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Impact of Institutional Social Environment on Moral Development and Social Responsibility among Nursing Students

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ABSTRACT

Background: Moral sensitivity is a foundational element of ethical decision-making in nursing practice. Understanding how it varies among students across different institutional contexts can inform targeted educational strategies and ethical training.

Objective: To assess impact of Institutional Social Environment on Moral Development and Social Responsibility among Nursing Students.

Methods: A cross-sectional comparative study was conducted among nursing students from both public and private institutions. Data were collected using a structured questionnaire measuring moral sensitivity. Demographic variables including age, gender, academic year, and institutional affiliation were analyzed to determine their association with moral sensitivity levels.

Results: The majority of participants were female (90.5%), aged between 19 and 23 years (86.4%), and in their final year of study (57.4%). Overall, students exhibited a moderate level of moral sensitivity. Higher moral sensitivity was observed among students from private institutions, those in older age groups, females, and final-year students. Statistically significant associations were found between moral sensitivity and age, gender, academic level, and institutional type.

Conclusion: Moral sensitivity among nursing students is influenced by both demographic and institutional factors. Students from private institutions and those with greater academic and life experience demonstrated higher ethical awareness. These findings highlight the need for enhanced, tailored ethical education particularly for younger, male, and early-year students to ensure the development of competent, morally sensitive nursing professionals.

Introduction

Moral sensitivity is the ability of people to identify and react suitably to moral elements in a particular circumstance (Kraaijeveld et al., 2021). Moral sensitivity is important for student because students must be aware of their as well as patient rights. And students are the future of our health care system (Alnajjar & Abou Hashish, 2021). Every day, nurses volunteer to give sick people quality treatment. Since ethics is a cornerstone of their work, it is crucial and advantageous to develop ethics education alongside clinical practice (Grace & Uveges, 2022).

Nursing education and practice have also seen significant improvements as a result of developments in health science and technology (Gause et al., 2022). An essential component of the nursing curriculum since the dawn of contemporary nursing education is ethics (Robichaux et al., 2022). Nurses, who are vital members of healthcare teams as care staff, have begun to take on additional tasks in health applications due to the quick changes and advancements in the medical field these days (Frenk et al., 2022).

Nurses, especially in developing countries, face ethical problems and dilemmas arising from colorful difficulties similar as job dissatisfaction, lack of social support, shy number of nurses and the gap between proposition and practice (Huttunen, 2023). Nursing education plays a pivotal role in fostering moral sensitivity among students (Shadi et al., 2024).

However, the level of moral sensitivity among nursing students may vary depending on a range of factors, including the educational environment in which they are trained (Chen et al., 2021). Nursing students in private sector institutions may experience a different set of influences compared to their counterparts in public sector institutions (Meyer et al., 2022). Private sector institutions, often characterized by smaller class sizes, greater financial resources, and a more personalized approach to education, may provide students with unique opportunities for moral development (Jiang et al., 2024). Conversely, public sector institutions, which tend to have larger student populations, fewer resources, and less individualized attention, may offer a different set of challenges and advantages when it comes to fostering moral sensitivity (Rafiq et al., 2023).

Nursing scholars, who are workers of the unborn nursing service, should be suitable to make opinions with high ethical perceptivity and give holistic care grounded on ethical decision- making chops when faced with immorally demanding nursing practices at work-places (Mack & Camosy, 2022).

Similar elements of perceiving and recognizing ethical dilemmas as well as being concerned about how one's own activities affect the comfort and well-being of others were discovered in the concept analysis carried out by (Patrician et al., 2022). It is a kind of pragmatic wisdom that aims to provide care that is both comfortable for clients and satisfying for professionals (Sethuraman, 2024). Evaluating moral sensitivity in this setting might therefore provide important insight into how nurses handle difficult situations, make difficult decisions, and maintain their ethical and professional commitments. It necessitates, nevertheless, a modified set of inquiries appropriate for the Pakistani setting (Rafiq et al., 2023).

The importance of moral sensitivity in nursing education cannot be overstated, as it directly impacts the quality of patient care and the professional integrity of healthcare providers (Shadi et al., 2024). Nursing students, as future healthcare professionals, must cultivate a keen awareness of ethical principles and moral values to navigate the complexities of patient care effectively. This comparative study explores the level of moral sensitivity among nursing students from private and public sector institutions. By examining the differences and similarities in the moral sensitivity of students across these two types of institutions, the study aims to uncover key factors that may influence ethical decision-making, interpersonal communication, and overall patient care. Understanding these differences is crucial for shaping nursing curricula that foster greater ethical awareness and prepare students to meet the moral challenges of the nursing profession.

Hypothesis

- **H_0:** There is no significant difference in the levels of moral development and social responsibility among nursing students studying in public and private nursing colleges.
- **H_1:** There is a significant difference in the levels of moral development and social responsibility among nursing students studying in public and private nursing colleges.

Methodology

This study employed a comparative research design to evaluate and contrast variables among nursing students from Shalamar Nursing College and Services College of Nursing, Lahore, Punjab. Conducted over six months following institutional permission, the study targeted BSN students in their 3rd and 4th years, aged 18–24, who voluntarily participated, while excluding married and orphan students. Using OpenEpi software, a sample size of 169 was calculated (approximately 85 participants per college) with a 95% confidence interval and 5% margin of error, and data were collected through a convenience sampling technique. The Moral Sensitivity Questionnaire (MSQ) was used to assess students' moral awareness, reasoning, and motivation. Participants were provided with consent forms explaining the study purpose, procedures, and ethical considerations before completing the questionnaire within 45 minutes under confidentiality assurance. Data were analyzed using SPSS version 20, applying descriptive statistics (frequencies, percentages, graphs, and charts) to summarize responses and inferential statistics (independent t-test) to compare moral sensitivity scores between students from public and private institutions at a significance level of $p < 0.05$.

Results

Table No 1: The demographic Variables such as Age, Gender and Level of education

		n	%
Age in Years	19-23	146	86.5%
	23-26	23	13.5%
	Total	169	100%
Gender	Male	16	9.4%
	Female	153	90.6%
	Total	169	100%
Education level	Final Year	97	57.1%
	Third Year	72	42.9%
	Total	169	100%

Data Analyzed by Frequency 'n' and Percentage '%'

Table 1 presents the demographic variables of the participants, including age, gender, and level of education. Most students (86.4%) were aged 19–23 years, while 13.6% were between 23–26 years. The majority were females (90.5%), with only 9.5% males. Regarding education level, 57.4% were final-year students, and 42.6% were third-year students, indicating that most participants were young female students in their final year.

Table No 2: Work place area of the study Participants

	n	%
Public	85	50.0
Private	85	50.0

Data Analyzed by Frequency 'n' and Percentage '%'

Table 2 shows that an equal number of participants (n = 85; 50%) were taken from both public and private nursing institutions, ensuring balanced representation and enabling comparison of moral sensitivity between the two groups. Data were analyzed using frequency and percentage.

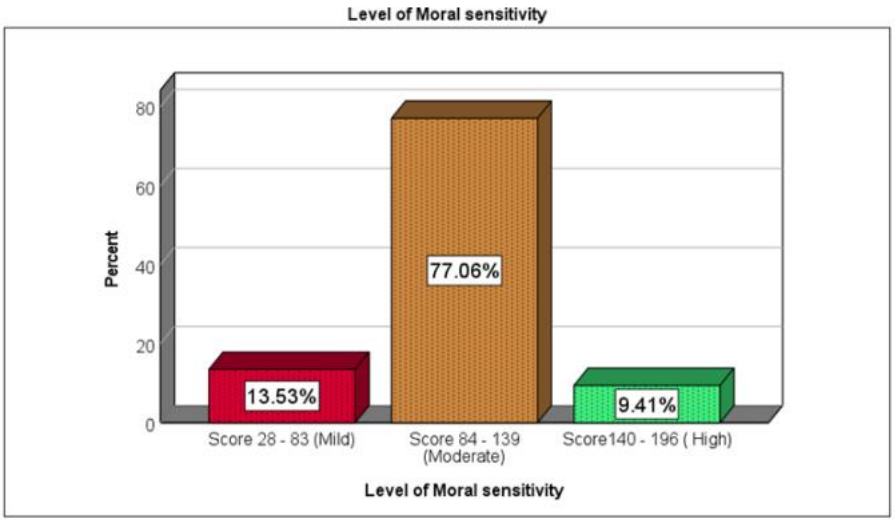

Figure 1: Level of Moral Sensitivity among BSN students

This figure 1 shows that level of moral sensitivity is 77.06%and it is moderate. while 13.53% show mild score and 9.41% shows high moral sensitivity score.

Table No 3: Association between Workplace and Moral Sensitivity

		Moral Sensitivity		
Workplace	**n**	**Mean**	**Std. Deviation**	**P-value**
Public	85	149.69	21.88	0.033
Private	85	155.93	19.836	

Analyzed by independent t test with a p less than 0.05

Table 3 shows that most private-sector students (87%) had moderate moral sensitivity, compared to 67.5% in the public sector. In the public group, 23.5% had low and 9.4% had high sensitivity, while in the private group, only 3.5% had low scores. The p-value (0.000) indicates a strong association between institutional type and moral sensitivity level.

Table No 4: The association between Age and level of Moral sensitivity among Nursing students

What is your age?	**Level of Moral sensitivity**		**Total**	**P-value**
	Score 84 - 139 (Moderate)	**Score 140 - 196 (High)**		
19-23 Year	29 (20%)	117(80%)	146	0.03
24-26 Year	4 (17%)	19(83%)	23	
Total	33	136	169	

Analyzed by chi square test with p less 0.05

Table 4 shows a significant association (p = 0.03) between age and moral sensitivity. Among students aged 19–23, 80% had high moral sensitivity, while 83% of those aged 24–26 showed high sensitivity, indicating that older students demonstrated slightly higher moral sensitivity levels.

Table No 5: the association between gender and level of moral sensitivity

What is your gender?	**Level of Moral Sensitivity**		**Total**	**P-value**
	Score 84 - 139 (Moderate)	**Score 140 - 196 (High)**		
Male	6 (38%)	10(63%)	16	

Female	31(20%)	122(80%)	153	0.133
Total	37	132	169	

Analyzed by chi -square with p less than 0.05

Table 5 shows the association between gender and moral sensitivity. Among male students, 38% had moderate and 63% had high moral sensitivity, while among females, 20% had moderate and 80% had high scores. The p-value (0.133) indicates no significant association between gender and moral sensitivity, though female students demonstrated higher sensitivity than males.

Table No 6: The association between education level and moral sensitivity

What is your education level?	**Level of Moral sensitivity**		**Total**	**P-Value**
	Score 84 -139 (Moderate)	**Score 140 - 196 (High)**		
Final Year	18(19%)	79(81%)	97	0.037
Third Year	19(26%)	53(74%)	72	
Total	37	132	169	

Analyzed by chi -square with p less than 0.05

This table no 6 shows the association between the education level of participant and level of moral sensitivity. So, these were in final year most 81%of them were into high moral sensitivity score (79); while (19%) of them were into moderate moral sensitivity score (18). In contrast those studied in third year most of them (74%) were in the high level of moral sensitivity score while (26%) were in the moderate level of moral sensitivity score. The p-value (0.037) show that there is association between education level and moral sensitivity. This concluded that final year students are with high level of moral sensitivity 79 (81%) as compared to third year students 53(74%).

Discussion

The study examined moral sensitivity among nursing students in relation to age, gender, education level, and institutional type. Most participants were females aged 19–23 (86.4%), in their final year (57.4%), with equal representation from public and private institutions (50% each). Our findings indicate that the majority of nursing students exhibited a moderate level of moral sensitivity. This result is consistent with several international studies (Shadi et al., 2024). For instance, Dalla Nora and colleagues, in a Brazilian context, found that nursing students commonly exhibit moderate moral sensitivity, particularly as they balance theoretical learning with initial clinical experiences (Antunes Ferraz et al., 2023).

Similarly, Alnajjar & Abou Hashish reported that students had moderate moral sensitivity alongside high levels of work orientation, suggesting that while students may understand ethical principles, translating them into consistent action requires further development (Alnajjar & Abou Hashish, 2021). Alnajjar and Abu Hashish's study in Saudi Arabia found moderate levels of ethical awareness and moral sensitivity among nursing students, reflecting a typical developmental stage in undergraduate nursing education (Alnajjar & Abou Hashish, 2021). Shadi and colleagues in Iran reported high moral sensitivity among working nurses, likely due to increased clinical experience and exposure to complex ethical situations that strengthen ethical reasoning (Shadi et al., 2024). These differences underscore the developmental nature of moral sensitivity, with progression likely occurring as students transition into professional practice.

Rahmani and colleagues found that nursing students had high moral awareness but only moderate moral sensitivity, suggesting that ethical understanding often develops before deeper moral engagement in clinical practice (Rahmani et al., 2023). The study found a strong link between institutional type and moral sensitivity, with private-sector nursing students showing higher levels. This may stem from better mentorship, ethics training, and resources, as noted by Ahtisham and Jacoline in their review (Khodaveisi et al., 2021). Ohnishi and colleagues found a positive link between moral sensitivity and moral distress among nurses in Japan and Finland, highlighting how ethical work environments shape sensitivity. Supportive, ethics-focused clinical exposure can enhance students' moral sensitivity (Ashida et al., 2022).

Gender was a key predictor of moral sensitivity, with female students (80%) scoring higher than males (63%). Similar findings by Jiménez-Herrera et al. in Spain linked higher female scores to greater clinical exposure and training (Jiménez-Herrera et al., 2022). Similarly, Xu and Colleagues in China reported that male students exhibited lower ethical behavior scores, pointing toward gender-based differences in empathy, emotional intelligence, and value-based engagement (Dong et al., 2025).

In Pakistan, cultural norms may enhance females' moral sensitivity, highlighting the need for gender-sensitive ethics education for males. Consistent with Park et al., older students (24–26) showed higher moral sensitivity due to greater experience and clinical exposure (Antunes Ferraz et al., 2023).

Ethical growth in nursing students increases with age and academic progression, as older and final-year students (81%) showed higher moral sensitivity (Khodaveisi et al., 2021), but curriculum quality, mentorship, and structured ethics training—through active learning and simulation—are critical, as advanced students may still show lower ethical behavior without these supports (Sullivan et al., 2020). Moderate moral sensitivity among Pakistani nursing students highlights the need for case-based learning, reflection, and role modeling, with ethics education tailored to demographic and institutional factors.

Conclusion

This study reveals notable differences in moral sensitivity among nursing students based on age, gender, academic level, and institutional type. Most participants were female and final-year students, both groups showing higher moral sensitivity. While overall sensitivity was moderate, higher scores were more common among older students (24–26 years), females, final-year students, and those from private institutions. These results align with existing literature linking maturity and academic progression to stronger moral reasoning, possibly due to greater clinical exposure and reflective learning. Differences between public and private institutions may reflect variations in curriculum and mentorship. Strengthening moral sensitivity early in nursing education can help prepare future nurses to handle ethical challenges and maintain professional integrity.

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