Full Length Research

Moral Intelligence and Psychological Wellbeing in Healthcare Students

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The aim of the present research was to determine the relationship of moral intelligence and psychological wellbeing of graduate students in Healthcare setting. A cross-sectional correlational research design was used and the data was collected through purposive sampling procedure. Seventy-five participants studying in two renowned public and private universities of health sciences were recruited for this purpose. A sociodemographic form, four sub-scales of moral intelligence from the Multidimensional Measure of Islamic Spirituality, Ryff Sacle of Psychological Wellbeing were administered on the participants to measure participants' sociodemographic characteristics, moral intelligence and psychological wellbeing respectively. The results revealed that all the subscales of moral intelligence positively correlated with psychological wellbeing and the total score of moral intelligence came out as a positive predictor of psychological wellbeing. The results have important implications for moral education in the training of health practitioners.

Key words: Moral intelligence, spirituality, psychological wellbeing, mental health healthcare students.

INTRODUCTION

The present research undertakes to study the relationship between moral intelligence and psychological wellbeing of students undertaking healthcare studies. Healthcare students as future professionals have to deal with human lives, therefore their morality can result in serious consequence for both themselves and for their patients. The latest researches suggest that morality is linked with psychological health benefits and life satisfaction. In short a professional who will possess high moral intelligence is likely to have greater psychological wellbeing and consequently will be better able to serve the populace.

Borba (2001) cited in Faramarzi *et al.* (2014) defined moral intelligence as the capacity to understand right from wrong, to have strong ethical convictions and to act on them to behave in the right and honorable way. Lennick and Kiel (2005) defined moral intelligence as, "the mental capacity to determine how universal human principles should be applied to our values, goals, and actions". There are different dimensions of moral intelligence. Four major dimensions of moral intelligence were presented by Lennick and Kiel which were responsibility, integrity, compassion, and forgiveness which further consist of 10 sub-categories including integrity, courage, confidentiality, commitment, understanding the feelings of others and understand their emotional needs, honesty, helping others, caring for others, personal responsibility, accountability against decisions self-restraint and self-limiting. Another scale dealing with moral intelligence was developed by Dasti and Sitwat (2014) which entails four subscales of moral intelligence namely Tolerance-intolerance, self-aggrandizement, anger and expansive behavior and meanness-generosity. These dimensions represent both the moral values and moral ills, which are implicit constructs of moral intelligence.

Moral intelligence gives purpose to an individual's life. It directs other forms of intelligence to do something meaningful. Moral intelligence help an individual acknowledge what difference our existence makes in the great cosmic scheme of things (Lennick and Keil, 2005). Overall, moral intelligence increases an individual's

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survival chances and wellbeing. One study confirms that moral intelligence reinforces good behavior and enables social life to be sustainable over time (Norcia, 2010).

Psychological wellbeing is another variable related with moral intelligence. It is a subjective term which varies according to the life experiences of the individual. Affective and cognitive appraisals of life events may be classified as psychological well-being (Diener and Lucas, 1992).

Fredrickson (1998) presented Broaden-and-Build Theory of Positive Emotions which stresses on the fact that the more the well-being is, the more it leads to more positive emotions, and the more positive sentiments finally leads to the higher resilience. Well-being is also influenced by personality characteristics, personal goals, cultural values and life events. Well-being is also deeply linked with spirituality (Diener, Suh, Lucas and Smith, 1999; Mattis and Jaggers, 2001).

There has been an array of recent literature on moral intelligence in academic settings. A study was conducted by Clarken (2009) on moral intelligence in the schools. It was emphasized that if schools desire to develop moral intelligence in their students, they can initiate by creating fair, caring and honest environments that help improve moral dimensions. Education should foster the integrity, responsibility, forgiveness and compassion identified by Lennick and Kiel (2005). Clarken in 2010 presented another paper entitled as considering moral intelligence as part of a holistic education. The literature revealed that developing greater moral intelligence will result in individuals, schools and other social systems that are more healthy and positive.

Moghadas and Khaleghi (2013) conducted a research to find out the relationship between moral intelligence and distress tolerance in Isfahan staff. The findings showed that there is a significant relationship between moral intelligence and distress tolerance (P ≤ 0/05). Similarly, in another study by, Khademi, Ghasemian and Hassanzadeh (2014) on the relationship of psychological resilience and moral intelligence with psychological well-being in Iranian population, positive relationship was found.

Faramarzi, *et al.* (2014) conducted a study to examine the roles of moral intelligence (MI) and identity styles in prediction of mental health problems in healthcare students. It was a correlation study in which two hundred healthcare students (100 girls, 100 boys) of Medicine, Density, and Para medicine Colleges of Bobol University of Medical Sciences were selected. The questionnaires used were General Health Questionnaire (GHQ-28), Moral Competency Inventory (MCI), and Identity Style Inventory (ISI). There was a positive and significant relationship between moral intelligence, normative identity and mental health problems of students. This study demonstrated that moral intelligence and identity status contributed to the mental health problems of healthcare students.

Conclusively, the literature reveals several predictors of mental health and psychological well-being including various demographic factors, personality traits, religiosity and emotional intelligence, however moral intelligence has not been explored in this context (Faramarzi *et al.*, 2014). Moreover, as Muslims, morality has an integral value in our religious constitution, hence it is imperative to study how much influence moral intelligence has over psychological well-being. Given the fact that students hold the key to a better tomorrow, we need to understand how much is their level of moral intelligence, and developed guidelines to incorporate this concept into their respective training and education.

Objective

To determine the relationship between moral intelligence and psychological wellbeing of healthcare students

Hypothesis

There is likely to be a significant relationship between moral intelligence and psychological wellbeing of the healthcare students

METHODS

Research Design

The present study was conducted using cross-sectional correlational research design. The sample was collected at one point in time to find out the relationship between moral intelligence and psychological wellbeing among healthcare students.

Sampling Strategy

The sample was collected using purposive sampling strategy. Healthcare students of graduate level from two renowned public and private universities of Lahore were included as sample.

Participants

Seventy five participants were recruited in total.The participants fell between the age range of 20-24 years (M=22 years, SD= 2.3). All the participants were Muslims and majority reported their religious inclination as of moderate level. `

Measures

Sociodemographic Questionnaire: A questionnaire was constructed to determine the sociodemographic

characteristics of the participants. It included questions like age, gender, socioeconomic status and religious inclination of the participants.

Multidimensional Measure of Islamic Spirituality (MMIS): Four scales of MMIS (Dasti and Sitwat, 2014) measuring moral intelligence were used in the present study. The scales measures concepts like generosity, tolerance, compassion, humility, forgiveness. The alpha reliability of the scales range between .85-.89 and have proven to have adequate construct and content validity.

Ryff Scale of Psychological Wellbeing: The Ryff Scale of Psychological Wellbeing (Ryff, 1989) measures multiple facets of psychological wellbeing; self-acceptance, positive relations with others (the establishment of quality ties to other), autonomy (a sense of autonomy in thought and action); environmental mastery (the ability to manage complex environments to suit personal needs and values), purpose of life (the pursuit of meaningful goals and a sense of purpose in life), and personal growth (continued growth and development as a person). Internal consistency of sub-scales with their parent scales is .93, .91, .86, .90, .90, and .87 respectively (Ryff, 1989). Ryff (1989) determined the construct and criterion validity for all the sub-scales of the tool which ranged from .55 to .73. It includes 54 items each rated on 6 point scale ranging from strongly agree to strongly disagree. Chronbach's alpha was found to be 0.85 by Ansari (2010) of Urdu translation.

Procedure

Permission for using the questionnaire was taken from the authors. Pilot study was then conducted on 10 students to ascertain if the questions were easily understood by the participants and the time taken in administration of the questionnaires. The piloting revealed that there was no difficulty encountered in understanding the questions and it took them twenty five minutes on average in completing the questionnaires. Since no difficulty was reported during the piloting phase, therefore the main study was commenced. Eighty participants who were willing to participate were recruited for the main study. Informed consent was taken from all the participants following which the two questionnaires along with the sociodemographic form was administered on them in group setting. The response rate was 95%, 5 forms were discarded on the basis on being incomplete. The rest of the data was subjected to statistical analysis for hypothesis testing.

Statistical Analysis

Descriptive statistics were run to analyze the mean, SDs, frequencies and percentages of the participants sociodemographic characteristics. Correlation analysis was run to test the relationship between moral intelligence and psychological wellbeing.

RESULTS

The first hypothesis of the present study suggests that there is likely to be a correlation between moral intelligence subscales and psychological wellbeing. For this purpose Pearson product moment coefficient was calculated to find out the relationship between these variables (Table 1).

The correlational analysis reveals a significant positive relationship between different aspects of moral intelligence and psychological wellbeing. This suggests that as the moral intelligence increases, there is also a likely increase in the psychological wellbeing of the medical students.

Linear regression analysis was used for investigation of the predictive relationship between variables. The total score of the moral intelligence was taken as a predictor and the psychological wellbeing score was taken as an outcome variable (Table 2).

Linear regression analysis was conducted with moral intelligence as predictor of psychological wellbeing. The results indicated that psychological wellbeing was positively predicted by moral intelligence. The regression model was able to account for 7% of the variance in Psychological Wellbeing.

DISCUSSION

The present research was an attempt to gain insight into the role of moral intelligence in influencing psychological wellbeing of future healthcare professionals. It is extremely important to assess these variables in the above mentioned population as it is a sensitive profession of dealing with physical and mental health of individuals. The healthcare professionals having high moral intelligence will have better psychological wellbeing and patients who receive care from such professionals will more likely to get benefit consequently.

The results revealed that there is a significant positive relationship between anger control and psychological wellbeing. These findings are in line with the results of Diong and Bishop's (1999) study that showed that higher levels of anger expression were related with lesser psychological wellbeing of research participants as well as lower use of active coping and high level of stress. Similarly significant positive correlation was observed between humility measured through self-aggrandizement and psychological wellbeing in present study. A humble person's relationships based on respect, benevolence, empathy and gratitude (Emmons, 2007) he respects the

Table 1. Pearson's Product Moment Correlations for Moral Intelligence subscales and Psychological Wellbeing Scale.

	1	2	3	4	5
1. AE	--	.42[**]	.45[**]	.62[**]	.22[**]
2. SA		--	.26[*]	.44[**]	.25[*]
3. MG			--	.33[**]	.24[*]
4. TI				--	.26[*]
5. TWB					--

Note: AE = Anger and Expansive Behavior, SA=Self-Aggrandizement, MG=Meanness-Generosity, TI= Tolerance-Intolerance, TWB= Total score of Psychological Wellbeing
**. =p< 0.01, * =p<0.05

Table 2. Total Score of Moral Intelligence as Predictor of Psychological Wellbeing.

	Psychological Wellbeing		
Variable	B	B	95% CI
Constant	245.51***		[212.18, 278.84]
Total score of Moral Intelligence	.28	.27***	[.50, .05]
R^2	.07		
F	6.16***		
ΔR^2	.06		
ΔF	5.72***		

Note. N= 76. * p<0.05, ** p<0.01, *** p<.001

point of view of other people and also has acceptance of his own mistakes (Harrell and Bond, 2006) and remains obedient and devoted to God (Exline and Geyer,2004) and this in turn leads him towards happiness in life (Seligman, 2002). Zawadzka and Zalewska (2013) in their study also found the positive relationship between humility and subjective well-being.

Moreover the subscales of Tolerance-Intolerance and Meanness-Generosity also revealed a positive correlation with psychological wellbeing, suggesting that both tolerance and generosity/forgiveness increases with increasing wellbeing. The findings are in accordance with the meta- analysis study conducted by Bono and McCullough (2006) that revealed that forgiveness and gratitude were related with physical and psychological well-being.

The regression analysis further illustrated the predictive relationship of moral intelligence and psychological wellbeing. The results of the regression analysis revealed that moral intelligence significantly and positively predicted psychological wellbeing in medical students. The results of the present research are found to be consistent with the previous research findings (Faramarzi *et al.,* 2014; Khademi, Ghasemian and Hassanzadeh, 2014). Since all the participants were Muslims and reported high to moderate religious inclination, therefore the findings of the present research can also be related with the explanation found in the religious texts of the Muslims. The Islamic Text e.g. Qur'an and Hadith (SAW)

also emphasize that morality can have important psychological benefits for the individuals.

The results of the present study have serious implication for the educational training of the medical students. The results suggests that training the students to become morally mature can help them in enhancing their psychological health, which will in turn help them to deal more effectively with the patient populace.

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