AUTHOR

Stefania Chiappinotto, Sara Dentice, Chris Gastmans, Michael Igoumenidis, Catherine Mc Cabe,
Evridiki Papastavrou, Riitta Suhonen, Alessandro Galazzi,
Alvisa Palese

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A DESCRIPTION OF 'MORAL COMPETENCE' IN NURSING ACCORDING TO PATIENTS' AND NURSES' PERSPECTIVES: RESULTS FROM AN ITALIAN QUALITATIVE STUDY

Stefania Chiappinotto[1], Sara Dentice[2], Chris Gastmans[3], Michael Igoumenidis[4], Catherine Mc Cabe[5], Evridiki Papastavrou[6], Riitta Suhonen[7,8], Alessandro Galazzi[9], Alvisa Palese[10]

Abstract: There is a growing need for morally competent nurses to deal with increasingly complex situations and choices as encountered in professional daily life. However, there is no updated evidence about which characteristics, knowledge, skills, and attitudes a morally competent nurse should have and how to support their development. In the context of the EU-Erasmus+ funded project PROMOCON, this study aimed to describe the moral competences of nurses in Italy. A descriptive qualitative study was conducted, involving a purposeful sample of ten nurses and six patients' representatives in three focus groups. Findings were analyzed in an integrated manner using the content analysis. Nurses are morally competent when they provide personalised care, motivate the patients cared for, protect them in their choices, and set an example with their behaviour. They possess basic ethical, psychological, philosophical, humanistic and legal knowledge; they can understand and relate to others, not only patients/family members but also colleagues or students in difficulty by activating resources when necessary and being empathetic, patient, respectful, responsible, and flexible.

Keywords: nurses, moral competence, patient participation, focus groups, qualitative research

Descripción de la "competencia moral" en enfermería según la perspectiva de los pacientes y el personal de enfermería: resultados de un estudio cualitativo italiano

Resumen: Existe una creciente necesidad de enfermeras moralmente competentes para afrontar situaciones y decisiones cada vez más complejas, propias de la vida profesional diaria. Sin embargo, no existe evidencia actualizada sobre las características, conocimientos, habilidades y actitudes que debe poseer una enfermera moralmente competente ni sobre cómo apoyar su desarrollo. En el contexto del proyecto PROMOCON, financiado por la UE-Erasmus, este estudio tiene como objetivo describir las competencias morales de las enfermeras en Italia. Se realizó un estudio cualitativo descriptivo con una muestra específica de diez enfermeras y seis representantes de pacientes en tres grupos focales. Los hallazgos se analizaron de forma integrada mediante análisis de contenido, demostrando que las enfermeras son moralmente competentes cuando brindan atención personalizada, motivan a los pacientes que atienden, protegen sus decisiones y dan ejemplo con su comportamiento; poseen conocimientos éticos, psicológicos, filosóficos, humanísticos y legales básicos; pueden comprender y relacionarse con los demás, no solo con pacientes o familiares, sino también con colegas o estudiantes en dificultades, activando recursos cuando es necesario y siendo empáticas, pacientes, respetuosas, responsables y flexibles.

Palabras clave: enfermeras, competencia moral, participación de pacientes, grupos focales, investigación cualitativa

Uma descrição de "competência moral" em enfermagem de acordo com perspectivas de pacientes e enfermeira: resultados de um estudo qualitativo italiano

Resumo: Há uma crescente necessidade de enfermeiras moralmente competentes para lidar com situações e escolhas cada vez mais complexas como as encontradas na vida cotidiana profissional. Entretanto, não há evidência atualizada sobre quais características, conhecimentos, habilidades e atitudes, uma enfermeira moralmente competente deve ter e como apoiar seu desenvolvimento. No contexto do projeto PROMOCON, financiado pelo programa Erasmus da UE, esse estudo objetivou descrever as competências morais de enfermeiras na Italia. Um estudo descritivo qualitativo foi realizado, envolvendo uma amostra não probabilística de

[1] Department of Medicine, University of Udine, Udine, Italy

[2] Department of Medicine, University of Udine, Udine, Italy, 0039 0432494355, dentice.sara@spes.uniud.it

[3] Department of Public Health and Primary Care, Centre for Biomedical Ethics and Law, KU Leuven, Belgium

[4] Department of Nursing, University of Patras, Patras, Greece

[5] School of Nursing & Midwifery, Trinity College Dublin, Dublin, Ireland

[6] School of Health Sciences, Department of Nursing, Cyprus University of Technology, Cyprus

[7] Department of Nursing Science, University of Turku, Turku, Finland

[8] Turku University Hospital, The Wellbeing Services County of Southwest Finland

[9] Department of Medicine, University of Udine, Udine, Italy

[10] Department of Medicine, University of Udine, Udine, Italy, on behalf of PROMOCON Consortium

dez enfermeiras e seis representantes de pacientes em três grupos focais. Os achados foram analisados de uma forma integrada utilizando-se análise de conteúdo. Enfermeiras eram moralmente competentes quando elas forneciam cuidado personalizado, motivavam os pacientes cuidados, protegiam-nos em suas escolhas e davam um exemplo com seu comportamento. Elas possuíam conhecimentos básicos éticos, psicológicos, filosóficos, humanísticos e legais; elas podiam entender e relacionar-se com outros, não somente pacientes/membros da família como também colegas e estudantes em dificuldade, acionando recursos quando necessários, e sendo empáticas, pacientes, respeitosas, responsáveis e flexíveis.

Palavras chave: enfermeiras, competência moral, participação do paciente, grupos focais, pesquisa qualitativa

Introduction

Due to the challenges faced by healthcare systems all over the world, exacerbated by the pandemic, the staff shortage, and the change in patients' requirements, nurses and many other healthcare professionals are confronted with increasingly morally complex situations and choices*(1)*. These challenges include delivering sub-optimal nursing care due to working in difficult environments with few nurses and internal (e.g., over different views on vaccination) or external (e.g., caring for sick people who are angry with the system) conflicts. Other challenges, wich include, for example, the need to prioritize healthcare service access due to a lack of resources, are some of the issues that are calling for a reflection, also at the international level, upon the moral competences of nurses*(2)* and how to develop them*(3)*.

Moral competence expresses the ability to recognise one's own emotions and values at stake that influence situations, reflect on them, and make a decision in the best interest of the person cared for*(4).* Moral competence is something that goes beyond ethical competence, which includes knowledge, skills, and abilities to handle specific ethical problems or dilemmas*(5).* The literature has long documented that morally competent nurses deliver care that is more attentive to people's needs, values, and principles*(3,6).* However, despite the efforts*(7)* devoted by nursing programs and professional mandates*(8,9),* also in line with the European directives that have just reaffirmed the need to train nurses on these aspects*(10),* there are still no guidelines on how to prepare nurses and how to support them*(11).* Furthermore, it is recommended that research approaches should go beyond the professional perspective, preventing the tendency to self-define the expected moral competences, in order to also consider that of the main stakeholders, i.e., patients receiving nursing care*(8).* Updating comprehension about the characteristics, knowledge, skills and attitudes that morally competent nurses should possess, as well as strategies to support their development, would help educators and professional bodies to advance lines of action.

To bridge this knowledge gap, a qualitative study was conducted to describe the moral competences that nurses should possess on the basis of the views and perspectives of nurses and patient representatives.

Methods

Design

A descriptive qualitative study using focus groups to collect data*(12)* was conducted as part of European Erasmus funded project called PROMOCON (PROmoting a MOrally COmpetent Nurse) (https://promocon.upatras.gr/en/). In the reporting phase, the guidelines Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed*(13).*

Participants and Setting

Purposeful sampling was employed*(14):* three groups of a total of 16 participants were formed and the whole process (e.g., the interview analysis guide) followed a plan previously designed to assure the validity and reliability of the data.

In the first focus group, three volunteer nurses piloted the interview guide: they confirmed the comprehensibility of the questions without requesting any changes. In the second focus group, a group of practicing nurses from different care settings and who wished to participate were involved; support workers or professionals not in an active role were not eligible. Finally, in the third focus group, representatives of patient associations, who were either chairpersons or members and who wished to participate, were involved: those recruited by the health service (e.g., for outpatient treatments) or involved in the care of family members at the time of the study were not eligible. Sampling sought to ensure maximum heterogeneity of participants by ensuring five to nine participants per focus group*(12).*

Data Collection

All participants, who had had previous collaborations with the university and were known by researchers for their interest in ethical issues, were contacted by telephone: they were asked to participate after having been informed of the aims of the project and the method of data collection. Everyone signed up and filled in a demographic

data collection form. The focus groups were held in a room on the university campus in a quiet and confidential setting. A moderator (a nurse with a PhD who is an expert in qualitative research) led the group by asking questions

, and an observer (a nurse with a master's degree, from a clinical setting) took some notes and observed non-verbal behaviours. Participants knew neither the moderator nor the observer. After the introductory phase, the guiding questions (Table 1) were asked.

The focus groups lasted approximately two hours each and were audio-recorded and transcribed verbatim. After three focus groups (one with patient representatives, two with nurses) the data appeared saturated*(15)* and the researchers decided to conclude the interviews. Repeated interviews to verify or better explore certain topics were not conducted; the transcripts and/or analyses of the focus groups were not returned to participants.

Table 1. Focus group questions

Introductory warm-up and contextualisation questions
- With respect to the concept of 'moral competence of nurses', what situations or experiences come to mind? This seems very positive (if the examples are positive) or negative (if the examples are negative). What other opposite experiences have you had?
- Which morally 'difficult' situations involving nurses have you experienced or witnessed? Can you describe them?
Specific questions consistent with the aims of the study
1. What do you mean by 'morally competent nurse'? How would you define a 'morally competent nurse'? What are their main characteristics?
2. In your opinion, what - knowledge - skills/competences - attitudes must nurses demonstrate in clinical practice in order to be considered 'morally competent'?
3. In your opinion, how should nurses be supported to develop their moral competence?
Closing questions
- Is there anything else you would like to share?

Data Analysis

Data analysis was conducted following a content analysis approach*(16)*. After the transcription of the focus groups, two researchers jointly identified the most significant sentences. From these, the most important concepts representing them were highlighted. The coding process followed the three main research questions: (a) general characteristics of a morally competent nurse, (b) main components of nurses' moral competence, and (c) tools or methods needed to support it. The data from the three focus groups (N, concerning nurses, R concerning patient representatives) were analysed manually by the researchers (see authors), first separately and then integrating them, highlighting similarities and differences.

The rigor of the study was assured through a set of three criteria for assessing qualitative research: credibility, transferability, and dependability. Credibility aims to demonstrate that the study was conducted in a way that ensured a rigorous description of the phenomenon under study. This was achieved by taking field notes and triangulation of data analysis through verification and discussion with all researchers. Transferability refers to the applicability of the findings to similar contexts or situations. This was accomplished by providing sufficient details and in-depth descriptions of participants' experiences. Finally, dependability shows that the findings could be repeated. This was ensured with the help of outside reviewers, who supervised the entire process.

Ethical Considerations

The project was approved by the Institutional Review Board of the University of Udine, Italy (Ref No 33/2023). Participants were free to participate and could withdraw from the study at any time without repercussions. All results were anonymised so that participants and the examples they reported could not be identified.

Results

Characteristics of participants

Ten nurses and six representatives of patients' associations were involved. The professional focus

Table 2. Focus groups: characteristics of participants

Nurses' focus group							
ID	*Gender*	*Age*	*Qualification*	*Role*	*Experience (years)*	*Current setting*	*Current setting (years)*
1	Female	26	Bachelor's Degree	Clinical nurse	3.5	Hospital	1.5
2	Male	38	Bachelor's Degree	Academic tutor	15	University[a]	1
3	Female	24	Bachelor's Degree	Clinical nurse	2.5	Hospital	2.5
4	Female	38	Master's Degree	Academic tutor	14	University	2
5	Male	48	Diploma	Nurse coordinator	23	Hospital	0.4
6	Male	23	Bachelor's Degree	Clinical nurse	0.4	Hospital	0.4
7	Female	47	Diploma	Nurse coordinator	23	Territory	7
8	Male	41	Master's Degree	Academic tutor	14	University	8
9	Female	28	Master's Degree	Clinical nurse	3.5	Hospital	3
10	Male	30	Bachelor's Degree	Clinical nurse	1	Territory	1

Patient protection associations' focus group							
ID	Gender	Age	Qualification	Association	*Experience as*		
					patient	*caregiver*	
1	Female	33	High School Diploma	Tribunale dei diritti dei malati (Patients rights tribunal)	No	No	
2	Female	38	University Degree	Associazione Italiana contro Leucemie, linfomi e mieloma (Italian Association against Leukemia, Lymphoma and Myeloma)	Yes	No	
3	Female	53	High School Diploma	Associazione Donatori di Midollo Osseo (Bone Marrow Donor Association)	No	Yes	
4	Female	65	High School Diploma	Associazione Nazionale Donne Operate al Seno (National Association of Breast Operated Women)	Yes	No	
5	Female	41	University Degree	Associazione Donatori di Midollo Osseo (Bone Marrow Donor Association)	Yes	Yes	
6	Female	39	University Degree	Tribunale dei diritti dei malati (Patients rights tribunal)	No	No	

[a]Lecturer in ethics

groups (Table 2) were composed of clinical nurses, academic tutors (of whom one was a lecturer in ethics) and ward managers with an average age of 34.3 years and a professional experience of approximately 10 years. Half were female and the majority possessed a nursing degree. The representatives of patients' associations were women, aged from 33 to 65 years, with a high school diploma or a university degree; some had lived experiences as patients and/or caregivers (Table 2) and represented associations with different aims.

The profile of a morally competent nurse

According to participants, morally competent nurses possess four visible characteristics that must be co-present:

They deliver personalised care: they can put the person at the centre, delving into their values, needs and situation; on such basis, they can offer 'tailored' care.

"So, in my opinion, morally competent nurses are nurses who can understand the situations they are in, to understand all the values at stake within that

particular situation and, let's say, understand what is best .... So, they're able to identify all the facets of the situation and grasp the values of the person and take them into account in the care to be provided." (N3)

"...tailor care to the patient's situation ... put the person at the centre by personalising care." (R4)

They motivate the person cared for, identifying the resources they can use to achieve the maximum degree of autonomy; they activate all possible strategies, encouraging patients to have confidence in their resources and to mobilise them.

"… they search where the resource is, pull it out to enable people in whatever setting they are, that is at home, in a hospital and on the territory, to be able to cope with what is happening to them. So, for me, competence and the ability to bring out the best of what's there, despite the moment." (N2)
"… they identify people's needs and understand what the patients' latent and residual resources are, to bring them to the maximum degree of autonomy in dealing with their illness." (R2)

They protect the people cared for and their right to make their own choices: even if at times these choices are not agreeable or understandable, morally competent nurses ensure full freedom of choice by supporting patients in their decisions.

"… be able to assist without judging and without 'influencing the patient's decisions' even if they are not in line with ... one's own convictions about the correctness of the situation one finds oneself in." (N2)

"I would include the ability to protect the person here." (R2)

They set an example with their behaviour both for the people cared for and their colleagues, especially the younger ones. In this way, they inspire other professionals, becoming a point of reference.

"And then excellence, in order to differentiate it from a standard competence, must necessarily be catalytic, i.e. nurses who are excellent on a moral level are nurses who drag others behind him/her, who also inspire colleagues and who also act as a reference for patients. And they do not necessarily do this in their extra time as we were saying, of course, the pandemic situation has exacerbated the lack of time to devote to the care relationship, but probably ethically excellent nurses manage to make up for these moments precisely by optimising time." (N6)

"… let's say that the nurse is the closest link to the patient and therefore a point of reference..." (R6)

Knowledge, skills/behaviours, and attitudes of a morally competent nurse

Participants agree on the need for basic education, including philosophy, ethics, psychology, humanistic lessons – to understand the role of cultural differences in nursing practice – and legal aspects (e.g., Advance Healthcare Directives) (Table 3). Some skills were indicated by both focus groups, while others were indicated only by nurses. Both found morally competent a nurse who can (a) understand situations, needs and contexts: this means showing an understanding not only of what is going on, but also of the values involved, the responses of patients and family members/caregivers; (b) listen to and communicate not only with the sick person but also with the family, using appropriate and understandable words, establishing a close contact. To these, nurses also added the ability to (c) identify priorities, discuss issues with colleagues, and promote the activation of resources (e.g., ethics committees for clinical practice or peer ethics counseling) to delve into situations about which there is disagreement and for which broader discussion is needed; (d) support those who are in distress, whether they are students or colleagues.

Attitudes were instead described homogeneously by nurses and representatives of patients: the attitude for reflection and for asking oneself the right questions, to discover oneself and the others, to delve into situations, to know one's limits and to avoid errors generated by standard answers, was considered to be essential; the same applies to reflexivity, which makes nurses aware of their own needs for training or help when situations are very challenging or cannot be handled with the available knowledge and skills. Flexibility, which expresses the ability to adapt while keeping one's underlying principles intact, was also considered

Table 3. Knowledge, skills, and attitudes of a morally competent nurse

Knowledge	N	R	Quotes
Philosophical, psychological, ethical	x	x	"Definitely philosophy and ethical theories, both at the bachelor's and master's degree level, but especially at the bachelor's level because not everyone then continues their studies..." (N3) "Then in my opinion for them I would also do some philosophical practices." (R5)
Humanistic/cultural	x	x	"…to understand the differences and have the basis for understanding." (N2) "…to take into consideration behaviors or cultures different from our own because we will be dealing with diversity more and more." (R3)
Legal	x	x	"...knowledge of the normative context within which we move because some situations require decisions that also have a normative framework e.g. Advance Healthcare Directives and the whole euthanasia discourse..." (N3) "If I have to think of the first thing that comes to mind, it's actually the normative framework." (R5)
Skills	N	R	Quotes
Interpreting situations and contexts	x	x	"Maybe even knowledge of the context, in which I'm moving. Because in the end you know it by being in it. Like also the knowledge of the patient, going back to the example you were making: yes, cigarettes hurt but if I know that to him, in a context where I can allow to let it ring..." (N9) "…reflecting is something that allows you to interpret the situation and thus relate to the other and promote the enhancement of the individual person." (R2)
Listening	X	x	"And listening to the caregiver or those close to the patient, to understand facets that the patient cannot express." (N2) "Listening to each other." (R3)
Communicating	x	x	"And I happened to, precisely, care for a pre-term infant with very experienced nurses from my department even if at times some resuscitations go wrong or we fail to, let's say, get the infant to survive, the way the communication to the family is then handled, the way the woman, the couple and let's say the family is actually cared for, now with covid they are able to get relatives in as well, in my opinion this is a great moral competence of my experienced colleagues." (N3) "...because communication is fundamental at any time of life, in any sphere." (R1)
Identifying priorities	X		"Contextualize the decision on priorities, for one patient one aspect is a greater priority than for others. So, in my opinion, this aspect is not the same for everyone, so it is prioritized for certain patients." (N4)
Discussing with/within the team	X		"...a skill that all professionals will need to have. Discussions among peers, as well as within teams, to reflect upon what needs to be done or what could have been done or not." (N4)
Activating resources	X		"Committees, rather than case discussions among various specialists, to understand the various possible solutions, in short, to be brought to the patient as well." (N2)
Supporting colleagues/students in distress	X		"...always accompanying them and showing support to students and colleagues in particularly difficult situations." (N3)
Attitudes	N	R	Quotes
Asking oneself questions	x	x	"...doubt, questions, placing oneself in a horizon not made of certainties, but actually of fluidity. The attitude is always based on

			discovering each other, on not taking anything for granted, on...having references maybe...even important ones, however always with a doubt..." (N7) "I see them as doubtful people, meaning that they ask themselves questions with respect to what they are doing or experiencing." (R3)
Reflexivity	x	x	"... it is necessary to reflect, to have a good deal of patience, ... to be calm and quiet in the situation in order to move forward..." (N2) "...I would add patience." (R2)
Flexibility/adaptability	x	x	"...sometimes it is necessary to change attitude and way of thinking as situations or opportunities change." (N5) "... adaptable while keeping their underlying principles... er... strong here, in short. References...not to get lost in that flexibility." (R4)
Dedication	x	x	"showing commitment to things, to issues ... devoting time to patients, but also to the team ..." (N7) "...an attitude toward the other...." (R4)
Assuming responsibilities	x	x	"...take responsibility for choices...take responsibility for the choice..." (N5) "...to know how to take charge of the person's problems, that is, to feel responsible, without stopping at mere performance or compartmentalization." (R4)

Legend: N, Nurse; R, Representative of patients' association.

Table 4. Tools or methods supporting nurses in the development of ethical knowledge, skills and attitudes

Tools/methods	N	R	Quotes
Education	x		"Because while you were asking the question the education came to my mind, starting from the basics first of all." (N7)
Stimuli for ongoing reflection	x		"... being helped to continually reflect ... an effort, a stimulus ... to wonder and think about what is happening ..." (N8)
Integration among professionals	x	x	"And so the integration among professions whether it's physicians, or even the social and health workers that we don't include many times ...in teams …a shared training and shared values." (N3) "...a team made of people who are there because they want to be there, that helps." (R2)
Spaces for sharing	x	x	"And then perhaps in creating spaces for sharing." (N7) "…these spaces also become a protective support from a moral point of view ...." (R2)
Receiving confirmation: social recognition	x	x	"This in some ways is a sign of recognition of the citizens, of the people we care for, towards nurses. It was felt so much with COVID, they were always talking about nurses. Now already a little less. That is probably one of the most motivating factors probably from this point of view for nurses, because they feel that their work, their profession, is useful and recognized by people. So definitely the social recognition of the profession." (N2) "...to be recognized and seen for one's inclinations, to have the opportunity to develop them, and then to be placed in a context where you can give the best of yourself, giving satisfaction to the others, because in any case ours is a helping profession, that we are fulfilled when people 'are feeling better.'" (R2)

Legend: N, Nurse; R, Representative of the association.

essential. Finally, the focus groups found morally competent those nurses who show dedication, commitment to what they do, and who assume the responsibilities associated with their role.

Strategies to support the development of nurses' moral competences

According to nurses, moral competence needs to be developed in basic and continuing education. Such education should be tailored to the problems faced by the nursing profession and updated to the most current issues. Being able to rely on continuous stimuli for reflection offered by colleagues, coordinators, and students is another essential strategy to promote the attitude of asking oneself questions and learning from experience.

Patients and nurses feel that opportunities for integration among professionals, where they can work together, understand the multidimensional nature of problems and address them each with their own perspectives, are important. These spaces and times for sharing (between nurses, between nurses and physicians, between teams and patients/families) should be recognized and not relegated to free time. Support should also be provided from the outside, through social recognition: when the profession is recognized, nurses are encouraged to invest in their own competences, including moral ones.

Discussion

This study aimed at filling knowledge gaps by exploring the characteristics, knowledge, skills and attitudes that a nurse should possess in order to be considered as morally competent, integrating the patients' perspective. In addition, the study aimed to explore the "softer" skills of care, including attributes and personality traits, in an era in which technological skills are prevailing, leaving less space to more humanistic and compassionate approaches: defining these competences is considered a prerogative of such professions, especially in this challenging period, where some changes in the moral profile can be occurring. Moreover, having included patient representatives allowed a comprehensive view by giving voice to their daily experiences*(17).* Indeed, the 'emic perspective', i.e., that of stakeholders was included, considering that moral competences cannot be understood without considering cultural and social contexts, subjective experiences, values, and meanings that people assign to these competences. Integrating the two perspectives ensures the creation of values focusing also on the protagonists of care, namely the patients*(18).*

The profile that emerged with respect to the morally competent nurse included several dimensions. In particular, the four characteristics express a professional and a relational dimension. Knowing how to deliver individualized care is considered to be an expression of moral competence because it leads nurses to search for data and knowledge about those for whom they are caring, their values and preferences*(19, 20).* 'Motivating', 'protecting' and 'setting an example', on the other hand, express the relationship with both patients and colleagues, confirming that nursing care is first and foremost an encounter between human beings*(21).* These characteristics support the understanding of the moral stress experienced by nurses when they cannot act consistently with expectations due to a lack of time, toxic or hostile work environments*(11).* In addition, these characteristics express a performance that is visible not only to the nurses themselves but also to patients and their families, and on which it is needed to activate reflections, strategies and support concerning their continuous development, when it results to be suboptimal performance.

The knowledge that nurses should possess is not described in detail: participants mention philosophical, ethical, psychological, humanistic, and legal disciplines without, however, dwelling on the content. These are subjects generally offered by the nursing program, although their harmonization with respect to credits, learning objectives, teaching methodologies and expected outcomes would be needed, considering that overall, at the European level, our students are found to be poorly prepared on such dimensions, as technical-procedural aspects tend to be privileged*(8).*

Among the skills, those related to understanding and the relationships with others were highlighted in both focus groups: in line with the literature, moral competence requires skills to protect the vulnerability of others through moral sensitivity,

interactions, and flexibility*(22).* All these aspects were presented by the participants as linked to an 'empathetic' nurse. Such skills should be part of explicit nursing student preparation and assessment systems, as well as of ethical codes*(9).* Nurses suggest additional skills towards colleagues or students in distress, which are in fact the same skills they should develop in favor of patients, but focused on colleagues: the ability to ask for help and to activate resources to be supported in overcoming problems/difficulties through group or expert advice. While on the one hand it is understandable that patient representatives do not report these skills, which are taken for granted or are less visible to them, on the other hand this 'internal care' within the group towards those in distress, or as the ability to ask for help when in distress, is in line with the literature that emphasizes the importance of the work environment and climate in preventing moral stress*(23).* Moral competence involves sensitivity towards others – not exclusively towards patients; colleagues may also need support. Moreover, as it specifically activates each of us in putting our values/beliefs on the line, it can turn us into people who need help in nursing care: being able to rely on a group or hospital resources made available to deliver support can make all the difference. Among skills, nurses also point out the ability to identify priorities: choosing what to do first or next, and especially what to neglect – in times of resource scarcity, is a decision that has moral implications. Differences in prioritization can generate conflicts among nurses, confusion among patients, and loss of care deemed essential for some and less so for others (e.g., relationship)*(24).*

Finally, the two focus groups of nurses agree on attitudes, describing a nurse who is continuously learning, shows dedication, and demonstrates a willingness to take responsibility. The literature, too, has repeatedly underlined the need for nurses to be reflective practitioners*(25):* on the one hand, such attitudes nurture moral competence and, on the other, they express it visibly. Teaching them to be reflective should be a priority in our education systems – sometimes too procedure- and technique-oriented*(8).*

The strategies suggested to support the moral competence of nurses are the typical ones (training and teamwork) already reported in the literature*(3,26);* however, these strategies should rely on a formal space, valued by hospitals and recognized. Continuing education or reflection on practice does not always take place during duty hours; nurses are often required to use their free time for these development activities. Being recognized as valuable professionals, moreover, is considered to provide important support, as it encourages continuous deepening*(27);* organizations and society need to understand that investing in continuous education and support of the nursing personnel, who spend more time than any other professional near the patient, will benefit them and promote their safety and well-being.

Limitations

The study has several limitations. Nurses and representatives of patients' associations linked to researchers' context were included: additional focus groups at the national level could broaden this perspective. Furthermore, including more patients' associations that also reflect other health issues could ensure a more comprehensive view. Keeping the two focus groups separate facilitated free discussion by participants, who were likely to feel comfortable; however, a single focus group may further develop the understanding of the matter and provide integrated results. Finally, from a conceptual point of view, moral and ethical competence were not divided in their meaning, but considered as a broader conceptualization.

Conclusions

We conducted a qualitative study where two different perspectives were combined: that of nurses and that of the representatives of patients. Overall, the emerging profile is that of a nurse capable of fully developing the professional and relational competences expected in the scope of practice. When it comes to knowledge, skills and attitudes that nurses should possess to be morally competent, it became clear that they all revolve around three important concepts: communication, understanding and relationships with others. The development of moral competences should be continuously promoted with appropriate tools, as formal continuing education, on-the-job spaces for reflection and hospital services devoted to supporting nurses

in dealing with critical issues/dilemmas; however, social recognition has also been identified by both groups as capable of promoting moral competence. Being recognized by society promotes a feeling of respect towards nurses, thus encouraging them to keep developing their competences, including moral ones.

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