

The Effect of Implementing Self-Compassion Program on Moral Injury of Nursing Students

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ABSTRACT

Background: Self-compassion can have a significant role and impact on moral damage, and the positive components of self-compassion (self-kindness, common human sense, and mindfulness) reduce the negative effects of moral damage, so using self-compassion methods can reduce the moral damage caused to nursing students during their studies. Therefore, the present study was conducted with the aim of determining the effect of the self-compassion program on the moral damage of nursing students in 2024.

Methods: In this clinical trial study, 150 nursing students of the 7th and 8th semesters in the intership course of Zahedan School of Nursing in 2023 were randomly selected in two groups of 75, intervention and control. 8 sessions of face-to-face educational program were designed and implemented for students and the degree of application of the programs by them was followed up under the supervision of the researcher. Before and 2 months after the implementation of the intervention, students' moral damage was measured using the moral damage questionnaire. Data were analyzed using independent t, paired t and chi square statistical tests under SPSS 21 statistical software.

Results: The results showed a statistically significant difference for the average score of moral injury between the control and intervention groups ($P=0.001$). On the other hand, the t-pair test shows a significant increase in the mean score of moral injury two months after the completion of the educational intervention in the intervention group ($P=0.001$).

Conclusion: The results of the present study showed that the current self-compassion training program can reduce the moral damage of nursing students during the 7th and 8th semesters, before entering the hospital as a professional nurse; Therefore, it is necessary to use it in future planning for nursing students during the 7th and 8th semester.

Introduction

Nursing is an independent discipline and a branch of medical sciences whose graduates, as members of the health team, provide health, educational, research, consulting, prevention, management and support services and medical and rehabilitation care in various related fields. Currently, the nursing education program in Iran is offered in the

bachelor's degree, master's degree, and nursing doctorate, most of which are related to the bachelor's degree [1].

This profession (nursing) is considered as an ethical profession because the service behaviors of nurses should consist of moral philosophy, including considering the wishes, needs and preferences of the patient [2]. In fact, nursing has traditionally been considered an ethical profession due to its care obligations [3] because the safety of patients, the feeling of security of nurses and the higher quality of treatment and care of the patient depend

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on the awareness and observance of the ethical and legal aspects of the nursing profession [4]. Also, the principles and observance of ethical care are considered as an essential part of nurses' job duties [5].

Meanwhile, although nursing students are not primary care providers, they participate in some aspects of care that may include stressful factors. In the field of academic education in nursing, students often experience inappropriate moral situations for themselves, their friends, patients, nurses and other health workers, which they find themselves discouraged and unable to face, and they observe care and behavior conditions that are morally inappropriate. It is inappropriate in the academic environment, including disrespecting subjects and their rights, incompatibility with personal values, principles and standards learned during academic education and their inability to apply ethical principles and individualize these principles when facing real patients. When nursing students see a contradiction between the principles they learned during their academic education and what they later experience during clinical training, they experience moral distress, which leads to a feeling of insecurity in their health care activities and decision-making process [6]. Therefore, nursing students experience moral dilemmas and contradictions during their studies, which lead to moral distress in them [7]. In fact, an incident that violates a person's moral standards is called an incident of moral harm, and the suffering or discomfort caused by it, Moral damage or the experience of moral damage is called [8].

The term "moral distress" was coined by Dr. Shai in the 1990s. He stated that war veterans suffer from feelings of guilt, social isolation and emotional numbness that they constantly feel. The set of these disorders was defined by this psychiatrist as moral injury [9]. In nursing, injury and moral distress was first proposed by Jamton. He stated that moral harm occurs when a person knows the right thing to do, but organizational limitations make it almost impossible to follow the right course of action, and moral harm is usually experienced by nurses as a moral conflict [10].

Jamton believes that moral injury is one of the most important occupational problems among nurses, which causes tension and has a negative effect on health and medical care [11]. It also affects their personal life by causing mood disorders and increasing irritability [12]. The results of studies have shown that an increase in the level of moral injury can cause an increase in medical errors, burnout, fatigue and reluctance to provide medical services in nurses [13]. In addition, extreme disappointment and job dissatisfaction may lead to violence in the workplace [14], also moral problems can lead to stress in caregivers and as a result cause physical, emotional, psychological and social moral discomfort [15].

Moral injury is not considered a mental illness. However, an individual's experiences of potentially morally damaging events can cause deep feelings of shame and guilt, and changes in cognitions and beliefs (for example "I'm a failure," "colleagues don't care about me"), as well as maladjustment. Coping responses (for example, substance abuse, social withdrawal, or self-destructive actions) [16].

Since self-compassion can play a significant role in influencing moral injury. Positive components of self-compassion (for example, mindfulness) reduce the negative effects of moral injury [17] and self-compassion has a positive effect on mental health in professional nurses and nursing students [18]. Its importance is highlighted in nursing students, and by transferring it to nursing students, their environmental and occupational stress can be better controlled [19].

Self-compassion is rooted in Buddhist philosophy [20] and includes three main components: kindness and correct understanding towards oneself (self-compassion), human humanity (general philanthropy) and mindfulness. Self-compassion means extending kindness and understanding to yourself, rather than harshly judging yourself, in times of distress. The meaning of general philanthropy is to have a view that one's experiences are a part of the experiences of all people, that is, others also have these experiences in their lives without feeling isolated and different from others, and the meaning of mindfulness (mentality) in The context of self-compassion is to look at one's feelings and experiences without exaggerating them and in a balanced way [21-22]. When a person feels inadequate, having self-compassion improves a person's ability to better accept his situation [23] and strengthening it (self-compassion) can be useful in dealing with difficult life events [23]. If we strengthen self-compassion in people, we can increase people's ability to change their mental attitude towards their conditions and obtain better results [23].

Considering the role of self-compassion in protecting against the negative consequences of depression and maintaining self-esteem and its relationship with mental health and psychopathology and paying attention to the fact that if self-compassion is measured as one of the individual difference variables without inducing or manipulating it, it can be It was expected that the effect of moral harm on depression would be removed [17], so this study was conducted considering the importance of moral harm in nursing students with the aim of investigating the effect of self-compassion program implementation on the moral harm of nursing students in 2024.

Methods

The present study was conducted as a randomized intervention. The research community was made up of all nursing students of the 7th and 8th semesters of the nursing faculty undergoing an internship course in Zahedan city in 2024. The sample size is based on the standard deviation of the moral injury score in Taheri et al.'s study (2023) [24] and based on the standard deviation of the moral injury variable $s = 93.3$ and considering $\alpha = 0.05$ and $d = 0.9$ with Using the following formula and taking into account the possible fallout and the possibility of performing statistical tests, 75 people were estimated. A total of 150 people were studied. A total of 150 people were included in the study using the available method and were divided into two intervention and control groups by block randomization.

$$n = \frac{(Z_{1-\frac{\alpha}{2}})^2 (s_1^2)}{(d)^2} = 73/25$$

$$Z_{1-\frac{\alpha}{2}} = 1.96 \quad S_1 = 93 \quad \bar{d} = 0.9$$

The criteria for entering the study include: desire to participate in the study, 7th and 8th semester nursing students who have entered the internship course and are working on the bed and completing the academic course, adults between 18 and 45 years old, not suffering from acute or chronic physical diseases. (such as heart, respiratory, liver, skeletal-muscular, kidney debilitating diseases) or mental and not suffering from severe depression and exclusion criteria include failure to complete training programs, participation in psychotherapy programs, unwillingness to continue Participation in the study for any reason and if a student did not participate in more than 3 sessions was excluded from the intervention.

The data collection tools included: personal profile questionnaire and moral injury questionnaire. Questionnaire of personal characteristics: It included questions to measure age, gender, education level, marital status, which was completed by both intervention and control groups before the intervention.

Persian version of moral harm symptoms scale (MISS-HP-Persian):

The Persian version of the scale of symptoms of moral damage-the version of health care professionals" includes 10 items that measure 10 dimensions (each question measures one dimension): 1) betrayal (betrayal); 2) Guilt; 3) shame; 4) moral concerns; 5) loss of trust; 6) loss of meaning/purpose; 7) difficulty in forgiving (difficulty forgiving); 8) self-condemnation; It measures 9) feeling punished by God and 10) loss of religious/spiritual faith. Persian version of the scale, 8 concepts: 1) sin; 2) Shame (2 items); 3) moral concerns; 4) loss of trust; 5) loss of meaning/purpose; 6) difficulty in forgiveness; It examines 7) blame and 8) punishment by God (2 items). Item number 11 is not one of the main items of the scale and it is mentioned only to examine the effect of moral

damage on the individual's performance in the scale. Scoring is from strongly disagree = 1 to strongly agree = 10. Therefore, the range of scores varies between 10 and 100. The cut-off point of the Persian version is 36.5, which means that people who score 36.5 or more have signs of moral damage. It should be noted that the cut-off point in the original version is 36 [25]. Convergent validity: The results of the Pearson correlation test showed that the signs of moral injury had a significant correlation with general health, post-traumatic stress, anxiety and hidden anger, and the intensity of the correlation was moderate in all cases. Therefore, the convergent validity of MISS-HP-Persian is confirmed.

Reliability: Cronbach's alpha was controlled in the total sample size of 455 people. Except for one item, the item-total correlation of the other items was more than 0.2 and the alpha coefficient of the total scale was 0.7 and acceptable.

After explaining the objectives of the research to the 7th and 8th semester nursing students who had entered the internship course, they were asked to enter the study if they wish and then they were placed in the intervention and control groups. Before the start of the intervention, the demographic characteristics questionnaire was completed, and the amount of moral harm was measured in the nursing students of the intervention and control groups. Then, an educational intervention, a program based on promoting self-compassion in nursing students, was arranged for them. This educational program was presented to the intervention group in 8 sessions of 45 minutes during 4 weeks at the students' internship site.

In these sessions, after additional explanations about the research and its goals, the content of the educational program based on the definition and discovery of self-compassion, mindfulness, kindness-loving, discovering the voice of self-compassion and compassion for oneself and the body, living deeply, facing emotions difficulties and reducing shame, discovering challenging relationships, and accepting life were presented (Table 1). This program was taught to nursing students in the form of group discussion and lectures, questions and answers, and finally, a review of the taught items was made and the questions of the nursing students were also answered. No intervention was done for nursing students in the control group. After the completion of the intervention, the nursing students continued to implement the training program at home for 2 months under the follow-up and support of the researcher (to ensure the intervention process by the nursing students at home). The researcher was present at the hospital on a certain day and the nursing students could ask him their questions and problems in person or by phone. After three months, people from the control and intervention groups were invited, and then the moral injury questionnaire was completed again by the people of the two groups. In order to comply with the ethical standards, after the completion of the study, the educational program compiled in the form of educational booklets was provided to the control group.

Data analysis using independent t-tests (to compare the amount of moral damage between two groups), chi-square (to compare the frequency distribution of some demographic variables between the two groups) and t-

pair test (to compare the average score of moral damage, before and after the intervention in both groups) under SPSS 21 statistical software.

Table 1- The structure and content of self-compassion training intervention

Session	Purpose	The content of the training session	Content presentation method
first	initial familiarization, Introducing self-compassion training, discovering self-compassion	Introduction and initial communication, reviewing group rules, explaining the structure and goals of the meeting, explaining the nature of self-compassion and its principles, presenting the assignment: making a list of your sufferings.	Speech-question and answer
second	Mindfulness training	Reviewing and reviewing the assignment of the previous session, performing mindfulness exercises: (breathing exercise, focusing on something, checking and touching the body, eating and touching raisins), presentation of the assignment: including forty minutes of mindfulness exercises at home.	Speech-question and answer
third	Practicing kindness-loving	Examining the feedback and review of the previous session, the importance of cultivating a kind mind, feeling warmth and kindness towards oneself, practicing the role playing of the kind self, teaching the styles and methods of expressing compassion using expressions (I feel safe, I am with myself) I am kind, practice, imaging from a safe place, presentation of homework.	Speech-question and answer
fourth	Discover the voice of self-compassion and compassion for yourself and your body (Finding the place of self-pity)	Examining homework, strengthening self-compassion behaviors, practicing being kind to yourself using phrases (I love you and I don't want you to suffer, practicing taking kindness from others), cultivating a kind mind, presenting homework: repeating these phrases in Daily life as well as performing the task of being kind to yourself and others.	Speech-question and answer
fifth	live deeply	Evaluation and review of the previous assignment, review and discovery of important things that give meaning to a person's life, carrying out the exercise of depicting a fruitful and valuable life, writing a letter about kind criticism of one's life, practicing the metaphor of a great day, presenting the assignment: related to Roshan Becoming important for group members.	Speech-question and answer
sixth	Facing difficult emotions and reducing shame, managing difficult feelings and emotions	Getting feedback and reviewing assignments, teaching the relationship between physical, mental, and mental components of difficult emotions and how these components affect each other, performing physical, mental, and intellectual relaxation exercises, introducing logical reasoning and kind reasoning, introducing kind sensory experience, presenting homework : Physical and mental relaxation with conscious mind exercises, as well as freeing your mind from negative thoughts.	Speech-question and answer
seventh	Explore challenging relationships (change of relations)	Evaluation and review of the past meeting, identification of all the painful relationships that have been broken with oneself and others, and laying the groundwork for one's relationship with oneself and oneself with others, practicing reconciliation with oneself, retelling the characteristics of a kind person, presenting the assignment: identifying one's anger with one's self; Anger with situations and others and the practice of reconciling and establishing relationships with these three types of relationships	Speech-question and answer
eighth	Acceptance and acceptance of life	Evaluation and feedback of the last session, examining the negative biases of life by relying on good things and good features in a person's existence in order to reduce prejudices and irrational beliefs, gain more pleasure from life, providing solutions to maintain and apply these methods in life.	Speech-question and answer

Results

The average age in the intervention group was 22.12 ± 0.85 years and in the control group was 21.89 ± 0.87 years. According to the findings, before the intervention, there was no statistically significant difference between the variables of age, education level, and marital status in the intervention and control groups ($p < 0.05$) (Table 2).

The independent t-test did not show any statistically significant difference for the average score of moral injury before the educational intervention between the

control and intervention groups (Table 3), but two months after the educational intervention there was a statistically significant difference for the average score of moral injury between the two groups of control and Intervention was observed ($P = 0.001$).

Paired t-test showed a significant increase for the average total score of moral injury two months after the completion of the educational intervention in the intervention group ($P = 0.001$). In the control group, two months after the completion of the educational intervention, a significant difference was observed for the average score of moral injury.

Table 2- Individual characteristics of the participants

Variable	group	Intervention number (percentage)	Control number (percentage)	Total Number (percentage)	P value
gender	female	43 (57/3)	38 (50/7)	81 (54/1)	0/41 ×
	male	32 (42/7)	37 (49/3)	69 (46/0)	
semester	senenth	31 (41/3)	39 (52/0)	70 (46/7)	0/19 ×
	eighth	44 (58/7)	36 (48/0)	80 (53/3)	
marital status	single	74 (98/7)	72 (96/0)	146 (97/3)	0/31 ×
	married	1(1/3)	3(4/0)	4 (2/7)	
Average age (years)××		$22/12 \pm 0/85$	$21/89 \pm 0/87$		

× Fisher's test
×× Chi square test

Table 3- Comparison of the average total score of moral damage before and after the intervention in the participants of the two groups

Variable	Group	Before intervention Mean \pm standard deviation	After intervention Mean \pm standard deviation	P value×
Moral damage	intervention	$76/25 \pm 6/54$	$33/02 \pm 3/38$	0/001=P
	control	$74/66 \pm 4/67$	$69/08 \pm 5/61$	0/001=P
	P××	0/90	0/001=P	

× Paired t test
×× independent t-test

Discussion

The aim of the present study was to investigate the effectiveness of self-compassion training on the moral damage of nursing students in 2024. The results show a significant decrease in the moral injury score two months after the completion of the educational intervention in the intervention group. Also, two months after the completion of the educational intervention, a significant statistical difference was observed for the average moral injury score between the two control and intervention groups, so it can be stated found that the self-compassion training program can reduce moral harm in nursing students before entering the hospital as a professional nurse.

Based on the results of the present study, a significant decrease in the reduction score of moral harm in nursing students was obtained two months after the completion of the educational intervention in the intervention group. These results are in line with the findings of Jang's study (2022), which investigated the effectiveness of moral

harm on self-pity in Korean youth [17] is aligned. Korean youths who have experienced moral harm and felt shame and guilt as a result and thus self-pity has affected them, like the nursing students of the present study who felt guilt and shame after moral harm and by practicing the teachings of Self-compassion reduced moral harm and then the consequences of moral harm. Although the target group in this study is different from the present study, both of these studies show the effect of moral damage and self-pity on each other.

The results of the study by Manalo et al. (2019), which investigated the effect of self-compassion on the moral damage of veterans who served in the army, show the effectiveness of the self-compassion program on moral damage [25] and are in line with the results of the present study. Because when people experience moral harm, they suffer mental complications such as depression [15] and since self-compassion can reduce moral feelings (i.e. feelings of guilt and shame), it has a direct and unconditional effect on depression symptoms and therefore leads to It affects moral damage [25], so the

teachings of self-pity will have a direct effect on moral damage.

According to the results of the present study, it can be said that when a nursing student works as a professional in the clinical environment and sees a contradiction between what he learned in college and what is done in the hospital, he suffers moral distress, which leads to He feels insecure in his health care activities and decision-making process [6]. Therefore, during their studies, nursing students experience moral dilemmas and contradictions that lead to moral distress in them [7] and these incidents violate the moral standards of a person and lead to the experience of moral harm in him [8]. Following the experience of moral harm, the student experiences moral emotions and moral feelings (i.e. guilt and shame) [25] and increasing the level of moral harm can cause extreme disappointment and job dissatisfaction [14], stress in caregivers and as a result cause physical, emotional, and psychological discomfort. and social morality [15]. Self-pity is one of the factors that can affect moral damage due to its direct effect on mental symptoms [25].

Finally, considering the limited resources in this regard, it is suggested that regarding the effect of self-compassion training program implementation on the moral damage of nursing students, the present research has provided a new perspective in this regard to improve the quality of nursing services for this group.

Among the limitations of the present study were the individual differences of the students in the intervention group in carrying out the training program and how to apply the skills and methods despite the follow-ups. Also, the time of the intervention can be considered as one of the limitations of this study. The time of the intervention was during the student's activity in the clinical environment, when the person experienced and perceived greater degrees of moral harm, therefore, it is considered as a limitation of the study, which raises the possibility of a negative or maximum effect on the results.

Conclusion

By using self-compassion training, nursing students will take a valuable step to maintain or improve the level of mental health, and as a result, reduce moral emotions and moral damage, and it will be a great help to maintain the individual and therapeutic performance of this group.

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