ORIGINAL ARTICLE

Humanistic studies and Social Researches. 2025;1(1): 21
https://doi.org/10.22034/hssr.2025.560760.1016

Moral Sensitivity in Nursing: Review of Levels, Correlates and Clinical Effects in Different Nursing Groups

Samir p Sahoo

Department of General Medicine, IMS and SUM Hospital, Siksha 'O' Anusandhan, Bhubaneswar, India

Article history:

Received: 15 Aug 2025
Accepted: 14 Nov 2025
Available online: 20 Nov 2025

Keywords:

Moral Sensitivity
Nursing Ethics
Ethical Decision-Making
Person-Centered Care
Moral Distress
Compassion Fatigue
Simulation Training

Abstract

Background: Moral sensitivity (MS) is a basic ethical skill in nursing that shows nurses can spot moral problems and act on them in daily practice.

Objective: This review put together evidence on MS levels, factors linked to it, predictors and interventions in nursing groups, mostly from Asia.

Methods: A narrative review of studies on nursing staff was done with thematic synthesis of evidence.

Results: The review looked at studies from 2010 to 2023, mainly from Asian countries and one study that compared Japan and Finland, which showed moderate levels of moral sensitivity in many nursing groups. These groups included students, ICU nurses, critical care nurses, midwives, mental health nurses and nurses who care for older people. Data from quantitative studies indicated that moral sensitivity had positive links with ethical decision-making which indicated professional values played a mediating role, emotional intelligence, moral awareness, moral self-concept, person-centered care and positive attitudes toward care of older people. The same data showed an inverse link with perceived quality of nursing care that included psychosocial and physical parts. Moral sensitivity appeared as a strong predictor of person-centered care and of compassion fatigue, especially during the COVID-19 period. Results were mixed for links with moral distress because some studies indicated no connection while others showed it existed.

Conclusions: Moral sensitivity is a clear predictor of ethical nursing practice and care quality which indicates it can also make nurses more open to distress and fatigue when conditions are hard. Targeted interventions and supportive ethical climates are needed that show how to keep moral sensitivity strong and reduce bad outcomes.

Cite this article as: Moral Sensitivity in Nursing: Review of Levels, Correlates and Clinical Effects in Different Nursing Groups. 2025;1(1):21. https://doi.org/10.22034/hssr.2025.560760.1016

Introduction

Nurses work in a job that is built on ethical rules, but the ethical side of daily tasks often stays unnoticed or not valued enough. Seeing the ethical parts of nursing practice is important that shows nurses can meet professional duties and give high-quality patient-centered care. Studies showed nurses often meet hard ethical problems that range from end-of-life decisions and resource sharing to keeping patient secrets and handling power differences [1-3]. This recognition connects directly to moral sensitivity which indicates the ability to notice ethical meaning inside usual clinical moments and which indicated it comes before ethical decision-making and moral action [1,2]. Even with its value, research indicated moral sensitivity and awareness stay as ideas with different definitions and

Correspondence:
Samir p Sahoo
E-mail: Drspsahoo2025@yahoo.com

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little real use in everyday work instead of only big dilemmas [2]. Modern healthcare places, filled with fast new technology, limited resources, heavy workloads and different patient groups, make ethical challenges stronger for nurses. These things lead not only to reported ethical worries and dilemmas but also to moral distress and burnout [5- 8]. To handle these issues, people need to understand how nurses see and react to ethical problems in different settings and recognize how organization factors like ethical climate affect their ethical health and wish to leave the job.

How ethical concerns appear and how nurses react change a lot between healthcare places and cultures. For example, nurses in Brunei named clear ethical areas at work ('nurse at work'), with doctors ('nurse and doctor') and with patients ('nurse and patient') which indicated they often chose to keep harmony instead of facing ethical conflicts directly [7]. In Canada, community nurses met special ethical conflicts that showed problems in screening for child development when quick help was missing, system unfairness, advocacy difficulties for clients and secrecy issues in public health or home care [3]. In Japan, nurses reported different levels of awareness and response to ethical issues which indicated formal support like ethics committees was often missing and made ethical work feel personal [8]. These different experiences pointed out the need for approaches made for each context that show how to build ethical awareness and give support systems. Also, ethical violations happen often even in the hidden teaching during training which indicated big system gaps, mainly in places like Pakistan where nurses stay out of formal ethics teaching and lack proper watching that showed practices against professional rules [9].

When findings are put together, nurses' ethical awareness that ties closely to sensitivity comes out as a key professional ability that often stays weak. It is needed to move through the complicated ethical world of today's nursing which indicated practical limits, organization cultures and other priorities often challenge it and leave dilemmas unsolved, distress high and staff leaving [5]. The different ethical concerns found in many practice areas – from community nursing to critical care and general wards – ask for teaching plans made for each place, supportive settings and easy-to-reach help [6,3]. Also, no standard practical tools exist to measure moral sensitivity in daily work which indicated a large gap that stops targeted help [2]. To really meet the ethical duties of nursing and raise patient care results, future research and practice must put first place on growing and supporting strong ethical awareness in nurses that shows the many sides of their ethical tasks and the exact context factors that affect their work. Because of this, the present narrative review tries to bring together current knowledge on how nurses' ethical awareness connects to patient care standards.

Methods

This narrative review brought together evidence on nurses' ethical awareness with focus on moral sensitivity (MS) and patient care. PubMed, CINAHL, Scopus and Google Scholar were searched with terms such as "moral sensitivity," "ethical awareness," "nursing ethics" and "patient care quality" together with "nurse." Papers from 2010–2025 in English were taken if they were peer-reviewed and studied MS in nursing settings with real data. Information was pulled into a table (author, population, focus, findings, implications) and then synthesized by themes.

Results

The review covered 14 studies on moral sensitivity (MS) in nursing settings – most from Asia (China, Iran, South Korea, Turkey, Japan) and one cross-cultural between Japan and Finland – from 2010–2023, which indicated moderate MS levels in different groups. These groups were nursing students [10,18], ICU and critical care nurses [11,13,16,23], midwives [12], mental health nurses [17] and nurses working with older patients [15,20].

Main quantitative results indicated MS had positive correlation with ethical decision-making ($P < 0.01$) that showed professional values mediated the link ($P < 0.01$) [10], with emotional intelligence ($p < 0.001$; mean MS 39.41 ± 7.21) [11], with moral awareness ($r = .22$, $p = 0.009$; mean MS 135.05 ± 18.79) [18] and with moral self-concept ($P < 0.05$) [19]. The same results indicated inverse links with quality of nursing care ($r = -0.528$, $p < 0.001$; 89.1% moderate MS, 75.8% low QoNC) [14] and with certain parts of quality of care [20]. Moral sensitivity showed as the strongest predictor of person-centered care ($\beta = 0.35$, $p < 0.001$; explained 28% variance) [17] and of attitudes in elderly care [15], but it explained 98% of variance in compassion fatigue during COVID-19 (mean MS 93.86 ± 19.51) [12]. No link appeared with moral distress in one study ($p = 0.26$; moderate MS 68.6 ± 7.8) [16] although other work indicated positive connection [21]. Among interventions, computer simulation showed lasting MS increase ($p < 0.001$ at 2 months follow-up) [13]. Qualitative data indicated MS themes during CPR that showed caring attention and ethical breaks [23]; older studies indicated moral stress connected to ethical climate [22].

Table 1. Characteristics of included studies

Ref No.	Author(s), Year	Population/Setting	Main Focus	Key Findings (selected statistics/quotes)	Implications/Keywords
10	Chen et al., 2021	Chinese nursing students	MS, professional values, ethical decision-making	MS → EDM ($P < 0.01$); professional values mediate the relationship ($P < 0.01$)	Ethics education should target both MS and professional values
18	Rahmani et al., 2023	Iranian nursing students	Moral awareness and MS	Moderate MS (135.05 ± 18.79); positive correlation with moral awareness ($r = .22$, $p = 0.009$)	Moral awareness training enhances MS
11	Ye et al., 2022	Chinese ICU nurses	MS and emotional intelligence	Mean MS 39.41 ± 7.21 (moderate); EI positively correlated with MS ($p < 0.001$)	EI training may boost MS
13	Parchami et al., 2022	Iranian ICU nurses	Written vs. computer simulation on MS	Sustained MS increase with computer simulation at 2 months ($p < 0.001$)	Computer simulation superior for long-term MS gains
16	Borhani et al., 2017	Iranian critical care nurses	MS and moral distress	Moderate MS (68.6 ± 7.8); no correlation with moral distress ($p = 0.26$)	MS training still useful despite absent correlation
23	Aghakhani et al., 2022	Iranian critical care nurses	MS components during CPR (qualitative)	Themes: compassionate attention, family anxiety awareness, teamwork, compulsory ethical violations	MS in high-stakes unconscious-patient scenarios
12	Aydin et al., 2023	Turkish midwives (COVID-19)	MS and compassion fatigue	Mean MS 93.86 ± 19.51; MS explains 98% of compassion-fatigue variance	Pandemic support critical for mental health
17	Jang et al., 2022	South Korean mental health nurses	Predictors of person-centred care	MS strongest predictor ($\beta = 0.35$, $p < 0.001$); 28% variance explained	Continuous MS education for PCC
15	Kim et al., 2022	South Korean elderly-care nurses	Empathy, MS, caring attitudes	MS and continuing education predict positive elderly-care attitudes	Specialised training improves attitudes
20	Nazari et al., 2022	Iranian elderly-care nurses (COVID)	MS and quality of nursing care dimensions	Inverse correlations; specific MS components predict psychosocial/physical care quality	Targeted MS aspects influence QoNC
19	Borhani et al., 2015	Iranian nurses (teaching hospitals)	Moral self-concept and MS	Significant positive relationship ($P < 0.05$)	Foster moral self-concept to raise MS
14	Darzi-Ramandi et al., 2023	Iranian nurses (COVID-19)	MS and overall quality of nursing care	89.1% moderate MS, 75.8% low QoNC; strong inverse correlation ($r = -0.528$, $p < 0.001$)	Higher MS linked to perceived lower QoNC (instrument scoring)
21	Ohnishi et al., 2019	Psychiatric nurses (Japan & Finland)	MS and moral distress	Positive correlation; higher MS → greater distress when ethical issues unresolved	Need resolution support, not just sensitivity
22	Lützén et al., 2010	Psychiatric professionals	Moral stress, ethical climate, MS	Moral stress related to ethical climate and specific MS aspects	Supportive climate reduces moral stress

practice, particularly as a foundational element for ethical decision-making (EDM) and the delivery of high-quality, person-centered care. Multiple quantitative studies, including research with nursing students, ICU nurses, and critical care professionals, demonstrate significant positive correlations between MS and aspects of EDM, confirming its predictive power for navigating ethical dilemmas. MS is further linked to crucial outcomes like the quality of nursing care, particularly in vulnerable populations such as the elderly and during crises like the COVID-19 pandemic, although the relationship is sometimes inverse, possibly

reflecting the ethical tensions encountered. Professional values act as a mediating factor between MS and EDM, while constructs like empathy, emotional intelligence, and moral self-concept show direct or indirect positive influences on MS. However, the significance of MS extends beyond positive outcomes; it is strongly associated with moral distress, especially when nurses face institutional barriers to acting ethically. Figure 1 illustrates our study summary:

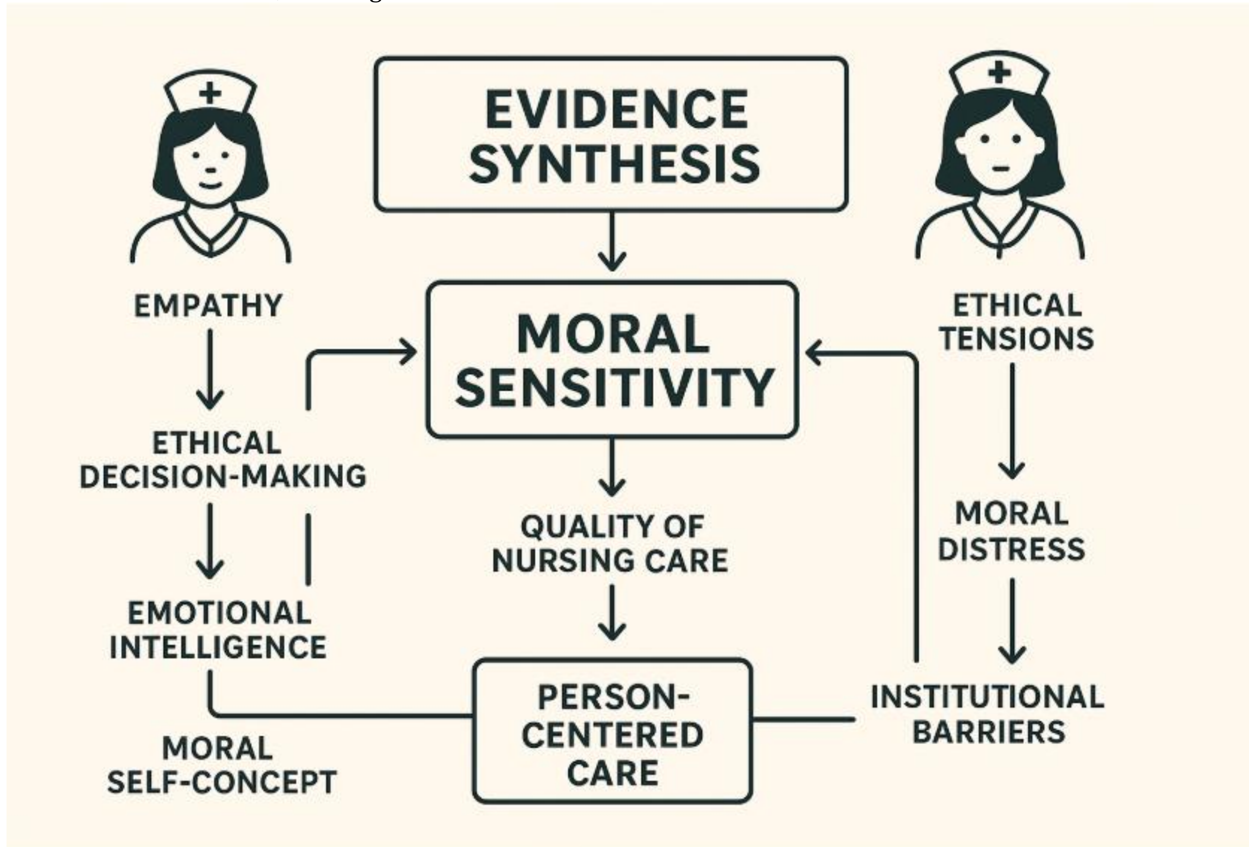

Figure 1- illustrative summary

Discussion

Our review synthesizes evidence on moral sensitivity (MS) across diverse nursing populations, confirming that MS levels are generally moderate in various Asian contexts. This finding resonates with the complex ethical landscapes nurses navigate daily, often amidst resource constraints and high patient acuity. However, the relationship between MS and overall care quality presents a critical paradox: while MS is foundational for ethical competency, our synthesis from quantitative studies indicates a negative correlation with perceived quality of nursing care. This suggests that higher sensitivity to moral issues might, in certain circumstances, lead to ethical conflicts or distress that negatively impact the overall patient experience or workflow efficiency, rather than solely driving positive ethical outcomes.

Furthermore, the synthesis underscores MS as a double-edged predictor. On one hand, MS strongly predicts positive ethical outcomes, such as person-centered care and ethical decision-making (mediated by professional values), aligning with its role as a core ethical competency. This is consistent with the understanding that nurses who are attuned to moral nuances are better equipped to provide compassionate, individualized care [25-33]. On the other hand, higher MS significantly predicts vulnerability to adverse outcomes, particularly compassion fatigue and moral distress, especially during crises like the COVID-19 pandemic. This vulnerability is not unexpected; as noted by Lamoureux et al. [27], moral distress is prevalent in acute mental health settings, and studies by Salari et al. [28] reveal alarming global statistics on its frequency and severity, often linked to burnout and secondary traumatic stress. The heightened risk during COVID-19, as highlighted in our review, likely stems from the unprecedented ethical challenges, resource scarcity, and moral dilemmas encountered [33]. Thus, while MS is crucial for ethical navigation, its predictive power for vulnerability underscores the need for robust organizational and individual coping mechanisms.

The identified correlates provide avenues for targeted interventions. For instance, the positive link between MS and emotional intelligence suggests that enhancing emotional skills could potentially bolster MS. Similarly, fostering professional values, as a mediator in ethical decision-making, warrants focus. However, interventions to mitigate the negative consequences of high MS, such as moral distress and compassion fatigue, remain underdeveloped and often lack rigorous evaluation. Morley et al. [31] reviewed various interventions (educational, discussions, bundles) but found inconsistent evidence due to methodological limitations and the subjective nature of moral distress. Their conclusion highlights the need for flexible, individualized, and rigorously tested interventions, perhaps incorporating reflective practices or strengthening ethical support systems [9]. Our review's emphasis on the negative correlation with perceived care quality and the strong link to distress points towards the necessity of not only cultivating MS but also creating supportive ethical climates that buffer against its potential negative impacts, echoing the call to integrate care ethics into workload management [25]. Future research must explore these interventions, particularly in diverse cultural contexts beyond the predominantly Asian scope of our review.

Conclusion

This review concludes that while ethical awareness and moral stress is an indispensable attribute of a professional nurse, its impact on the standard of patient care is heavily contingent on the practice environment. Moral sensitivity alone, in the face of systemic obstacles, may lead to moral distress and unintended negative consequences for care quality.

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