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A COMPARATIVE STUDY ON THE EFFECTS OF MORAL INTELLIGENCE TRAINING USING TWO MODELS, ROLE-PLAYING AND LECTURE, ON IMPROVING THE PROFESSIONALISM IN NURSING STUDENTS

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Abstract

Moral intelligence training by the role-playing model is an important component of nursing student training that can help to improve the individual social growth and professionalism behaviors in students. The present study aimed to determine the comparative effect of moral intelligence training using the lecture and role-playing models on improving the professionalism in nursing students.

Method and Materials

The present study was a quasi-experimental pre-test post-test single group research. 40 students of the 6th semester of nursing were selected by census method and were included in the study. The demographic, moral intelligence assessment, and professional behavior questionnaires were used to collect data. Questionnaires were completed after teaching moral intelligence through lecturing and role-playing model. Data of questionnaires were analyzed using SPSS V.25 at a 95% confidence level.

Results

Mean scores of moral intelligence, instructor's assessment and professionalism were 65.25 ± 8.34, 51.62 ± 6.37 and 37.72 ± 7.33 respectively before the moral intelligence training

through role playing, and 82.46±6.54, 67.21± 10.19 and 64.89± 9.51 respectively after training through its. In all three scores, a significant difference was observed between scores of pre- and post-training through the role-playing model.

Conclusion

The present study indicated that both methods were effective in improving the moral intelligence and professional behavior in nursing students, but a training method with role playing model was more effective than the lecture model in improving the professional behavior.

INTRODUCTION

Moral intelligence has become popular as a new concept in psychological research and management texts in recent years [1]. This concept is a dimension of intelligence that can provide a framework for proper human performance and acts as a behavior predictor. The concept of moral intelligence was first introduced by Barlow [2]. From his view, moral intelligence oversees the capacity and ability to properly understand misconceptions and beliefs, strong and deep moral beliefs, and good behavior [3]. He proposed seven principles or axial virtues for moral intelligence, including empathy, vigilance, self-control, attention and respect, kindness, patience, and ultimately fairness. Barlow's approach is towards developing the individuals' moral intelligence based on three concepts: the ability to discern right and wrong, to create and maintain strong moral beliefs, and the desire to practice those beliefs in an honorable way [4]. Moral intelligence refers to the fact that moral principles are not the result of heredity, but people learn how to be good. Students' moral intelligence refers to capabilities that affect the personal and professional behavior of students and specify their ethical duties and individual responsibilities in society and in their professions [5]. The word "professional" roots in the Latin word "Professio" that means "public proclamation and commitment to society". Professionalism refers to moral issues and questions as well as moral principles and values of a professional system such as the medical profession and governs the voluntary actions of professionals in the field of their professional activity [6]. Some researchers believe that the professionalism is a clinical science and a set of behaviors that need to focus on moral, legal, social, cultural and economic cases [7]. Universities, as institutions that produce and transmit knowledge and provide specialized human resources in society, have a duty to continuously examine the current situation and improve the quality of education by analyzing the issues to achieve practical solutions [8]. A task of University of Medical Sciences is to train medical workers who can work to improve the health of society by performing their professional duties and adhering to specific principles, which are created by these professions, after graduation. The mere scientific and practical medicine training for medical students without teaching the principles of medical professionalism delivers incomplete and inefficient products to society that will not only have fewer positive and constructive effects on society and patients, but also will sometimes pose risks to individuals [9]. Since the students' moral and professional personality is created during the student period, clinical faculty members can play important roles in affecting the students' behavior and developing their moral virtues [10]. Numerous sources indicate the use of different educational techniques in

teaching ethics as the most common method of lecture [11]. However, there is no certain method of transferring knowledge of ethical theory to practice and clinical-based learning [12]. For instance, some studies have taught students moral skills by providing written information and textbooks [13]. Role-playing method is a teaching method that can encourage students to interact more. Role-playing is a creative and powerful teaching-learning method in which learners act according to a simulated scenario and based on predefined learning goals and written texts. In this method, one or few learners perform an issue as a display [14]. The important feature of this method is to create an emotional connection between performers and observers. Learning is performed better and more efficiently in this method because there is a lot of mindfulness and emotional connection in it [15]. The advantages of this method may be the creation of motivation and enthusiasm in learners, creation of conditions for active participation of learners, active practice of learned skills, provision of a safe environment for practice and learning with the possibility of correction and counseling, and creation of a context for behavior modification [14]. Role-playing is a method that is mostly used to change attitudes and can be effective in empowering students to discover moral and human skills [16]. During the students' role playing, they are able to identify moral issues due to accepting roles and participation in the play [17]. In this way, students discover problems relating to moral codes by displaying problematic situations and then discussing them. They can understand emotions, attitudes, values, and problem-solving strategies for moral principles [14]. Although it is necessary to observe ethics and professionalism in all occupations, this factor is more necessary in caring patients due to the treatment of human who is in pain and suffering. Students are expected to gain the ability to apply moral knowledge at the patients' bedside during the clinical training course so that they can play active roles in solving moral challenges during care in the future. Given the importance of promoting professionalism and moral training in students and their positive impact on the provision of care services, the present study aimed to determine the comparative effect of moral intelligence training using the lecture and role-playing model on improving the professionalism in nursing students.

METHOD AND MATERIALS
The present study was a quasi-experimental pre-test post-test single group research. 40 nursing students of the 6th semester with the inclusion criteria were selected by the census method and included in the study. Inclusion criteria: a total grade point average above 15, no history of attending ethics training courses, no history of chronic mental illness, and no apprenticeship. Demographic questionnaire, moral intelligence assessment questionnaire, coach checklist, and professionalism behavior questionnaire were used to collect data. The Lenik and Kiel Moral Intelligence Questionnaire was used to assess moral intelligence[18]. The questionnaire had 40 questions in 10 components, namely Performance stability, Honesty, perseverance and insistence on the right,loyalty to covenant, responsibility for personal decisions,admitting failures and mistakes,accepting responsibility for serving others, compassion, the ability to self-forgive, the ability to forgive others' mistakes with a five-point Likert scale (0= never, 1= rarely, 2= often, 3= sometimes, and 4= always) (Table 1). The validity of the moral intelligence

questionnaire was examined by ten faculty members of the university; and the content validity index was calculated to be 85%. Scientific reliability of questionnaire was approved in a study by Bahrami et al. [19] with Cronbach's alpha of 0.89, and in a study by Martin and Austin [20] with Cronbach's alpha of 0.88.

Table 1 Distribution of questions for each research variable and teacher evaluation of students' moral intelligence

Items related to each component		Variables	Teacher evaluation of moral intelligence			Standardized score of students' moral intelligence		
			Before Role Modeling	After Role Modeling	P-Value	Before Role Modeling	After Role Modeling	P-Value
1	1,11,21,31	Performance stability	1.53±.51	2.29±.69	.008	1.74±.58	2.91±.48	.000
7	2,12,22,32	Honesty	2.59±.51	3.12±.49	.007	1.75±.64	2.79±.54	.000
6	3,13,23,23	perseverance and insistence on the right	1.76±.66	2.35±.70	.013	.91±.63	2.23±.62	.000
4	4,14,24,34	Loyalty to covenant	2.29±.59	2.71±.69	.038	1.56±.37	2.61±.29	.000
5	5,15,25,35	Responsibility for personal decisions	2.41±.51	2.88±.49	.011	1.51±.45	2.44±.57	.000
3	6,16,26,36	Admitting failures and mistakes	1.88±.49	2.65±.61	.004	1.93±.47	2.64±.49	.000
10	7,17,27,37	Accepting responsibility for serving others	2.35±.70	3.24±.75	.008	.69±.65	2.29±.71	.000
8	8,18,28,38	Compassion	2.12±.60	2.82±.64	.001	1.57±.52	2.52±.51	.000
9	9,19,29,39	The ability to self-forgive	2.06±.66	2.65±.49	.004	2.00±.55	2.91±.41	.000
2	10,20,30,40	The ability to forgive others' mistakes	1.65±.49	2.18±.73	.007	1.43±.42	2.57±.51	.000
Mean			2.06±.57	2.69±.63	.026	1.51±.51	2.60±.53	.004

The Professionalism Questionnaire was designed by modifying the Questionnaire of Professional Behavior of Nursing Students by Goz et al. [21]. The validity of questionnaire was confirmed by ten faculty members at Neyshabur University of Medical Sciences. Its reliability was also calculated to be 0.79 using the Cronbach's alpha method. The professionalism questionnaire consisted of 27 items with a five-point Likert scale (0= never,

1= rarely, 2= often, 3= sometimes, and 4= always). The researcher-made evaluation checklist consisted of 10 questions based on components of the moral intelligence questionnaire (Table 1). Each person's score in all three questionnaires was adjusted from 0 to 100 for comparison by standardization; and scores between 0 and 25 were very poor, 26 to 50 were poor, 51 to 75 were good, and 76 to 100 were very good. To conduct the research, all students participated in 3 weeks of sessions (11 sessions) of the moral intelligence training classes that were presented as lectures. The content of training sessions included the virtue of respect and the need to address it, the consequences of kindness in interpersonal relationships, the importance and necessity of empathy, responsibility, self-control, fairness, patience, honesty and forgiveness, and their impact on life. Questionnaires were given to students and instructors for initial assessment. After the initial assessment, the students performed the trained moral skills by playing the patient-nurse role under the supervision of a researcher with the purpose of investigating the professionalism for 3 weeks. The participants in the role-playing method were as follows: 1- The instructor or a person in charge of the performance; as a planner, and provider of facilities and executive mode of the operation and play. 2- Role players;students who voluntarily participated in the program and acted according to the written scenario (with the cooperation of instructors and students). 3- Observers; students who actively observed the role (according to predetermined criteria), and then provided feedback to the role players. The steps of role-playing method were as follows: The necessary conditions and facilities for the performance were provided by instructors after determining the subject and setting it as a scenario or play; and the roles which should be played by students, were determined. The learners were prepared to play the roles by practicing; and a brief explanation was given to learners about the subject and purpose of play. After the performance, the discussion on the content and how to perform was concluded, and the conclusion was performed. At the end of the fourth week, the questionnaires were given to students and instructor for re-evaluation. Data of pre- and post-training questionnaires through role-playing entered the SPSS V.25. Data analysis was performed using descriptive and analytical statistics as well as Wilcoxon test, paired t-test, and Pearson correlation coefficient at a 95% confidence level.

RESULTS

Among 40 nursing students in the study, 27 (67.5%) were women and 13 (32.5%) were men. The average age of students was 20.7 ± 0.99. The mean score of instructor's assessment score in the moral intelligence was 2.06 ± 0.57 after the moral intelligence training through lecture, and 2.69 ± 0.63 after training using the role-playing model. The mean score of students' moral intelligence was 1.51 ± 0.51 before moral intelligence training using the role-playing model, and then 2.60 ± 0.53 after training. The highest evaluation score by the instructor belonged to "accepting responsibility for serving others" with a value of 3.24 ± 0.75 and the lowest score of 2.18 ± 0.73 belonged to "the ability to forgive others". Furthermore, "accepting responsibility to serve others" component had the greatest change compared to before trainig the moral intelligence using the role-playing model. The mean score of students' moral intelligence was changed from 1.51 ± 0.51 before moral intelligence training using the role-playing model to 2.60 ± 0.53 after training.

The highest score of students' moral intelligence (2.00±0.55) before moral intelligence training using the role-playing model belonged to "ability to self-forgive" and the lowest score belonged to "accepting responsibility for serving others" with a value of 0.69± 0.65. The highest score (2.91± 0.48) after moral intelligence training using the role-playing model belonged to the components, namely "ability to self-forgive" and "Performance stability", and the lowest score belonged to component "perseverance and insistence on the right" with a value of 2.23± 0.62. Furthermore, the "perseverance and insistence on the right" component had the greatest change than before the moral intelligence training using the role-playing model. Results of data analysis indicated that moral intelligence training using the role-playing model has a positive effect on promoting professionalism both based on the instructor's evaluation of students' moral intelligence and based on Lenik and Kiel Moral Intelligence test; and there was a statistical significant difference between pre- and post-training scores through role-playing in all components (P <0.05) (Table 1).

Results of the present study indicated that the highest scores of professional behaviors before moral intelligence training (3.18 ± 0.64) and after moral intelligence training (3.82 ± 0.39) using the role-playing model belonged to "creating a harmonious environment for yourself and others". The lowest scores (1.29 ± 1.05) before moral intelligence training and 2.41±1.06 after the moral intelligence training using the role-playing model belonged to the "report of immoral work" component. The greatest effect of moral intelligence training in professional behavior was 1.35 and belonged to the "respecting the personal privacy" component. Results of data analysis indicated that moral intelligence training by the role playing model had a positive effect on all components of profession behavior except for the "cooperation with the health team" component and there was a statistical significant difference between pre- and post-training scores through role-playing (P= 0.063) in all components except for the "cooperation with the health team" component (P <0.05) (Table 2).

Table 2 The average score of professional behavior items for students in before and after training through role playing

No	Item	Before Role Modeling	After Role Modeling	After-Before	P-Value
1	I focus all my attention on the patients while caring them	2.76±.56	3.29±.47	.53	.008
2	I generate ideas on social matters affecting healthcare	2.94±.43	3.29±.47	.35	.031
3	I cooperate with health team members	3.12±.49	3.41±.51	.29	.063
4	I provide service for fulfilling people's needs regardless of their personal attributes	2.88±.85	3.47±.51	.59	.008
5	I generate ideas in line with developing healthcare and nursing	2.53±.62	3.12±.70	.59	.004
6	I establish relations with health team members without any discrimination	2.59±.79	2.82±.88	.71	.012

7	I arrange the environment in a way that can please the patient	2.71±.77	3.71±.47	1.00	.000
8	I assist to create positive profession image with my personality and behaviors	2.82±.73	3.59±.71	.76	.004
9	establish a harmonious environment for myself and other	3.18±.64	3.82±.39	.65	.002
10	I respect the right of the individual to refuse treatment and care	3.00±.71	3.71±.47	.71	.002
11	I establish an environment in which vocational problems can be discussed	3.12±.86	3.65±.61	.53	.008
12	I can observe the problems of the patient	2.59±.87	3.41±.51	.82	.022
13	I can determine the problems of the patient	2.65±.49	3.24±.56	.59	.004
14	I decide by considering my vocational knowledge, skills and experiences on patient healthcare	3.12±.49	3.59±.51	.47	.021
15	I practice the care I plan for the patient	2.82±.39	3.29±.47	.47	.016
16	I respect and protect the privacy of the individual	3.12±.49	3.82±.39	1.35	.000
17	I protect the confidentiality of the patient related information	2.47±.51	3.29±.77	.18	.001
18	I provide the service in a respectful manner	1.82±1.13	2.71±.59	.88	.039
19	I show empathy	1.59±1.00	2.65±.86	1.06	.001
20	I serve out the resources equally	1.59±1.06	2.47±.87	.88	.004
21	I do not act against ethics	2.29±.85	3.29±.69	1.00	.000
22	I report unethical practices	1.29±1.05	2.41±1.06	1.12	.035
23	I do not act against the laws	2.35±.79	3.00±.35	.65	.008
24	I report illegal practices	2.82±.73	3.35±.49	.53	.008
25	I keep care taking and treatment records accurately and completely	2.94±.43	3.41±.51	.47	.021
26	I make decisions by gathering adequate and correct data regarding the facts	2.94±.24	3.65±.49	.71	.001
27	I protect the society from false information regarding the profession and professional practices	2.88±.49	3.59±.51	.71	.002
	Mean	2.61±.87	3.30±0.70	.69	.038

The mean standardized scores of moral intelligence, instructor's evaluation, and professional behavior were 65.25± 8.34, 51.62±6.37, and 37.72±7.33 respectively before moral intelligence training using role-playing model, and then 82.46±6.58, 67.21±10.19 and 64.89±9.51 respectively after moral intelligence training. The correlation coefficient between standardized scores of moral intelligence, instructor's evaluation, and professional behavior were

0.659, 0.537, and 0.506 respectively before and after the moral intelligence training using role-playing model. In all three scores, there was a significant difference between scores of before and after moral intelligence training using the role-playing model (p= 0.004, p= 0.026 and p= 0.038); and the difference in the professional behavior score was 27 points higher than the rest (Table 3).

Table 3 Mean, standard deviation and correlation coefficient of standardized scores of moral intelligence, professional behavior and student instructor's evaluation before and after training using role-playing

Item	Type of Test	Mean± SD	P-Value	r
Moral Intelligence Evaluation	*Before Intervention	65.25±8.34	.004	.659
	After Intervention	82.46±6.58		
Teacher Evaluation	Before Intervention	51.62±6.37	.026	.537
	After Intervention	67.21±10.19		
Professional Behavior Evaluation	Before Intervention	37.72±7.33	.038	.506
	After Intervention	64.89±9.51		

DISCUSSION
Results of the present study indicated that moral intelligence training along with increasing students' knowledge and skills in moral concepts by role-playing led to improved social relationships, and thus reduced their behavioral problems. Since social skills such as paying attention to others, the ability to forgive others, admitting failures and mistakes, adherence to covenants, responsibility for personal decisions, perseverance and insistence on the right, truthfulness, principled action, and ability to self-forgive can be learned and influenced by the hereditary, teaching moral intelligence with appropriate patterns, such as teaching through playing the therapist-client role to students can increase the correct behaviors. In this regard, Donkor and Andrews found that teaching moral intelligence to nurses improved performance and increased their empathy with patients [22]. Rani et al. also found that strengthening the moral and spiritual intelligence of Malaysian nurses during their student course improved their job performance during their career [23]. The present study indicated that teaching moral intelligence through playing the client-therapist role had more effect on students' professional behavior score than moral intelligence score, indicating the fact that professionalism and observance of professional behaviors were types of skill that students needed to learn when dealing with facts of their field of study. Consistent with the present study, several studies indicated that the mean score of professional behavior in nurses, who actually played the role of a therapist, was higher than nursing students, indicating a gap between practical and theoretical training; and the absence of training through playing the client-therapist role at nursing schools [26-24]. What is important is the difference between scores of moral intelligence and professional behavior before training through role-playing. It seems that moral intelligence training through lecture can improve students' moral intelligence score to a good degree, while it has no significant effect on the professional behavior score. Based on research results, their scores were still too low, while moral intelligence training through role playing not only promoted the moral intelligence score and made it very high, but also affected the students' professional behavior scores and was able to improve the

professional behavior score, indicating that the moral intelligence training by role-playing method motivated people to think and learn more about the role. Consistent with the present study, Bosse et al. evaluated the training through role-playing effective for teaching communication skills and professional behaviors to medical students [27]. In terms of professionalism items, there was no significant difference only in score of "cooperation with the health team" before and after the moral intelligence training through role playing. HeshmatiNabavi et al. conducted a study titled "Comparison of professional behavior in nursing students" and found no difference in scores of "cooperation with the health team" between freshman and senior students [28]. In another study, there was a significant difference between students and nurses at the hospital in terms of scores of "cooperation with the health team" [26]. In the present study, there was a significant difference between components of professional behavior before and after moral intelligence training through role playing. Meanwhile, HeshmatiNabavi et al. reported a significant difference only between scores of freshman and senior students in "meeting the clients' needs", "creating a regular and coordinated workplace", "creating an environment for discussing professionalism problems", and "patient care planning" [28]. According to the present study, the client-therapist role playing training model considered the practical problems of nursing and provided a living example of human and professional behavior, so that students could use it as a tool to understand emotions and gain a deep understanding of their own values. A limitation of research was the role-playing training method limitation, first, because it had a dramatic and artistic appearance and it might not be taken seriously; hence, it was sought to be solved by explaining the subject and purpose of play to learners. Second, the method required sufficient time and facilities, and it was time consuming, hence, the proper planning could fix it as much as possible.

CONCLUSION

Comparing the effect of moral intelligence training using the lecture and role-playing model on improving the professional behavior indicated that the role-playing method had a greater effect on improving professional behaviors. Therefore, it is necessary to include moral intelligence training in students' curricula, and provide these trainings for medical students using the client-therapist role-playing model. This important measure is practical when there are proper places to play roles at medical science universities; and empowerment programs are designed and implemented for medical faculty members to become familiar with and apply the role-playing teaching method, and gain the knowledge about the importance of professionalism and moral intelligence skills.

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CONFLICTS OF INTERESTS
The authors have declared that no competing interests exist.

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