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The Moral Behavior Among Nurses in the Government Hospitals in Baghdad

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Abstract. *The nursing profession is associated with irregular working hours, high workload, increasing job demands, and emotional complexity. Nurses may exhibit psychological and physical symptoms due to work-related stress, which sometimes leads to mental health problems more frequently than in individuals working in other professions (Qian et al., 2018, p. 1120).*

At times, nurses may encounter ethically embarrassing situations in their clinical practices while providing healthcare that conflict with their professional and personal values. The work of some healthcare providers may be inefficient due to regulatory constraints, unsafe working conditions, emergencies, limited resources, and insufficient staffing. These factors lead to difficulties in making ethical decisions in the moral situations faced by nurses, which foster negative feelings, frustration, and stress in daily interactions with patients (Comrie, 2012, p. 116). This leaves little room for considering ethical mindfulness due to the ethical dilemmas and conflicts nurses encounter (Sundelin & Hagberg, 1992, p. 262).

Key words: *Moral Behavior, Hospital, Baghdad, Government.*

Introduction

Ethical mindfulness in medical practices is of utmost importance in maintaining the safety, well-being, and trust of patients. As competent nurses, it is essential to prioritize ethical considerations in our clinical judgments and decision-making. This involves not only fulfilling our professional responsibilities but also respecting patient autonomy and informed consent, safeguarding confidentiality, and privacy, avoiding conflicts of interest, and providing healthcare in general. By relying on relevant literature and research to support our arguments and ensure patient well-being through ethical attention and awareness of the ethical implications of our actions, we ensure patient-centered care and act in the best interest of those under our care and responsibility as nurses (Ramers, 2017, p. 241).

The importance of understanding ethical mindfulness among nurses extends beyond the academic realm and has real-world implications for patient care and healthcare outcomes. Nurses possessing a high level of ethical mindfulness are better equipped to provide compassionate and humane care, ultimately leading to improved patient experiences and outcomes. Moreover, ethical mindfulness can significantly impact the well-being and job satisfaction of nurses. Engaging in ethical nursing practice enhances self-satisfaction, job satisfaction, professional fulfillment, and personal growth (Farrell, 2016, p. 5).

The current research aims to identify:

1- Ethical mindfulness among nurses.

2- Identifying differences in ethical mindfulness according to:

A- Gender: Males () Females()

B- Years of service: (1-10 years), (11-20 years), (21-30 years)

The limits of the current research include studying workers in the nursing profession within the health field in Baghdad government hospitals (Al-Karkh and Rusafa), of both genders (males and females) and for the year.(2024)

The important terms:

A. Reynolds, 2008.

It is "the extent to which an individual consistently recognizes and takes into account ethics and ethical factors in his or her professional experiences" (Reynolds, 2008, p1028).

B. Kiyimba et al.,2019

How individuals naturally direct their attention to morally salient information in everyday situations. By analyzing narratives and experiences. (Kiyimba et al., 2019, p. 3).

2.Theoretical framework:

The concept of moral attention

Ethical mindfulness refers to an individual's ability to be sensitive and attuned to ethical issues, recognizing and considering the ethical aspects in decision-making processes. This concept is rooted in the belief that ethical judgments and actions are not merely the result of abstract principles or external factors but are a conscious and active process of ethical awareness (Brady, 2020, p. 978).

According to Reynolds (2008), the theoretical basis for the Ethical Mindfulness Model is social cognitive theory, where chronic accessibility is crucial in shaping the cognitive framework of individual ethical schemas. Individuals living in cultures that emphasize ethics and adherence to them are more aware of ethical issues in their daily lives and are more likely to frequently use words such as "ethics" or "virtues" (or similar terms) (Reynolds, 2008, p. 1027).

Therefore, culture plays a significant role in shaping individuals' ethical cognitive framework and may be one source of chronic accessibility. Individuals with such accessible ethical frameworks are more prone to perceive stimuli as ethical or unethical. Culture can shape the basic ways through which individuals form cognitive schemas, including perception, thinking, and attention (Peng & Nisbett, 2000, p. 945).

Theories explaining moral attention.

Reynolds moral attention model (Reynolds, 2008**).**

Reynolds (2008, p. 1028) developed the moral attention model, a construct recently added to the social psychological literature and defined it as "the extent to which an individual is chronically aware of morality and moral elements in his experiences".

This approach emerged from Social Cognitive Theory (SCT) regarding attention (Bandura, 1986). It includes recent theorizing in ethics about contemplative ethical mindfulness (Reynolds, Leavitt, & DeCelles, 2010), and perceptual ethical mindfulness (Punzo, 1996), as well as the role of intuition in ethics (Haidt, 2000). Together, these provide the theoretical basis, specifically supporting an ethical framework accessible chronically, "making the individual attentive to ethical aspects of life in both perception and thought" (Reynolds, Owens, & Rubenstein, 2012, p. 497). Reynolds' Ethical Mindfulness Model (2008) explains individual differences in the degree of concern for ethical issues, with attention primarily determined by three factors: saliency, vividness, and accessibility (Fiske & Taylor, 1991, p. 23).

1- Salience: It is the extent to which a stimulus simply stands out among competing stimuli and is then linked to the contextual factors of the situation.

2- Vividness: This is an inherent characteristic of the stimulus itself and indicates its importance and attractiveness to the recipient, especially on the emotional side.

3- Accessibility: It relates to the individual's mental framework and their retrieval from memory, as well as the individual's ability to identify or recognize stimuli. For individuals with higher ethical mindfulness, ethical mental frameworks can be chronically accessible, leading to automatic evaluation of information from an ethical perspective (Reynolds, 2008, p. 1029).

Tripartite model of moral character

(Cohen & Morse, 2014) proposed a tripartite model for understanding and defining ethical behavior through three elements:

- Motivational Element (Consideration of Others): This reflects an individual's desire to do good, avoid wrongdoing, and consider the desires and needs of others, as well as how their actions affect others. This element is a motivational factor for the individual that begins with ethical mindfulness in the situation and then motivates the individual to treat others fairly and considerately.
- Personal Ethical Capacity Element (Self-Regulation): This element focuses on individual differences in the attention directed towards the ability to act ethically and refrain from unethical actions. It consists of various traits related to the self-regulation of behavior, especially concerning behaviors that may have short-term positive consequences but long-term negative consequences for both the individual and others. Traits related to self-regulation include conscience, self-control, and consideration of future consequences. Conscience is one of the Big Six factors in personality according to the HEXACO model (Ashton, 2007).
- Element of Ethical Personal Identity (Centrality of Moral Identity): This element refers to an individual's inclination to view ethics as important and central to self-understanding, paying attention to it. It embodies individual differences indicating the individual's deep concern about whether they are ethical or not and how the individual sees themselves accordingly. Internalization of identity is the distinctive feature of this element, where individuals with internalized moral identity build their sense of others around them and exhibit traits such as empathy, fairness, cooperation, kindness, diligence, honesty, and gentleness. This element is associated with others' descriptions, self-regulation, honesty, humility, and conscience (Cohen & Norse, 2014).

3. Methodology and Procedures.

The research sample.

The current research sample consists of 400 nurses, both male and female, selected using the stratified random sampling method, distributed based on gender (males and females) and years of service. The sample was drawn from Al-Rusafa Health Directorate, Al-Karkh Health Directorate, and the Medical City Directorate in Baghdad. The aim is to extract psychometric properties such as discriminant validity, item-total correlation, domain-total correlation, domain-domain correlation, as well as conducting confirmatory factor analysis and extracting reliability using Cronbach's alpha method and retesting. Table 1 illustrates this.

Table No (1): Distribution of individuals in the research sample according to gender, years of service, and academic achievement

	Hospital	Department of Health	Sex		Years of service		
			Males	Females	21-30	11-20	1-10
1	M. Educational upper children	Rusafa Health	25	45	31	30	9
2	M. Ibn al-Nafis	Rusafa Health	25	45	26	30	9
3	M. Al-Karkh for childbirth	Karkh health	-	50	36	14	7

4	M. Burns	Medical City Department	25	40	25	30	7
5	M. Child protection	Medical City Department	25	45	25	32	9
6	M. Imam Ali (peace be upon him)	Rusafa Health	25	50	26	47	7
	Total summation	400	125	275	169	183	48

Moral Behavior Scale:

The researcher prepared the Ethical Mindfulness Scale, adopting the Likert method, which is one of the commonly used methods for constructing instruments and scales in psychology and education. The scale utilized a five-point Likert scale ranging from "Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree" to mitigate the effect of social desirability bias, which represents individuals' tendency to respond to items in a socially desirable manner. The researcher relied on Reynolds' model (Reynolds, 2008) for this purpose. The scale comprised a total of 32 items distributed across two domains:

The first field: the field of Perceptual moral attention (PMA) : This refers to the extent to which an individual automatically focuses on the ethical aspects of their experiences when encountering information, which may enhance their ability to identify ethical dilemmas. Consequently, this leads individuals to recognize the ethical significance of information and gain a better understanding of ethical content and the consequences of behavior. The scale comprised a total of 15 items.

The second field: the field of reflective moral attention (RMA) This is the extent to which an individual utilizes ethics to reflect on and recognize experiences in their life, which directly and automatically influences their ethical behavior. The scale comprised a total of 17 items. Thus, the total number of items became 32.

Analysis of scale items:

Table No. (2): The discriminatory power of the moral attention scale using the two extreme groups.

Paragraph Number	Group	Arithmetic Mean	Standard Deviation	Calculated T	Indication
1	High	4.44	0.63	5.37	Function
	Low	3.93	0.76		
2	High	4.42	0.64	5.75	Function
	Low	3.78	0.96		
3	High	4.3	0.66	5.09	Function
	Low	3.83	0.68		
4	High	4.5	0.59	5.48	Function
	Low	3.89	1		
5	High	4.46	0.7	6.84	Function
	Low	3.71	0.9		
6	High	4.6	0.59	7.43	Function
	Low	3.81	0.94		
7	High	4.64	0.48	8.45	Function
	Low	3.9	0.77		
8	High	4.46	0.66	7.49	Function
	Low	3.69	0.84		
9	High	4.5	0.63	7.86	Function
	Low	3.75	0.76		
10	High	4.44	0.63	5.11	Function
	Low	3.96	0.75		

11	High	4.14	0.83	5.70	Function
	Low	3.47	0.89		
12	High	2.94	1.11	2.24	Function
	Low	2.59	1.19		
13	High	4.2	0.76	6.40	Function
	Low	3.33	1.19		
14	High	3.94	1.08	5.18	Function
	Low	3.13	1.22		
15	High	3.44	1	5.40	Function
	Low	2.69	1.04		
16	High	4.38	0.69	5.64	Function
	Low	3.79	0.84		
17	High	3.6	0.99	6.63	Function
	Low	2.73	0.93		
18	High	3.32	1.22	6.32	Function
	Low	2.31	1.15		
19	High	4.31	0.72	4.35	Function
	Low	3.85	0.84		
20	High	4.15	0.88	5.57	Function
	Low	3.5	0.83		
21	High	4.45	0.62	8.78	Function
	Low	3.61	0.78		
22	High	4.31	1.09	8.44	Function
	Low	2.89	1.36		
23	High	3.97	0.97	11.28	Function
	Low	2.43	1.04		
24	High	3.8	0.97	8.40	Function
	Low	2.65	1.04		
25	High	4.1	0.76	3.17	Function
	Low	3.75	0.87		
26	High	3.57	1.01	6.52	Function
	Low	2.65	1.08		
27	High	4.41	0.68	4.13	Function
	Low	3.96	0.89		
28	High	4.21	0.9	3.47	Function
	Low	3.81	0.83		
29	High	3.4	1.08	5.57	Function
	Low	2.62	0.96		
30	High	4.43	0.73	9.27	Function
	Low	3.26	1.09		
31	High	4.31	0.88	7.84	Function
	Low	3.17	1.23		
32	High	4.24	0.87	7.10	Function
	Low	3.24	1.18		

Table No (3) : The validity of the items of the moral attention scale using the method of relating the item score to the total score

Paragraph	Correlation coefficient	Indication	Paragraph	Correlation coefficient	Indication	Paragraph	Correlation coefficient	Indication	Paragraph	Correlation coefficient	Indication
1	0.30	Function	9	0.42	Function	17	0.29	Function	25	0.20	Function
2	0.36	Function	10	0.28	Function	18	0.38	Function	26	0.32	Function
3	0.27	Function	11	0.33	Function	19	0.21	Function	27	0.22	Function
4	0.37	Function	12	0.19	Function	20	0.27	Function	28	0.13	Function
5	0.39	Function	13	0.24	Function	21	0.36	Function	29	0.27	Function
6	0.42	Function	14	0.23	Function	22	0.44	Function	30	0.50	Function
7	0.45	Function	15	0.10	Function	23	0.46	Function	31	0.37	Function
8	0.39	Function	16	0.32	Function	24	0.43	Function	32	0.40	Function

Table No. (4): Validity of the moral attention scale using the relationship of the domain score to the total score of the scale and the domain to the domain.

Ethical Attention	Reflective Attention	Cognitive attention	Domain
0.76	0.33	1	Cognitive attention
0.87	1	---	Reflective Attention

4. Interpretation and discussion of the results

The first objective: Identify the ethical awareness of nurses:

To achieve this goal, the researcher administered the Ethical Mindfulness Scale to individuals in the research sample, totaling 400 nurses. The results showed that their average score on the scale was 120.81 with a standard deviation of 9.77. When comparing this mean with the hypothetical mean (obtained by calculating the meaning of the five-point Likert scale alternatives and multiplying it by the number of scale items, which is 32), which is 96, using a one-sample t-test, it was found that the difference was statistically significant and in favor of the calculated mean. The calculated t-value of 50.77 exceeded the critical t-value of 1.96 for a sample size of 399 at a significant level of 0.05. Table 5 illustrates this .

Table No (5) .The t-test for the difference between the sample mean and the hypothesized mean for the moral attention scale.

Significance level	Degree of freedom	Tabular T-value	Calculated T-value	Hypothetical average	Standard deviation	Arithmetic mean	Sample
D	399	1.96	50.77	96	9.77	120.81	400

The results from the above table indicate that the research sample exhibits higher levels of ethical mindfulness than the hypothetical meaning. The researcher believes that ethical mindfulness is an important aspect of nursing practice, enabling healthcare professionals to navigate the complex ethical challenges they face daily. According to Reynolds (2008) model, nurses demonstrated the ability to recognize and interpret ethical issues within the nursing environment. They were aware of the subtle differences in patient interactions and the potential consequences of their actions and decisions within broader social and institutional contexts that shape the care they provide. They were motivated to act based on ethical judgments, following the chosen course of action, and were willing to advocate for their patients even when doing so was difficult or unpopular. They had the capability to maintain their ethical resolve in the face of competing pressures such as time constraints, resource limitations, or work demands and supervisory expectations (Reynolds, 2008).

The second goal: Identify the significance of the statistical difference according to moral attention

A. A: Gender variable (male, female) among nurses:

To achieve this goal, the arithmetic means were computed, with the mean score for males being (120.14) with a standard deviation of (9.20), while the mean score for females was (121.11) with a standard deviation of (10.02). To determine the significance of the differences, an independent

samples t-test was used for two separate groups to identify differences in ethical mindfulness based on the gender variable, as shown in Table 6:

Table No. (6): T-test for two independent samples to identify differences in moral attention according to the gender variable

Sample	Sex	Number	Average	Standard deviation	Calculated T	T. tabularis	Indication
400	Males	125	120.14	9.20	0.91	1.96	Not a sign
	Females	275	121.11	10.02			

It is clear from the table above that there are no statistically significant differences in moral attention among nurses according to the gender variable, because the calculated T-value reached (0.91), which is less than the tabulated T-value of (1.96) at the level of (0.05) and the degree of freedom.(398)

The current results were interpreted according to Reynolds' model in 2008, indicating no difference in ethical mindfulness among nurses based on gender variables. The lack of differences in ethical mindfulness among male and female nurses may be attributed to several factors. One such factor is that they share the same ethical values and beliefs when it comes to patient care. The professional standards in nursing are guided by a common set of ethical standards that emphasize the importance of patient-centered care and compassion, which apply to both male and female nurses. This shared ethical framework may explain the absence of differences in ethical mindfulness.

B. The significance of the difference in moral attention is due to the variable of years of service among nurses .

To achieve this goal, the mean scores were extracted. The mean score for years of service between (30-21 years) was (120.28) with a standard deviation of (10.2), while the mean score for years of service between (11-20 years) was (121.51) with a standard deviation of (9.46). Meanwhile, the mean score for years of service between (1-10 years) was (119.96) with a standard deviation of (9.40). The means for all years of service for the sample of 400 individuals were calculated to be an average of (120.81) with a standard deviation of (9.77). One-way ANOVA was used to identify differences in ethical mindfulness among nurses according to years of service, as shown in Table .(7)

Table No. (7): Arithmetic means and standard deviations for the moral attention scale for nurses according to the variable of years of service

Years of service	The Number	SMA	Standard Deviation
21-30	169	120.28	10.20
11-20	183	121.51	9.46
1-10	48	119.96	9.40
Total	400	120.81	9.77

Table No. (8): One-way analysis of variance to reveal the significance of differences in nurses' moral attention according to the variable of years of service

Source of variation s.of. v	Sum of squares s.of. s	Degree of freedom D. F	Mean Square M. S	F value	Significance Sig
Between groups	173.228	2	86.614	0.91	**Not a sign**
Within groups	37927.562	397	95.535		
Total	38100.790	399	---		

The current result, interpreted according to Reynolds' model (2008), suggests the absence of differences in ethical mindfulness among nurses based on years of service in the nursing profession. This can be attributed to several factors, including the professional development factor that nurses

undergo throughout their career, regardless of the number of years in service. This professional development encompasses ongoing education and training that reinforces ethical principles and values. As a result, nurses at all stages of their professional lives exhibit a similar level of ethical mindfulness. Furthermore, organizational culture plays a significant role, as healthcare institutions strive to maintain a culture of ethical practice and patient-centered care. Healthcare institutions provide regular guidance and support to nurses of all ages to ensure the preservation of consistent ethical standards. This shared organizational culture may contribute to the absence of differences in ethical mindfulness among nurses (Reynolds, 2008).

Recommendations:

1- The Ministry of Health directs the organization of workshops and training courses for nurses, in coordination with the Ministry of Higher Education and Scientific Research, involving professors from medical colleges and collaboration with psychologists. These workshops aim to train nurses on how to deal with ethical dilemmas, enhance ethical mindfulness, and develop the ability to make sound healthcare decisions.

2- Activating the role of media channels in collaboration with the Red Crescent and Red Cross Organization to highlight the importance of ethical mindfulness in the nursing profession. This includes conducting informative seminars and awareness programs to motivate and increase self-regulation.

3- Collaboration between the Ministry of Health and civil society organizations to utilize measures for diagnosing weaknesses and deficiencies in nurses' self-regulation in hospitals and healthcare centers. This collaboration aims to organize training courses by relevant authorities in the Ministry of Health to improve the quality of nursing practice in Iraq.

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