Original Article

A positive correlation between idealist ethics and psychological well-being: A cross-sectional study among future physicians

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ABSTRACT

Ethical judgments differ according to personal characteristics. Our study aimed to determine the relationship between ethical positions (idealism and relativism subdimensions) and psychological well-being. The study's second aim was to compare socio-demographic characteristics, taking medical ethics courses, participating voluntarily in social responsibility projects and religiosity with ethical positions and psychological well-being. The Ethical Positions Questionnaire and Flourishing Scale have been used to collect the data. The research sample comprises first- to sixth-grade medical students (n=246) in Turkey. The study found a significant relationship between idealism ethics position and psychological well-being. A significant relationship was also found between engaging in prosocial behaviours and psychological well-being. In addition, among the participants, those who defined themselves as religious had high idealism and well-being scores, and those who did not define themselves as religious had high relativism scores. Further research is needed to identify more features that affect ethical judgments.

Keywords:

Ethical positions; well-being; flourishing; medical students; idealist ethics

INTRODUCTION

Achieving a public consensus on what constitutes morality remains elusive. Sharp, a pioneering psychologist in this field, observed that individuals with seemingly similar characteristics can arrive at opposing moral conclusions, even when evaluating the same situation. Sharp attributes this phenomenon to individual differences, noting that each person's ethical system is unique[1]. Social psychologists Schlenker and Forsyth expanded on this idea in their 1977 study on psychology research ethics, creating the 68-item Ethical Positions Questionnaire (EPQ) to categorize these individual ethical differences[2]. The EPQ data were analyzed using factor analysis, resulting in two key dimensions. The first dimension, idealism-pragmatism, relates to the balance

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between utility and cost. Idealists argue against any harm in research, prioritizing test subjects' well-being and viewing the advancement of science as a secondary goal. Pragmatists, on the other hand, accept some level of harm, emphasize the importance of research results, and prioritize a cost-benefit balance. The second dimension, universal-prescriptive, distinguishes between those who believe in universal norms (rule universalists) and those who favor a more skeptical approach (rule nonuniversalists). Crossing these two dimensions yielded four subclasses: skeptic pragmatists, teleological pragmatists, skeptic idealists, and deontological idealists[2].

In 1980, Forsyth revised the EPQ to broaden its scope beyond psychological experiments, modifying or removing several items. Forsyth's revised EPQ classifies individuals based on two dimensions: idealism and relativism[3]. Idealists believe that ethical actions inherently produce desirable outcomes, focusing on avoiding harm and considering others' well-being. High idealists adhere strongly to this belief, while low idealists are less stringent. Relativists reject absolute moral rules, favoring a contextual approach to moral judgments. High relativists embrace this perspective, whereas low relativists acknowledge universal moral laws[4]. Forsyth identified four ethical approaches by crossing high-low idealism and high-low relativism: situationism, absolutism, subjectivism, and exceptionalism. Situationists dismiss moral rules in favor of achieving the best outcomes, absolutists uphold universal moral laws, subjectivists prioritize personal values over universal principles, and exceptionalists recognize moral laws but allow for exceptions[3]. These approaches illustrate how individuals balance idealistic and relativistic ethical ideologies and their views on moral universality (Table 1).

Table 1. *Ethical positions*[3].

		Relativism	
		High	Low
Idealism	High	**Situationists** Rejects moral rules and deals with whether the action elicits the best possible result	**Absolutists** Advocates that actions are moral, provided that they elicit positive results by following moral rules.
	Low	**Subjectivists** Rejects moral rules and bases moral judgments on personal approaches to action and the environment	**Exceptionalists** Accepts exceptions despite a desire for compliance with moral rules

Factors influencing ethical positions can be grouped into social and individual categories. Research on social factors highlights the role of culture in shaping moral decisions[5-8]. Societies develop unique moral systems influenced by history, religion, social structures, and economic factors[9,10]. For example, Turkey, along with Spain, Malaysia, India, and England, tends towards situationism in ethical classifications[11]. Cultural differences also affect specific groups, as shown in studies of physicians across six countries and comparisons of moral reasoning among medical students in Portugal and Brazil[12,13]. Social relationships within a society also impact moral judgments, as Earp et al. noted that the relational context of an action influences its perceived morality[14]. Working environments, a part of social relations, can similarly affect moral sensitivities u[15,16].

Individual characteristics significantly influence ethical decisions. Studies in neuroscience and consciousness reveal a crucial link between emotion and moral judgment[17-21]. Brain activity monitoring has shown that negative emotions highlight the moral significance of situations[22], and the type of emotion evoked affects moral judgments[23]. Cross-sectional studies further explore this relationship, finding that individuals with high utilitarian moral judgment often exhibit lower empathic concerns[24,25]. Some researchers argue that while emotions may not directly form moral judgments, they can motivate them[26].

Psychological well-being also influences ethical positions. The World Health Organization defines mental health as a state of well-being where individuals realize their abilities, manage normal life stresses, work productively, and contribute to their community[27]. Critics find this definition demanding, noting the challenges of meeting these standards[28]. Bradburn's concept of eudaimonia, derived from Aristotle's Nicomachean Ethics, views well-being as the balance of positive and negative emotions[26]. Ryff proposed six dimensions of well-being: self-acceptance, personal growth, purpose in life, positive relationships, environmental mastery, and autonomy[29]. Diener et al. introduced the term psychosocial flourishing to describe psychological well-being and developed a corresponding scale[30].

There is a recognized link between moral identity and well-being[31-33]. A study of 9,500 university students found that moral ideals integrated into a mature identity could strongly motivate healthy living[34]. Moral identity, social commitment, and awareness are linked to well-

being[35], and individuals with strong moral identities are more likely to engage in prosocial behaviors[36,37], experiencing positive emotions as a result[38]. Wood and Davidson argue that moral philosophy should guide discussions on well-being[39].

One significant topic in medical ethics is the allocation of limited resources, a question that became prominent during the COVID-19 pandemic[40]. The role of personal ethics in addressing this issue of justice is debated. Furnham and Ofstein's study found that participants with high idealism preferred more honest patients when deciding who should receive treatment among eight candidates with varying medical prognoses, social attachments, and criminal records[41].

The psychological well-being of medical students, who face difficult ethical decisions in their careers, is also studied. Research comparing Egyptian medical and non-medical students showed higher stress levels among medical students[42]. A meta-analysis of 69 studies involving 40,000 medical students found that 33.8% experienced anxiety[43]. Despite minimal intervention, suicidal thoughts were higher than average[44], and anxiety increased in upper classes and exceeded the average population[45]. Protecting mental health is essential for developing qualities like compassion, empathy, altruism, and dedication to medicine[46], yet students fear seeking help might harm their careers[47].

Given these findings, it is crucial to examine how future physicians will navigate ethical challenges and how their psychological well-being during medical school impacts this process. This study investigates medical students' ethical positions and psychological well-being, focusing on ethics education, prosocial behavior, and religiosity, and explores the relationship between these factors. We use Diener et al.'s flourishing scale to measure psychological well-being, referring to it as flourishing hereafter[30].

Research hypotheses

1. A significant relationship exists between medical school students' ethical position (idealism) and their psychological well-being.
2. A significant relationship exists between medical school students' ethical position (relativism) and their psychological well-being.
3. Taking medical ethics courses increases total score on ethical position.
4. A significant relationship exists between religiosity and ethical position in favor of idealism.
5. Religiosity and engaging in prosocial activities increase psychological well-being scores.

MATERIALS AND METHODS:

Purpose of the research

This study's primary purpose was to determine the relationship between medical school students' ethical positions (idealism and relativism subdimensions) and their psychological well-being. The second aim was to compare sociodemographic questions with ethical positions and psychological well-being.

Importance of research

This research is essential because it is the first to use a flourishing scale to compare medical school students' ethical positions and psychological well-being. On the other hand, this study identifies the factors affecting ethical decision-making in medical students who are future physicians.

The population of the study and sampling

The research sample comprises students in first through sixth grades in the Faculty of Medicine in Turkey between the 2022 and 2023 academic years. In the study, a one-way ANOVA analysis, which reached the most extensive sample amount using Cohen's d, was used with the sample size G*Power 3.1.9.7 program, and the minimum sample number was calculated as 216 by taking the effect size 0.25, the alpha value 0.05, and the power 0.80. In the study, n = 248 people qualified by exceeding this number, with two people removed because they had extreme values, leaving 246. A post hoc analysis was performed with the G*Power 3.1.9.7 program to determine the study's strength. For post hoc analysis, the effect magnitude was 0.535, the alpha value was 0.05, n1 = 136, and n2 = 110 in two independent group t-tests, with the study's power (1- β) at 0.99.

Data collection tools

The data were collected through a questionnaire created using Ethical Positions Scale, Flourishing Scale, and the demographic information question set that researchers prepared.

Ethical Positions Scale (EPQ): Forsyth (3) developed this scale in 1980, and Yazici and Yazici translated it into Turkish in 2010[48]. The scale comprises 20 items and two factors: idealism and relativism. Items 1–10

fall under the idealism factor, and items 11–20 fall under the relativism factor. The scale uses a five-point Likert-type structure (1 = Never Agree, 5 = Completely Agree). Based on Yazici and Yazici's recommendation, a confirmatory factor analysis (CFA) was performed, and factor loads were examined. As a result of the analysis, some substances were removed, and the two-factor structure was preserved. In the new model, the idealism factor comprised M1, M2, M3, M4, M5, and M6, while the relativism factor comprised M12, M13, M14, M15, M16, M17, and M18. The CFA model is provided in Figure 1. The model can be said to be good or acceptable/compatible in terms of CMIN/DF (1.867), RMSEA (.059), GFI (.928), AGFI (.896), NFI (.90), and CFI (.95) values[49,50]. In the model, the idealism factor's Cronbach's alpha coefficient was 0.743, the relativism factor's Cronbach's alpha coefficient was 0.862, and the coefficient was 0.754 for a total of 13 items, indicating good reliability[51].

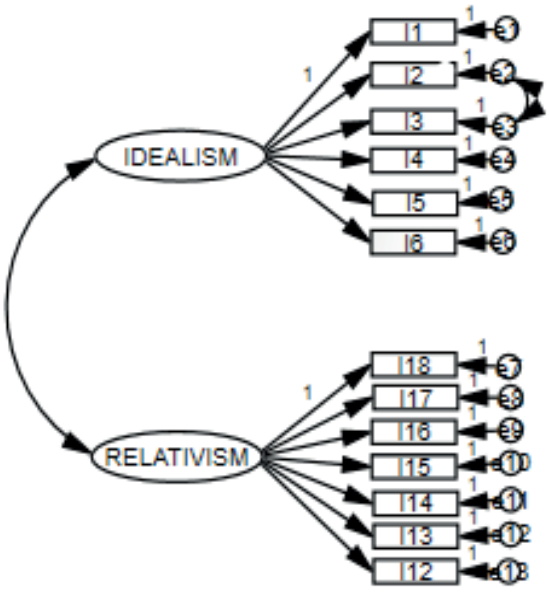

Figure 1. Confirmatory Factor Analysis Model

Flourishing Scale (FS): Diener et al. (2010) developed this scale to measure psychological well-being (30). Previously, Diener et al. named the scale as Psychological Well-Being Scale[52]. However, they later changed the name of the scale to "Flourishing Scale", which was thought to more accurately reflect the content of well-being. Telef translated the scale into Turkish in 2013[53]. The scale comprises eight items grouped under a single factor. The scale employs a seven-point Likert format (1 = Strongly Disagree, 7 = Strongly Agree), and a CFA of the model was conducted, eliciting the following fit index values: CMIN/DF = 2.52; RMSEA = 0.079; GFI = 0.95; NFI = 0.96; and CFI = 0.97. These values indicate good or acceptable fit. The Cronbach's alpha internal consistency coefficient of the scale was calculated as 0.91, and the scale was found to have high reliability[51].

Data collection method

The questionnaire created for the study was sent online to medical school students using Google Forms. To ensure data confidentiality, personal identity data were not requested, and the volunteer participants were guaranteed data privacy.

Statistical evaluation

In this study, the SPSS 25.0 statistical package program was used to evaluate the data. Categorical variables were summarized as frequency and percentage, and continuous variables were summarized as means and standard deviations. As the normality analysis of the data was n > 50, the Kolmogorov-Smirnov test was conducted. As the results were $p<0.05$, skewness-kurtosis values were examined, and it was accepted that the variables in the range of ±2 were normally distributed[54]. In the comparison of two groups of variables with normal distribution, two independent sample t-tests were used. Variables with three or more groups were analyzed through one-way analysis of variance (ANOVA) to determine whether they were suitable for normal distribution. The Kruskal-Wallis H test analyzed those without normal distribution, and the variances' homogeneity was checked using Levene's test statistic. In the case of heterogeneity ($p<0.05$), the Welch test was used as an alternative method instead of the F test. If the difference between the groups was significant due to the analysis, the Least Significant Difference (LSD) test was used for the variables with normal distribution. If the variances were homogeneous, the LSD test was used for the variables with three groups, and the Bonferroni test was used to compare the variables with more than three groups. If the variances were not homogeneous, they were analyzed using the Tamhane's T2 test. The comparison between groups was analyzed using the Bonferroni test for variables that did not indicate normal distribution.

RESULTS:

Descriptive statistics on the participants'

sociodemographic characteristics are provided in Table 2. Altogether, 246 people participated in this study, most of whom age 20 and 21 (36.18%), and grade level is second (24.80%). When the family total income status variable is examined, most participants fall within the 10,001–20,000 Turkish Liras (TL) income group, at 95 (38.62%). When asked whether they have participated voluntarily in social responsibility projects, 136 (55.28%) answered yes, as did 181 (73.58%) when asked whether they have attended medical ethics courses. As for the religious affiliation and religiosity variable, 124 (50.41%) answered that they are religious. When asked about total number of siblings in their family, including them, 95 (38.62%) said they had two.

Table 2. Participants' sociodemographic characteristics

variables		n	%
sex	Female	137	55.69
	Male	109	44.31
age	19 and younger	79	32.11
	20 - 21	89	36.18
	22+	78	31.71
grade level	1st grade	60	24.39
	2nd grade	61	24.80
	3rd grade	35	14.23
	4th grade	34	13.82
	5th grade	31	12.60
	6th grade	25	10.16
total income (of your family)	5500 TL and below	14	5.69
	55001-10000 TL	53	21.54
	10001-20000 TL	95	38.62
	20001-50000 TL	62	25.20
	50000 TL +	22	8.94
have participated voluntarily in social responsibility projects	Yes	136	55.28
	No	110	44.72
have attended medical ethics courses	Yes	181	73.58
	No	65	26.42
religious affiliation and religiosity variable	I am not religious	40	16.26
	I am less religious	29	11.79
	no opinion	28	11.38
	I am religious	124	50.41
	I am very religious	25	10.16
total number of siblings	1 sibling	16	6.50
	2 siblings	95	38.62
	3 siblings	82	33.33
	4 siblings	31	12.60
	5 or more siblings	22	8.94

Descriptive statistics of the scales and their subdimensions are provided in Table 3, which indicates that the average score on the idealism factor was 4.14±0.55, and the relativism factor's mean score was 3.20±0.89. The EPQ mean score was 3.63±0.52, and the total FS mean score was 5.31±1.08.

Table 3. Descriptive statistics of the scales and their subdimensions

	n	Min	Max	Mean	SD	Skewness	Kurtosis
Idealism	246	2.33	5	4.14	0.55	-0.354	-0.322
Relativism	246	1.00	5	3.20	0.89	-0.241	-0.285
EPQ	246	2.00	5	3.63	0.52	0.004	-0.042
FS	246	1.00	7	5.31	1.08	-1.121	1.615

Figure 2 provides the participant distribution based on idealism and relativism. When the average idealism and relativism scores are used as references, the breakdown was: absolutists (n = 68); situationists (n = 64); exceptionalists (n = 53); and subjectivists (n = 61).

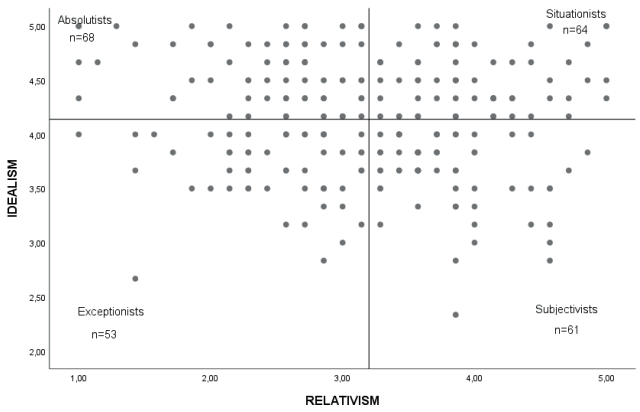

Figure 2. Participant distribution based on idealism and relativism

A comparison of the variables using total EPQ scores and the idealism and relativism factors is provided in Table 4. When idealism, relativism, and EPQ total scores were compared with gender, voluntary participation in social responsibility projects, and participation in medical ethics courses, the analytical results indicated no difference (p>0.05), refuting Hypothesis 3, which asserted that receiving ethics training will create a significant difference in total ethical position scores. As for the age variable, idealism levels differed based on age group (F[2,243] = 4.826; p<0.05), with scores for those age 22 and up and 20–21 higher than for those age 19 and younger. Thus, relativism and total scale

scores did not differ based on age (p>0.05). As for the comparison between EPQ and its subdimensions based on grade level, relativism levels differed (F[5,240] = 2.784; p<0.05), and first-graders' scores were higher than those of fourth-graders. The idealism and EPQ total scores did not differ based on class (p>0.05).

As for comparisons of idealism, relativism, and ethical positions, with total scale scores based on income groups, idealism levels differed based on income levels (F[w] [4,57.40] = 5.309; p<0.05). Scores for the second- and third-income groups were higher than those for the fourth income group. Relativism levels differed based on income level (F[4,241] = 2.529; p<0.05); thus, the fourth group's scores were higher than those from the third income group. Total EPQ scores did not differ based on income group (p>0.05). As for the comparison of individuals' degree of religiosity with total EPQ scores, idealism, and relativism, three differed based on degree of religious devotion (F[4,241] = 5.927; p<0.05), (F[4,241] = 12.1100; p<0.05), (F[4.241] = 3.529; p<0.05). The scores for religious people on idealism were higher than those who chose the option "I am not religious," and scores for those who chose the option "I am very religious" were higher than those who chose the option "I am not religious," "I am less religious," and "I have no opinion." This result supports Hypothesis 4, which asserted that a significant relationship exists between religiosity and ethical positions in favor of idealism.

As for comparisons of idealism, relativism, and ethical positions using total scale scores based on number of siblings, idealism levels differed (F[4,241] = 4.550; p<0.05). The scores for the group with five or more siblings were higher than the group with two siblings. Total scale EPQ scores differed based on number of siblings (F[4,241] = 3.118; p<0.05). Scores for the group with five or more siblings were higher than the group with four siblings. Thus, relativism scores did not differ based on number of siblings (p>0.05).

Table 4. A comparison of the variables using total EPQ scores and the idealism and relativism factors

Variables		Idealism		Relativism		EPQ score		Used Test
		Mean±SD	*p*	Mean±SD	*p*	Mean±SD	*p*	
sex	Female	4.16±0.53	0.663	3.24±0.84	0.878	3.66±0.51	1.129	T-test
	Male	4.11±0.57	0.508	3.14±0.95	0.381	3.59±0.54	0.260	
have participated voluntarily in social responsibility projects	Yes	4.17±0.53	1,202	3.16±0.93	-0.743	3.63±0.53	-0.098	T-test
	No	4.09±0.58	0.230	3.25±0.83	0.458	3.64±0.51	0.922	
have attended medical ethics courses	Yes	4.18±0.54	1,856	3.21±0.87	0.217	3.65±0.50	1,099	T-test
	No	4.03±0.57	0.065	3.18±0.93	0.828	3.57±0.58	0.273	
age	19 and younger	3.99±0.54	4.826	3.34±0.85	1,593	3.64±0.51	0.329	ANOVA
	2.20 - 21	4.24±0.53	**0.009** **	3.16±0.83	0.206	3.66±0.51	0.720	
	22+	4.17±0.55		3.10±0.98		3.59±0.55		
	Difference	2>1.3>1 (LSD)		****		****		
grade level	1st grade	3.99±0.53	1.414	3.44±0.76		3.70±0.42		ANOVA
	2nd grade	4.23±0.58		3.33±0.89		3.74±0.60		
	3rd grade	4.19±0.54		2.94±0.89	2,784	3.52±0.56	2007	
	4th grade	4.12±0.50	0.220	2.88±0.95	**0.018** *	3.45±0.48	0.078	
	5th grade	4.22±0.44		3.19±0.84		3.67±0.53		
	6th grade	4.10±0.68		3.11±0.89		3.57±0.47		
	Difference	****		1>4 (Bonferroni)		****		

Variables		Idealism		Relativism		EPQ score		Used Test
		Mean±SD	*p*	Mean±SD	*p*	Mean±SD	*p*	
total income (of your family)	5500 TL and below	3.80±0.68		3.02±1.04		3.38±0.50		ANOVA
	55001-10000 TL	4.33±0.50	5,309(w)	3.25±0.86	2,529	3.75±0.50	2019	
	10001-20000 TL	4.21±0.47	**0.001** **	3.02±0.86	**0.041** *	3.57±0.53	0.092	
	20001-50000 TL	3.94±0.52		3.45±0.80		3.68±0.47		
	50000+ TL	4.10±0.71		3.25±1.06		3.64±0.62		
	Difference	2>4,3>4 (Tamhane)		4>3 (Bonferroni)		****		
religious affiliation and religiosity variable	I am not religious	3.92±0.50		3.60±0.98		3.75±0.56		ANOVA
	I am less religious	3.96±0.51	5,927	3.46±0.69	12,100	3.69±0.46	3,529	
	no opinion	4.00±0.66	**0.000** **	3.60±0.69	**0.000** **	3.79±0.51	**0.008** **	
	I am religious	4.21±0.52		3.09±0.78		3.61±0.49		
	I am very religious	4.47±0.43		2.35±0.97		3.33±0.61		
	Difference	4>1, 5>1, 5>2, 5>3 (Bonferroni)		1>4.1>5.2>5.3>4.3>5.4>5 (Bonferroni)		1>5.3>5 (Bonferroni)		
total number of siblings	1 sibling	4.07±0.58		3.63±0.87		3.84±0.41		ANOVA
	2 siblings	4.01±0.52	4,550	3.24±0.83	2,131	3.59±0.49	3.118	
	3 siblings	4.20±0.56	**0.001** **	3.10±0.93	0.078	3.61±0.54	**0.016** *	
	4 siblings	4.11±0.51		2.96±0.82		3.49±0.49		
	5+ siblings	4.52±0.50		3.40±0.97		3.92±0.58		
	Difference	5>2 (Bonferroni)		****		5>4 (Bonferroni)		

**p<0.01, *p<0.05 w: Welch test

Table 5 provides the results from two independent sample t-tests regarding the comparison of FS levels based on gender, positions on participating in social responsibility projects voluntarily, and participation in medical ethics courses. FS scores differed based on voluntary participation in social responsibility projects (t[244] = 4.272; p<0.05). Thus, FS scores of those who volunteered for social responsibility projects were higher than the other groups, supporting Hypothesis 5, which asserted that religiosity and engaging in prosocial activities increase FS score. FS scores did not differ based on individuals' gender and participation in medical ethics courses (p>0.05).

A one-way ANOVA analysis was used to compare individuals' FS scores based on religious commitment and degree of religiosity, which differed based on degree of religiosity (F[w][4,70.51] = 7.850; p<0.05). Furthermore, FS scores of the very religious were higher than those who chose the option "I am not religious," "I am less religious," "I have no opinion," and "I am religious," and FS scores of participants who said they are religious were higher than those who said they were not religious. These data support Hypothesis 5.

The Kruskal Wallis H test was used to compare individuals' FS scores based on age, class, income status, and number of siblings. FS scores differed based on income status and number of siblings ($\chi 2$ = 13.747, p<0.05) ($\chi 2$ = 11.561, p<0.05). In the comparison of FS scores based on income status, it was observed that scores in the group with an income of 50,000 TL and above were higher than the other income groups. As for the comparison of FS scores based on number of siblings, FS levels for participants with five or more siblings were higher than those who had two siblings, and the FS levels of those who had one sibling were higher than those who had two siblings.

Table 5. A comparison of FS scores based on gender, positions on participating in social responsibility projects voluntarily, and participation in medical ethics courses

Variables		FS Total Score			Used Test
		Mean±SD		Test Value	
				p	
sex	Female	5.32±0.96		0.175	Two-Sample T-Test
	Male	5.30±1.23		0.861	
have participated voluntarily in social responsibility projects	Yes	5.57±0.90		4.272	Two-Sample T-Test
	No	5.00±1.21		**0.000** **	
have attended medical ethics courses	Yes	5.35±1.08		0.821	Two-Sample T-Test
	No	5.22±1.10		0.412	
religious affiliation and religiosity variable	I am not religious	4.83±1.24			ANOVA
	I am less religious	4.97±1.47		7,850	
	no opinion	5.15±1.11		**0.000** ** **(w)**	
	I am religious	5.45±0.88			
	I am very religious	6.03±0.70			
	Difference	4>1, 5>1, 5>2, 5>3, 5>4 (Tamhane)			
		Mean Rank	**df**	**Test Val.**	
				p	
age	19 and younger	116.75	2	1,305	Kruskal Wallis H test
	2.20 - 21	129.30		0.521	
	22+	123.72			
	Difference	****			
grade	1st grade	126.82	5		Kruskal Wallis H test
	2nd grade	126.74			
	3rd grade	122.64		0.712	
	4th grade	120.18		0.982	
	5th grade	122.26			
	6th grade	114.90			
	Difference	****			
total income (of your family)	5500 TL and below	131.54	4		Kruskal Wallis H test
	55001-10000 TL	119.08		13,747	
	10001-20000 TL	121.32		**0.008** **	
	20001-50000 TL	110.75			
	50000+ TL	174.39			
	Difference	5>2.5>3.5>4 (Bonferroni)			
total number of siblings	1 sibling	158.78	4		Kruskal Wallis H test
	2 siblings	109.46		11,561	
	3 siblings	125.66		**0.021** *	
	4 siblings	121.58			
	5+ siblings	153.09			
	Difference	1>2,5>2 (Bonferroni)			

**$p<0.01$, *$p<0.05$ w: Welch test

Table 6 indicates the relationships between the scores of individuals from the main and subscales, indicating a statistically significant low-level positive correlation between idealism and total EPQ score (r=0.406, p<0.01). A very low, statistically significant, positive correlation was found between idealism and FS (r=0.175, p<0.01), supporting Hypothesis 1, which asserted that a significant relationship exists between medical students' ethical positions (idealism) and psychological well-being. However, a statistically significant (r=.875, p<0.01) relationship was found between relativism and the EPQ scores, but no significant relationship was found between FS and relativism, refuting Hypothesis 2, which asserted that a significant relationship exists between medical students' ethical positions (relativism) and psychological well-being.

Table 6. Correlation Test between Idealism, Relativism, EPQ and FS scores

scales		Idealism	Relativism	EPQ	FS
Idealism	*r*	-	-0.087	.406 **	.175 **
	p		0.171	**0.000**	**0.006**
Relativism	*r*	-0.087	-	.875 **	-0.083
	p	0.171		**0.000**	0.193
EPQ	*r*	.406 **	.875 **	-	0.009
	p	0.000	0.000		0.890
FS	*r*	.175 **	-0.083	0.009	-
	p	0.006	0.193	0.890	

**p<0.01, *p<0.05 Pearson Correlation Test

DISCUSSION

The idealism and relativism dimensions of the ethical position

Our study revealed that participants' mean idealism score was higher than their relativism score. This finding aligns with previous studies that also found idealism scores to surpass relativism scores[55,56]. Analyzing the ethical situation distribution graph, most participants identified with absolutism, while a smaller group fell into the exceptionalism category. This outcome contrasts with a study that listed Turkey among the countries with a situational ethical stance[11]. However, our sample represents a specific group rather than the general population. Additionally, the situational cluster came in a close second, with a minimal difference, suggesting a result similar to the aforementioned study[11]. Being in the absolutist category generally implies a belief that actions can be morally "right" in any situation if they produce positive outcomes, indicating a stronger reliance on universal rules and norms in ethical decision-making.

Contrary to expectations, taking medical ethics courses did not significantly affect EPQ scores. This suggests that the content of these ethics courses is insufficient to impact the scale scores in this study. When considering the approach that moral reasoning can be developed with more practical training[57], it appears that the ethics courses taken by the study's participants are predominantly theoretical.

Our findings indicated that gender did not significantly influence idealism and relativism approaches, whereas age did affect the idealism approach. Younger participants were associated with lower idealism scores. However, when considering education level, only first-year students exhibited a higher relativism approach compared to other grade levels. The lack of a significant difference in idealism across grade levels contradicts research comparing undergraduate and graduate students, which found higher reasoning levels among graduate students[58]. Therefore, a significant difference in idealism would be expected in this context.

Our study did not utilize a scale to measure religiosity; instead, we relied on participants' self-reported religiosity. Participants who identified as religious were more inclined towards an idealist approach, while those who did not identify as religious leaned towards a relativistic approach. Although measuring religiosity empirically is challenging[59], previous research has explored the relationship between religiosity and ethical positions. Idealism has been positively correlated with scores on Allport and Ross' Religious Orientation Scale (ROS)[56], and ethical climate and religious orientation have been linked to ethical behaviors among nurses[60]. A resource management study found that highly religious participants in the medical profession preferred patients with worse medical prognoses but greater commitment (e.g., number of children)[41]. Another study indicated that individuals with intrinsic motivations use their religious beliefs as a framework for moral judgments, reflecting low relativism[61]. Our findings on religiosity align with those of previous studies.

Contrary to expectations, voluntary participation in social responsibility projects did not significantly impact ethical positions in our study. It was anticipated that

an idealist ideology, which emphasizes avoiding harm and improving others' welfare, would be associated with prosocial behavior. However, this discrepancy aligns with a study among Argentine youths that found prosocial actions correlated with low relativism[62]. The lack of a significant difference in prosocial behaviors between idealism and relativism scores suggests that similar prosocial actions may occur for different reasons. This finding aligns with Forsyth's 1982 conclusion that, although ethical ideology is related to moral judgments, it is not necessarily linked to behavior[63].

Our study concluded that having five or more siblings is associated with high idealism and higher total ethical positions scores. Another study using multiple regression analysis indicated that home and school environments significantly contribute to adolescents' moral judgments[64]. A study on the effects of nuclear and extended family structures on children's moral development suggested that children from extended families have better moral outcomes than those from nuclear families[65]. However, another study claimed that family structure does not significantly affect moral sensitivity or ethical beliefs[66]. Low-population nuclear families were associated with increased individuality in society[67]. The high number of siblings in our study, indicating a larger family size, may indirectly positively affect empathy and moral judgment by reducing individualism.

Psychological well-being and influential factors

Our study found no significant differences in Flourishing Scale (FS) scores based on gender, age, or grade level. This finding contradicts existing research, which suggests that stress and anxiety increase with age and class level[68,69]. The discrepancy may be due to the fact that the sixth grade had the lowest number of participants in our study (n = 25). However, we did find a significant relationship between income status and FS scores, indicating that higher income supports psychological well-being. Some studies argue that it is not absolute income, but rather one's income ranking within society, that affects life satisfaction[70]. This aligns with the observed negative correlation between income inequality and psychological well-being[71]. Although our study did not directly address perceptions of income inequality, higher income was associated with increased FS scores.

Additionally, we found a significant relationship between participation in social responsibility projects, a form of prosocial behavior, and psychological well-being. Burnout negatively impacts altruistic attitudes towards societal responsibilities[72]. For instance, students experiencing burnout were less inclined to care for medically underserved populations than those not experiencing burnout[73]. Another study among medical students highlighted the importance of social relationships and their role in reducing stress and enhancing well-being, noting the positive effects of shared social activities[74]. A cross-sectional study in 166 countries found a significant association between prosocial behavior and positive affect[75], supporting our finding that prosocial behaviors increase FS scores.

Existing research also suggests a negative relationship between materialist values and well-being[76]. In our study, we found a strong relationship between religiosity and FS scores among medical students. Our data aligns with previous findings that religiosity can help prevent mental health problems in adolescents [75-78].

A study on the psychological well-being of medical students in Canada indicated that stress and burnout negatively affect personal development and learning[77]. However, positive mental health can mitigate some of the adverse effects of burnout[72]. From this perspective, developing strategic plans to support the psychological well-being of medical students could significantly reduce these negative impacts.

The relationship between ethical positions and psychological well-being

Individuals experiencing high negative affect often harbor negative perceptions of themselves, others, and the world at large (78). Our study identified a significant relationship between idealistic ethical positions and the psychological well-being of medical students. This connection between an idealist approach and psychological well-being can be better understood in light of previous research, which suggests that idealists' concern for others' welfare is linked to empathy. Although Giacalone et al.'s study (32) did not use the same scale, it concluded that a sense of life's meaning is associated with idealism, whereas no significant relationship was found between relativism and life's meaning. This finding supports the conclusions of our study.

Research limitations

As this is a cross-sectional study, precise causal inferences could not be made. Available conclusions

were not drawn about the direction of the relationships between the variables necessarily. Future longitudinal and/or experimental studies may shed more light on the relationships between the variables examined here.

CONCLUSIONS

Our study found a significant relationship between idealism and psychological well-being. Study participants were clustered in the absolutist position most often. A significant relationship was found between engaging in prosocial behaviors and psychological well-being. Among the participants, those who defined themselves as religious had high idealism and well-being scores, and those who did not define themselves as religious had high relativism scores. Contrary to expectations, medical students' participation in medical ethics courses did not significantly affect EPQ scores. Advanced research and new strategies are needed to develop future physicians' ethical judgment capacities and support their psychological well-being.

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