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The Comparison of Moral Resilience in Nursing Students and Clinical Nurses in Iran: A Cross-Sectional Study

Comparación de la resiliencia moral entre estudiantes de enfermería y enfermeras clínicas en Irán: un estudio transversal

Zahra Imani-Goghary. Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Student Research Committee, Sirjan school of medical sciences, Sirjan, Iran.
Email: imanigoghary@yahoo.ca, https://orcid.org/0000-0001-7397-5536
Naeimeh Pourramezani. Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan, Iran.
Email: pourramezani@sirums.ac.ir, https://orcid.org/0000-0003-1220-8821
Zeinab Naderi. Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan, Iran.
Email: znbnaderi@gmail.com, https://orcid.org/0000-0002-7251-943X
Maryam Firouzabadi. Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan, Iran.
Email: MFirouzabadi55@chmail.ir corresponding author, https://orcid.org/0000-0002-4088-0335

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Abstract

Background. Moral resilience is an active, intentional process of realignment following moral distress. It is an essential ability for nurses and nursing students to navigate moral challenges effectively while preserving their psychological well-being and professional integrity. This study aimed to investigate and compare the levels of moral resilience between nursing students and clinical nurses. **Methods.** This descriptive-analytical cross-sectional study was conducted at Sirjan School of Medical Sciences. A total of 204 participants (104 students and 100 nurses) were selected using stratified random sampling. Data were collected using a demographic questionnaire and the Rushton Moral Resilience Scale (RMRS-16). Data analysis was conducted using SPSS (version 26). Descriptive statistics, t-tests, ANOVA, and multiple linear regression were used for data analysis. **Results.** Nurses demonstrated significantly higher scores than students in overall moral resilience ($p< 0.05$), as well as in the subscales of moral efficacy ($p < 0.001$) and relational integrity (resilience ($p< 0.05$). No significant differences were observed in subscales of personal integrity and response to moral adversity ($p>0.05$). Regression analysis showed that demographic variables such as age and marital status did not predict moral resilience. However, among nurses, male participants scored significantly higher than females in total moral resilience and selected subscales ($p< 0.05$). **Conclusion.** The findings suggest that nursing students exhibit significantly lower levels of moral resilience compared to clinical nurses. Clinical experience and institutional support may play a critical role in developing moral resilience. Integrating structured mentorship and moral training into nursing education may enhance students' moral resilience and prepare them for real-world moral challenges.

Key words: Moral Resilience, Moral Distress, Nurses, Nursing Students

Resumen

Antecedentes. La resiliencia moral es un proceso activo e intencional de reajuste tras una situación de angustia moral. Es una capacidad esencial para que las enfermeras y los estudiantes de enfermería afronten eficazmente los desafíos morales, preservando su bienestar psicológico e integridad profesional. Este estudio tuvo como objetivo investigar y comparar los niveles de resiliencia moral entre estudiantes de enfermería y enfermeras clínicas. **Métodos.** Este estudio transversal descriptivo-analítico se llevó a cabo en la Facultad de Ciencias Médicas de Sirjan. Se seleccionaron 204 participantes (104 estudiantes y 100 enfermeras) mediante muestreo aleatorio estratificado. Los datos se recopilaron mediante un cuestionario demográfico y la Escala de Resiliencia Moral de Rushton (RMRS-16). El análisis de datos se realizó con *SPSS (v.26)*. Se utilizaron estadísticas descriptivas, pruebas t, ANOVA y regresión lineal múltiple para el análisis de datos. **Resultados.** Las enfermeras demostraron puntuaciones significativamente más altas que las estudiantes en resiliencia moral general ($p < 0.05$), así como en las subescalas de eficacia moral ($p < 0.001$) e integridad relacional (resiliencia, $p < 0.05$). No se observaron diferencias significativas en las subescalas de integridad personal y respuesta a la adversidad moral ($p > 0.05$). El análisis de regresión mostró que las variables demográficas como la edad y estado civil no predijeron la resiliencia moral. Sin embargo, entre las enfermeras, los participantes masculinos obtuvieron puntuaciones significativamente más altas que las femeninas en resiliencia moral total y subescalas seleccionadas ($p < 0.05$). **Conclusión.** Los resultados sugieren que los estudiantes de enfermería presentan niveles significativamente más bajos de resiliencia moral en comparación con los enfermeros clínicos. La experiencia clínica y el apoyo institucional pueden desempeñar un papel fundamental en el desarrollo de la resiliencia moral. La integración de la mentoría estructurada y la formación moral en la educación

Palabras clave : Resiliencia moral, Angustia moral, Enfermeras, Estudiantes de enfermería.

Introduction

Nurses and nursing students frequently encounter moral challenges in clinical settings, which can lead to moral distress, occupational burnout, and deterioration of psychological well-being [1]. These challenges may also undermine professional values, ultimately compromising the quality of patient care [2]. When nurses are unable to act according to moral standards, they may experience various forms of moral suffering that cumulatively affect their job performance, commitment, and overall moral and psychological integrity [3, 4].

In response to such adversity, the concept of resilient coping has gained prominence as a critical factor in enabling healthcare professionals to maintain their well-being and moral commitment [5]. One specific form of coping is moral resilience, defined as the capacity to preserve or restore moral integrity in the face of moral challenges [6]. While moral resilience does not eliminate moral adversity, it facilitates recovery and supports moral conduct by reinforcing personal values and professional identity [7].

Studies have demonstrated that higher levels of moral resilience are associated with reduced symptoms of stress, anxiety, and moral distress [5]. Resilience serves as a buffer against moral suffering and contributes to psychological stability and moral decision-making in complex clinical situations [8]. Interventions aimed at enhancing moral resilience have shown promise in promoting autonomy, maintaining moral standards, and minimizing the long-term consequences of unresolved moral conflicts [9]. Without such resilience, nurses and students may face increased risk of burnout, depression, or even post-traumatic stress [10].

Developing a morally resilient workforce requires more than clinical competence; it involves structured education, mentorship, and continuous moral engagement [11]. Nursing students, through gradual exposure to moral dilemmas in a supportive clinical environment, have the opportunity to develop this resilience [12]. Clinical instructors and staff nurses play a pivotal role in fostering such growth by modeling moral behavior and offering reflective learning opportunities. As Rushton emphasizes, moral resilience is not passive endurance but an active, intentional process of realigning with one's core values following moral disruption [9].

Despite the significance of moral resilience in nursing education and practice, no previous study has compared its status among nursing students and professional nurses in Iran. This study aims to compare the levels of moral resilience between these two groups, thereby exploring the potential role of clinical experience in shaping or enhancing moral resilience. The findings may inform the design of targeted interventions to strengthen moral competence and psychological preparedness in future and current nurses.

Methods

This descriptive-analytical cross-sectional study was conducted to assess and compare the level of moral resilience between nurses and nursing students at Sirjan School of Medical Sciences. Based on data from a previous study that evaluated moral resilience in nurse students [12], and assuming a confidence level of 95%, power of 80%, and a moderate effect size of 0.3, the minimum required sample size was calculated to be 220 participants (110 nurses and 110 students).

Participants were selected using stratified random sampling to ensure proportional representation from both groups. Inclusion criteria for nursing students were: enrollment in a bachelor's nursing program, completion of at least one clinical course during the current semester, and willingness to participate. For nurses, inclusion criteria included a minimum of six months of clinical experience, non-managerial status, and voluntary participation.

Ethical approval was obtained from the ethics committee of Sirjan School of Medical Sciences (approval number: IR.SIRUMS.REC.1403.005). All participants were informed about the objectives of the study, assured of the confidentiality and anonymity of their responses, and provided informed consent prior to participation.

Data collection was carried out using a demographic questionnaire and the Rushton Moral Resilience Scale (RMRS-16) [7]. The demographic form collected information such as age, gender, marital status, and professional status (nurse or student).

Rushton Moral Resilience Scale (RMRS-16)

Moral resilience was assessed using the Rushton Moral Resilience Scale (RMRS-16), a validated instrument specifically developed for healthcare professionals. The original version was created and psychometrically evaluated by Heinze et al. in 2021 [13], and was subsequently revised and finalized by Rushton et al. in 2023 to enhance its factor structure and reliability [9]. The final version consists of 16 items, distributed across four subscales: Response to Moral Adversity, Personal Integrity, Moral Efficacy, and Relational Integrity, with four items in each subscale.

Each subscale measures a distinct dimension of moral resilience: Response to Moral Adversity evaluates the ability to constructively analyze and respond to morally complex or conflicting situations, emphasizing rational reasoning over emotional reactivity. Personal Integrity assesses the extent to which individuals uphold their ethical principles in the face of external pressure or conflicting behaviors. Moral Efficacy measures confidence and capability in addressing moral conflict and advocating for one's values. Relational Integrity captures the ability to maintain ethical consistency while navigating interpersonal and professional relationships [5].

Responses are rated on a 4-point Likert scale ranging from 1 (Disagree) to 4 (Agree), with some items reverse-coded. Higher total scores indicate greater moral resilience. In the original validation study, the RMRS-16 demonstrated strong internal consistency, with a Cronbach's alpha of 0.86 for the total scale and values above 0.70 for all subscales [9].

In the present study, the RMRS-16 was translated into Persian using a standardized forward–backward translation procedure involving two bilingual experts in each phase. Face and content validity of the translated version were assessed by a panel of ten experts in nursing ethics. The Content Validity Index (CVI = 0.87) and Content Validity Ratio (CVR = 0.8) both demonstrated acceptable values, confirming the instrument's validity. To assess internal consistency, the translated scale was pilot-tested with a sample of 30 nurses and nursing students. The Cronbach's alpha coefficient in the pilot study was 0.85 for the total scale, confirming its reliability in the target population.

Data analysis

Data analysis was conducted using IBM SPSS Statistics software, version 25. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were calculated to summarize the demographic characteristics of participants and the overall scores of moral resilience and its four subscales. The chi-square test was used to compare groups based on marital status and gender.

The Kolmogorov–Smirnov test was used to assess the normality of continuous variables. Given that the data met the assumptions of normality, independent-samples t-tests were performed to compare age as well as mean scores of moral resilience and its subscales between nurses and nursing students. In addition to examine the association between demographic variables (gender, and marital status) with moral resilience and its subscales in each group, independent t-tests were used.

Furthermore, to identify the predictors of moral resilience and its subscales, multiple linear regression analysis was conducted. Prior to regression analysis, the assumptions of linearity, independence, homoscedasticity, and multicollinearity were checked. The statistical significance level was set at $p < 0.05$ for all analyses.

Results

Out of 220 distributed questionnaires, a total of 204 valid responses were received, 104 from nursing students and 100 from clinical nurses, yielding a response rate of 92.7%. The mean age of nursing students was 21.80 ± 1.84 years, while

the mean age of nurses was 33.75 ± 6.41 years. Analysis revealed a statistically significant difference in age between the two groups ($p < 0.001$). No significant difference was observed in gender distribution ($p > 0.05$), but marital status differed significantly between the groups ($p < 0.001$), as presented in Table 1.

The relationship between demographic variables and moral resilience scores was assessed separately for each group (nurses and nursing students). Significant differences were shown only between male and female nurses in total moral resilience scores ($p < 0.05$), relational integrity ($p < 0.05$) and moral efficacy ($p < 0.05$) subscales, with male nurses reporting higher scores than females (Table 2). No significant differences were observed between moral resilience scores and other demographic variables ($p > 0.05$).

A comparison of moral resilience and its subscales between nursing students and clinical nurses revealed statistically significant differences in overall moral resilience ($p < 0.05$), as well as in the subscales of relational integrity and moral efficacy ($p < 0.05$), with nurses scoring higher than students. No significant differences were found in response to moral adversity and personal integrity scores ($p > 0.05$). See Table 3 for details.

Table 1. Comparison of students and nurses based on marital status and gender

variable	students		Nurse		P value
	number	percentage	Number	percentage	
Married	11	10.57	71	71	0.000*
single	93	89.43	29	29	
female	62	59.62	71	71	0.08
male	42	40.38	29	29	

Table 2. Comparison between gender variable and moral resilience total and subscale scores in nurses

Variable	Women	Men	t	P value
	Mean± S.D	Mean± S.D		
Response to Moral Adversity	2.68±0.57	2.75±0.52	0.54	0.58
Personal Integrity	3.13±0.49	3.34±0.54	1.83	0.07
Relational Integrity	3.01±0.62	3.32±0.49	2.43	0.02*
Moral Efficacy	3.04±0.44	3.29±0.57	2.3	0.03*
Total Score	2.97±0.34	3.18±0.39	2.65	0.009*

Table 3. Comparison of mean scores of moral resilience total and subscale scores between nurses and nursing students

Variable	Student	Nurse	t	P value
	Mean± S.D	Mean± S.D		
Response to Moral Adversity	2.84±0.82	2.70±0.56	1.38	0.17
Personal Integrity	3.04±0.77	3.20±0.52	-1.69	0.09
Relational Integrity	2.84±0.78	3.10±0.60	-2.66	*0.008
Moral Efficacy	2.77±0.73	3.12±0.49	-3.99	*0.000
Total Score	2.88±0.73	3.10±0.37	-1.92	*0.04

Table 4. Multiple linear regression of demographic variables on moral resilience scores

Variable	B	SE	β	P value
Fixed value	3.09	0.31	----	0.000
Group	-0.09	0.18	-0.07	0.6
Age	-0.003	0.01	0.03	0.8
Marital status	0.02	0.14	0.02	0.8
sex	-0.07	0.11	-0.05	0.48

Multiple linear regression analysis results showed that demographic variables did not predict overall moral resilience ($p > 0.05$ for all predictors). Regression coefficients and model parameters are summarized in Table 4.

Discussion

This study aimed to compare the levels of moral resilience between nursing students and clinical nurses. The results revealed that nurses demonstrated significantly higher overall moral resilience scores compared to nursing students, particularly in the subscales of moral efficacy and relational integrity. While demographic variables such as age and marital status differed between groups, regression analysis indicated that these factors did not significantly influence moral resilience outcomes.

Prior studies align with this study's findings of lower moral resilience among nursing students, linking it to students' limited clinical exposure, subordinate status within healthcare settings, and exposure to moral stressors without adequate support systems [14, 15]. Factors such as insufficient ethical training, lack of moral empowerment, and organizational cultures that discourage open discussion of moral dilemmas are also identified as contributors to lower moral resilience scores among students [7, 16] .

The current findings align with literature suggesting that moral resilience is shaped through repeated exposure to complex moral scenarios and opportunities for reflective practice [11, 12]. Nursing curricula often lack practical training in managing moral challenges, leaving students unprepared for complex clinical scenarios. Decision-making in morally complex situations, such as end-of-life care or resource allocation, fosters moral resilience, yet such opportunities are limited for students. [13]. Additionally, students often lack robust support networks, such as mentors or experienced colleagues, to discuss moral dilemmas [17] We argue that developing educational resources focused on moral accompaniment, through structured mentorship and clinical ethics debriefing sessions, can address all of these gaps simultaneously. Such interventions would not only build moral resilience in students but also target the aforementioned challenges in workplace environments by institutionalizing ethical support into the organizational culture [16]. Milliken (2018) found that students trained with moral scenarios can outperform experienced nurses in resolving moral conflicts [18]. Clinical nurses, by virtue of their experience, are more likely to have developed the cognitive and emotional strategies necessary to navigate moral uncertainty. Moreover, in some health care settings nurses benefit from institutional structures, such as access to ethics committees, peer consultation, and supervisory guidance, which further strengthen nurses' ability to uphold professional values under pressure [16].

According to the results of this study, nurses scored significantly higher than students in relational integrity subscale that supports the notion that moral competence in professional relationships evolves through direct patient care experience. Studies suggested that relational integrity requires a nuanced balance between empathy, professional boundaries, and adaptive communication, all of which are cultivated through sustained clinical engagement [19-21]. Students, in contrast, are typically shielded from such complexity and may lack the experiential learning required to navigate such paradoxes [22].

Interestingly, no significant differences were found in the response to moral adversity and personal integrity subscales. This may suggest that students possess comparable moral reasoning capacities but face structural or emotional barriers to acting upon them. Badri Gargari (2020) similarly reported that students may exhibit strong moral awareness but feel constrained in applying their values in real clinical environments [23]. The shared foundation of professional values through education might explain the similar scores in personal integrity, despite practical differences [24].

As the finding show gender differences in moral resilience were significant only among nurses, with male nurses scoring higher in overall resilience, moral efficacy, and relational integrity. While some studies [25] have reported no gender differences, others [15] support the present findings. These discrepancies may reflect variations in cultural norms, socialization patterns, and emotional coping mechanisms [26]. Consistent with this study's results, previous research suggests that female caregivers are more prone to empathetic engagement and emotional burden, potentially increasing their vulnerability to moral distress [27].
Overall, the observed differences in moral resilience appear to stem more from professional experience and organizational factors than from demographic characteristics. These findings underscore the need for nursing education programs to incorporate structured opportunities for moral reflection, mentorship, and exposure to complex clinical dilemmas, in order to foster moral resilience at earlier stages of professional development.

Conclusion

This study demonstrated that nursing students exhibit significantly lower levels of moral resilience compared to clinical nurses. Although students may possess comparable moral reasoning abilities, the lack of sufficient clinical experience and structured moral support appears to hinder the development of practical moral resilience during their training. This deficiency may expose newly graduated nurses to heightened levels of moral distress, potentially affecting the quality of patient care they provide early on in their careers.

The findings highlight a critical gap between theoretical education and real-world clinical practice. Bridging this gap requires the integration of structured moral mentorship into nursing curricula. Embedding experienced mentors in clinical training environments and fostering open dialogue about moral challenges can promote the development of moral resilience among students. Establishing such supportive learning environments is essential to prepare future nurses to navigate moral complexities with confidence and integrity. Future research should explore both longitudinal interventions aimed at strengthening moral resilience across different stages of nursing education and practice, and qualitative studies using interviews and observation to further nurture the knowledge in this area.

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Authors' Biographies: Dr. Zahra Imani-Goghary., PhD in nursing., is an Assistant Professor in the Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan. Iran.Naeimeh Pourramezani., Msc in Nursing., is an Instructor in the Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan. Iran.Dr Zeinab Naderi., PhD in nursing., is an Assistant Professor in the Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan. Iran.Maryam Firouzabadi., Msc in Midwifery., is an Instructor in the Department of Nursing and Midwifery, Sirjan School of Medical Sciences, Sirjan. Iran.

Data Availability: The dataset generated and analyzed during the current study is available from the corresponding author upon reasonable request.

Declaration of Use of AI in Scientific Writing: The authors utilized ChatGPT during the writing process to enhance readability and eliminate grammatical errors. However, we took full responsibility for the content.

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