSQSN had 11 subdimensions, whereas Comrie's scale had six subdimensions. From the factor analysis, 11 factors with eigenvalues over 1 were separated (Pett, Lackey, & Sullivan, 2003; see Table 1). None of the factor loads were below .3; therefore, no questions needed to be omitted from the scale. Among the five questions regarding Modified autonomy, Q12, Q10, and Q13 were collected in the same component, and Q15 and Q27 were classified in a separate component. Beneficence questions were dispersed in two combinable subdimensions (Factor 6–7). Although they were classified with Q16 to Q30, which were the Modified autonomy questions among the questions regarding Getting an expert opinion in the first component, Q24 was classified in the eighth component with another Modified autonomy question. Relevant questions were kept together in the combination of these components. Q14, Q29, Q20, and Q8 were combined in two separate components. Interpersonal orientation questions were classified with the questions related to Beneficence and Creating ethical meaning. It was determined that relevant items were categorized in similar components, factor loads were sufficient, and explained variance was 63.4%, even though the factor structure in the original scale was the same. No new subgroups were needed; thus, the six subgroups in the original questionnaire were used for the study.

When the correlation analysis results of the test–retest scores of the Turkish version of the MMSQSN were examined, they were .66 for the whole scale and statistically significant ($p < .05$).

Cronbach's alpha varies between .22 and .59 in the subdimensions of the scale when examined from the point of the total scales and subscales. In the subdimensions of Creating ethical meaning and Getting expert opinion, Cronbach's alpha is below .40 in both the first test and retest. For the total scale, Cronbach's alpha is .73 (see Table 2).

The total scale mean score of the Turkish version of the MMSQSN was in the *important* level (5.8–5) with a rate of 5.03 (5.03 ± 0.43). When the scale's subdimensions were examined, the

TABLE 1
Factor Analysis of the Turkish Version of the Modified Moral Sensitivity Questionnaire for Student Nurses

	Component										
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
Question_12	.722										
Question_10	.656										
Question_16	.608										
Question_30	.551										
Question_13	.485										
Question _1		.819									
Question _2		.706									
Question _3		.583									
Question_11			.796								
Question _9			.701								
Question_14			.414								
Question_29			−.358								
Question_20				.751							
Question_28				.535							
Question_8				.525							
Question_4					.787						
Question_5					.784						
Question_17						.783					
Question_18						.563					
Question_19						.425					
Question_22							.651				
Question_25							.647				
Question_24								−.674			
Question_15								.612			
Question_21									.707		
Question_23									.570		
Question_6										.740	
Question_7										.536	
Question_26											.755
Question_27											.604

TABLE 2
Cronbach's Alpha of the Turkish Version of the Modified Moral Sensitivity Questionnaire for Student Nurses

Subdimensions	*Test*	*Retest*
Interpersonal orientation	.33	.51
Creating ethical meaning	.22	.25
Getting expert opinion	.28	.24
Modified autonomy	.41	.35
Beneficence	.50	.48
Experiencing ethical dilemmas	.59	.67
Total	.73	.75

TABLE 3
Total Scale and Subscale Score Averages of the Turkish Version of the Modified Moral Sensitivity Questionnaire for Student Nurses

Subscale Score	*M* ± *SD*	*Range*
Interpersonal orientation	5.83 ± 0.64	3.25–7.00
Creating ethical meaning	5.27 ± 0.56	4.00–6.67
Getting expert opinion	5.17 ± 0.81	1.67–7.00
Modified autonomy	4.73 ± 0.70	2.80–6.20
Beneficence	4.82 ± 0.63	3.00–6.38
Experiencing ethical dilemmas	3.44 ± 0.92	1.00–5.67
Total scale score	5.03 ± 0.43	3.93–6.17

scale score was determined to be *important* (5.8–5) in the subdimensions of Interpersonal orientation, Creating ethical meaning, and Getting expert opinion (5.83 ± 0.64; 5.17 ± 0.81) of student nurses. The scale subscores were *neutral* (4.9–3.1) in the subdimensions of Modified autonomy, Beneficence (4.82 ± 0.63), and Experiencing ethical dilemmas (3.44 ± 0.92; see Table 3).

DISCUSSION

The aim of this study was to determine the validity and reliability of a Turkish version of the MMSQSN. To determine the scale's reliability, Cronbach's alpha was calculated to ascertain internal consistency. When Cronbach's alpha is between .60 and .80, it is accepted as quite reliable (Tavşancıl, 2010). Cronbach's alpha was .73 in this study, indicating that the Turkish version of the scale is reliable. Comrie calculated a Cronbach's alpha of .64 in the validity and reliability of the study she undertook. The internal consistency of the scale is reliable in both studies.

In the subdimensions of the scale, Cronbach's alpha varies between .22 and .59. Cronbach's alpha is below .40 in the test–retest and in the subdimensions of Creating ethical meaning and Getting expert opinion. Cronbach's alpha of the subdimensions of Creating ethical meaning and Getting expert opinion are low; however, removing these questions does not increase the scale's general Cronbach's alpha. Thus, these questions have not been removed.

In the reliability estimation sought in the measurements for the continuous characteristics, the same measurement equipment is applied to the same groups after some time and a correlation is found between the two measurements. In the second application, it is necessary to have a break to minimize the memory effect of the individual and not to cause any changes on the real score. Therefore, the period between two measurements changes according to the measured characteristic, and a period of 2 or 3 weeks may be sufficient (Alpar, 2010; Tavşancıl, 2010). It was determined that the scale has no variance with time according to the results of the retest that was undertaken 3 weeks after the first application.

In this study, the scale group scores vary between 3.44 and 5.83. In her study, Comrie (2012) stated that the scale subgroup scores varied between 3.94 and 5.57. In this research, the whole scale average score is 5.03 ± 0.43 (5.8–5) and the ethical sensitivities of the student nurses in the sample are high and at the *important* level. All student nurses had the experience of clinical internships. It is believed that the contact with patients experienced by the student nurses better

enabled them to (a) think in an ethical way, (b) determine the ethical problems, and (c) improve their ethical sensitivity.

Ethics is one of the main subjects in nursing education. Student nurses should internalize their professional and ethical roles and integrate them into their experiences so that their education on ethics can be efficient. Clinical fieldwork provides real training experiences for student nurses by allowing for demonstrations of methods (Erdil & Korkmaz, 2009; Karadağ & Uçan, 2006). Park et al. (2012) stated that nursing education, based on the one-to-one patient care delivered during an academic year, provides an efficient backdrop for student nurses to improve their moral sensitivity.

Moral sensitivity is important for student nurses to use in ethical reasoning and decision making (Morton et al., 2006; Park et al., 2012). Nursing education is based on an education system involving a nursing student in a special environment under the guidance of an instructor. In this process, nursing students should be guided to be aware of the present and future educational requirements; discover mental and physical abilities; and gain the required knowledge, manners, and behaviors (Karadağ & Uçan, 2006).

CONCLUSION

Resolving ethical dilemmas related to patient care requires ethical sensitivity; therefore, nursing education is important for developing ethical sensitivity. The MMSQSN can be used to evaluate how ethical sensitivity develops during a nursing program and to compare the level of ethical sensitivity between student nurses in different years, educational levels, or schools (Comrie, 2012). The MMSQSN can be useful to determine if nursing education has the capabilities needed to create ethical sensitivity in student nurses. Using this tool, the content and methods of ethics education for student nurses can be assessed and improved upon. The purpose of this study was to test the validity and reliability of the Turkish version of the MMSQSN. The results demonstrated that the translated scale is reliable and valid.

Limitations

As noted, the Cronbach's alpha of the subdimensions of Creating ethical meaning and Getting expert opinion is low, and removing these questions does not increase Cronbach's alpha. Therefore, these questions were left in the scale. However, this deficiency should be taken into consideration when an evaluation or comparison related to the questions is performed.

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