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ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Development and validation of an ultra-brief scale to measure moral intelligence
The Moral Intelligence Scale

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2027, 44(1):62–69

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OBJECTIVE **To develop and validate a scale for measuring moral intelligence, i.e. the Moral Intelligence Scale (MIS).** METHOD **Construct validity of the MIS was evaluated through corrected item-total correlations and confirmatory factor analysis. Concurrent validity was assessed using the Patient Health Questionnaire-4 (PHQ-4) and the Multidimensional Scale of Perceived Social Support (MSPSS). Reliability was examined through Cronbach's alpha and the intraclass correlation coefficient. Additionally, Receiver Operating Characteristic (ROC) analysis was conducted to identify the optimal cut-off point for the MIS, using the PHQ-4 serving as the external criterion.** RESULTS **Corrected item-total correlations and confirmatory factor analysis supported the unidimensional structure of the MIS, confirming that the final version comprises four items loading on a single factor. Evidence for concurrent validity was strong, as statistically significant correlations were observed between MIS scores and both the PHQ-4 and the MSPSS, consistent with theoretical expectations. Reliability analyses indicated satisfactory internal consistency, with a Cronbach's alpha of 0.724, and excellent test-retest reliability, as reflected by an intraclass correlation coefficient of 0.989 (95% confidence interval=0.984–0.992, p-value <0.001). Furthermore, ROC analysis identified 17 as the optimal cut-off point, classifying individuals with MIS scores ≥17 as having high levels of moral intelligence.** CONCLUSIONS **The MIS is a one-factor four-item scale with strong reliability and validity. By offering a concise, yet robust measure of moral intelligence, the MIS provides scholars and practitioners with a practical tool for exploring the role of moral reasoning and ethical behavior in diverse domains, thereby contributing to the advancement of research and interventions aimed at fostering moral development and integrity.**

Ανάπτυξη και στάθμιση μιας εξαιρετικά σύντομης κλίμακας για τη μέτρηση της ηθικής νοημοσύνης: Η κλίμακα Moral Intelligence Scale

Περίληψη στο τέλος του άρθρου

Key words

Cut-off point
Instrument
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Scale
Tool
Validation

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In an era characterized by rapid technological advancement, globalization, and complex socio-political dynamics, ethical decision-making has become increasingly challenging. While cognitive and emotional intelligence have received significant scholarly attention, moral intelligence remains underexplored despite its profound implications for personal integrity, leadership effectiveness, and societal well-being. Recent bibliometric analyses confirm that research interest in moral intelligence is growing globally, particularly in contexts such as health care services, education, organizational ethics, and artificial intelligence ethics.[1,2]

Moral intelligence refers to the ability to differentiate right from wrong and to act in accordance with universal ethical principles. It encompasses a set of values and behaviors that guide individuals toward responsible and compassionate actions. Unlike cognitive intelligence, which focuses on reasoning, and emotional intelligence, which emphasizes emotional regulation, moral intelligence integrates ethical reasoning with behavioral consistency. Moral intelligence, defined as the capacity to apply ethical principles consistently in decision-making and behavior, has emerged as a vital construct in understanding human development and social functioning.[3]

In other words, moral intelligence is increasingly recog-

nized as a multidimensional construct encompassing the ability to integrate universal ethical principles, cognitive competencies, and relevant knowledge in addressing complex individual and societal challenges. It functions as a critical determinant of personal development by providing a sense of purpose and coherence to human life, thereby guiding decision-making processes in alignment with moral standards. Through the reinforcement of prosocial behaviors and the cultivation of reflective practices, moral intelligence contributes to the formation and internalization of personal values, long-term goals, and intentional actions. This dynamic process is shaped by experiential learning and continuous engagement with diverse social contexts, underscoring its role as both an adaptive and normative framework for ethical conduct in contemporary society.[2,4–7]

Scholars identify four primary pillars of moral intelligence: integrity/honesty, responsibility/accountability, compassion and forgiveness. In particular, integrity refers to aligning actions with personal and societal values, and fostering trust and credibility. Also, responsibility refers to the ability to admit one's own mistakes and failures, while compassion refers to active concern for others. Additionally, forgiveness refers willingness to accept other people's faults as well as one's own.[5,6]

The absence of moral intelligence in leadership and organizational practices can result in widespread social harm, including loss of trust, increased corruption, and societal fragmentation. Conversely, fostering moral intelligence contributes to sustainable development, social cohesion, and individual well-being.[3]

In this context, valid measurement of moral intelligence is essential for ensuring conceptual clarity and empirical rigor in research and practice. Accurate assessment tools enable scholars to test theoretical models, explore relationships between moral intelligence and other constructs, and conduct cross-cultural comparisons. Thus, several scholars until now have developed valid scales to measure moral intelligence. For instance, the Moral Competency Inventory[5,6] measures moral intelligence in workers, while Dacka and Noworol[4] developed a moral intelligence scale for use in the general population. Moreover, two other scales have developed to measure moral intelligence specifically in healthcare professionals.[8–10] To the best of our knowledge, there is only one scale that measures moral intelligence in the general population including 38 items.[4] Although these scales exhibit strong psychometric validity, their primary limitation lies in their extensive length, as they typically comprise 30 or more items. This characteristic renders them time-consuming to administer and may create logistical challenges for researchers, particularly in studies with large sample sizes or constrained data collection periods. The burden on respondents can also lead to reduced participation rates or incomplete responses, thereby affecting data quality. These limitations become even more pronounced in studies that aim to examine complex relationships between moral intelligence and multiple other variables, where efficiency and brevity are essential to minimize respondent fatigue and ensure robust statistical analysis. Consequently, the need for shorter, yet psychometrically sound instruments has emerged as a critical consideration in advancing empirical investigations in this domain.

Therefore, the aim of this study was to develop and validate an ultra-brief scale to measure moral intelligence in the general population, i.e. the Moral Intelligence Scale (MIS).

MATERIAL AND METHOD

Study design

We employed a sample of adults from the general population in Greece. We collected our data in November 2025. The study sample was a convenience sample and included 408 participants. Their mean age was 32.90 (standard deviation [SD]: 10.45) with a median age of 32 years, a minimum age of 18 years, and a maximum age of 60 years. We informed our participants about the aim and design of our study. Our study was conducted on an anonymous and voluntary basis, and participants gave their informed consent to participate. The study protocol was approved by the Institutional Review Board of the Faculty of Nursing, National and Kapodistrian University of Athens (ref. no 15, October, 2025). Additionally, we conducted our study according to the ethical standards of the Declaration of Helsinki.[11]

Procedure

As we mentioned above in detail, potential items to be included in the Moral Intelligence Scale were developed for the four basic components of moral intelligence: integrity/honesty, responsibility/accountability, compassion, and forgiveness.[5,6] In particular, we chose three items for each component. Thus, we included these 12 items in a self-report questionnaire. We performed a test-retest study one week after the first administration of the questionnaire to investigate the reliability of the MIS.

Measurements

The MIS comprises 12 items, three for each of the four core features of moral intelligence: integrity/honesty, responsibility/accountability, compassion, and forgiveness. Answers are on a 5-point Likert scale from 1 (totally disagree) to 5 (totally agree). Higher scores indicate greater moral intelligence. Cronbach alpha was 0.838 in this study.

The Patient Health Questionnaire-4 (PHQ-4) includes four items and measures anxiety (two items) and depression (two items).[12] Answers are on a 4-point Likert scale from 0 (not at all) to 3 (nearly every day). The total score for each factor ranges from 0 to 6, and higher scores indicate greater anxiety and depressive symptoms. We used the valid Greek version of the PHQ-4.[13] In this study, Cronbach alpha for anxiety and depression was 0.823 and 0.848, respectively. Cronbach alpha for the PHQ-4 was 0.843. We expected a negative correlation between the MIS and the PHQ-4.

The Multidimensional Scale of Perceived Social Support (MSPSS) includes 12 items and measures social support from significant others (four items), support from friends (four items), and support from family (four items).[14] Answers are on a 7-point Likert scale from 1 (totally disagree) to 7 (totally agree). The total score for each factor ranges from 1 to 7, and higher scores indicate greater social support. We used the valid Greek version of the MSPSS.[15] In particular, we used the factor "social support from significant others". Cronbach alpha for this factor was 0.965. We expected a positive correlation between the MIS and the MSPSS.

Statistical analysis

Of the three items within each of the four core components of moral intelligence, we retained in the final scale the one with the highest corrected item-total correlation. Thus, the final version of the MIS included four items: one for each of the four core components of moral intelligence. We expected that these four items refer to one factor. To identify this, we then performed confirmatory factor analysis (CFA). Thus, we expected a one-factor 4-items model of the MIS. We examined the goodness of fit indices in CFA by calculating the following indices: Chi-square/degree of freedom (x^2/df), root mean square error of approximation (RMSEA), goodness of fit index (GFI), normed fit index (NFI), and comparative fit index (CFI). Acceptable values for these indices are the following: x^2/df <5, RMSEA <0.10, GFI >0.90, NFI >0.90, and CFI >0.90.[16,17]

Scores on scales followed normal distribution. Thus, we calculated Pearson's correlation coefficient to examine correlations between MIS, PHQ-4 and MSPSS, and, thus, to identify the concurrent validity of the MIS.

Additionally, we examined measurement invariance of the MIS regarding gender. The assessment of measurement invariance proceeded sequentially, beginning with configural invariance, followed by metric invariance, and finally scalar invariance. Model fit was evaluated using RMSEA, CFI, and the Standardized Root Mean Square Residual (SRMR). For configural invariance, acceptable criteria were defined as RMSEA <0.10 and CFI >0.90. According to established guidelines, metric invariance is supported when changes from the configural model are within the following limits: ΔCFI <0.01, ΔRMSEA <0.015, and ΔSRMR <0.030. Similarly, scalar invariance requires that changes from the metric model remain below ΔCFI <0.01, ΔRMSEA <0.015, and ΔSRMR <0.010.[18,19]

Also, we calculated Cronbach alpha to examine the internal reliability of the MIS. Moreover, we examined the test-retest reliability of answers to MIS, by calculating the intraclass correlation coefficient for the total score of the scale. In particular, we calculated the two-way mixed intraclass correlation coefficient (absolute agreement).

We applied the Receiver Operating Characteristic (ROC) analysis to identify an optimal cut-off point for the MIS using the PHQ-4 as external criterion. We calculated sensitivity, specificity, and the Youden index. These measures take values from 0 to 1 with higher values indicating better diagnostic value of the MIS. The Youden index defines an optimal cut-off point and is calculated as (sensitivity+specificity)–1. Additionally, we calculated the area under the curve (AUC), 95% confidence interval (CI), and p-value. After establishing the optimal cut-off point for the MIS, individuals scoring above this threshold were classified as having high levels of moral intelligence.

We used AMOS, version 21 (Amos Development Corporation, 2018) to conduct CFA using. All other analyses were conducted with the Statistical Package for Social Sciences (SPSS), version 28.0 (IBM Corp released 2021; IBM SPSS Statistics for Windows, version 28.0; IBM Corp, Armonk, NY).

RESULTS

We presented the corrected item-total correlations, and Cronbach's alpha if item deleted for all initial 12 items in table 1.

We kept in the final version of the MIS, the items with the highest corrected item-total correlations within each component. Thus, regarding the component "integrity/honesty" we retained the item "I keep my promises", while regarding the component "responsibility/accountability" we retained the item "When I make a mistake, I take responsibility for correcting it". Moreover, regarding the component "compassion", we retained the item "I can recognize the needs of others", while regarding the component "forgiveness" we retained the item "Even when I have made a serious mistake in my life, I am able to forgive myself and move ahead". Therefore, the final version of the MIS included the items #2, #6, #7, and #12 (tab. 1).

Cronbach alpha for all initial 12 items was 0.838. After removal of each item, Cronbach alpha was not increased.

Then, we performed confirmatory factor analysis to verify the 1-factor 4-item model of the MIS. The findings of the CFA are shown in table 2 and figure 1. CFA confirmed the 1-factor 4-item model of the MIS since all indices showed very good values. Moreover, standardized regression weights for the four items ranged from 0.60 to 0.77. Cronbach alpha for the 1-factor 4-item model of the MIS was 0.724. After removal of each item, Cronbach alpha was not increased. Thus, the final version of the MIS includes

Table 1. Corrected item-total correlations, and Cronbach's alpha if item deleted for all initial 12 items of the Moral Intelligence Scale.

Items	Corrected item-total correlations	Cronbach alpha if item deleted
1. I express my views even when they may lead to negative consequences for me	0.362	0.837
2. I keep my promises	0.551	0.825
3. Even in the most difficult moments, I stand up for my convictions	0.395	0.834
4. I take responsibility for my actions	0.609	0.820
5. I admit my mistakes and failures	0.541	0.823
6. When I make a mistake, I take responsibility for correcting it	0.667	0.817
7. I can recognize the needs of others	0.561	0.821
8. I notice when someone is uncomfortable in a meeting	0.550	0.824
9. I can recognize the emotions of others	0.491	0.827
10. I forgive others even when they have made serious mistakes	0.496	0.830
11. Even when people make mistakes, I continue to trust them	0.398	0.836
12. Even when I have made a serious mistake in my life, I am able to forgive myself and move ahead	0.601	0.818

Table 2. Confirmatory factor analysis for the Moral Intelligence Scale.

Model	x^2	df	x^2/df	RMSEA	GFI	NFI	CFI
Four items	0.749	1	0.749	<0.001	0.999	0.998	1.000
Acceptable values			<5	<0.10	>0.90	>0.90	>0.90

RMSEA: Root Mean Square Error of Approximation. GFI: Goodness of Fit Index, NFI: Normed Fit Index, CFI: Comparative Fit Index

four items in one factor (tab. 3). The total score in the MIS is calculated by summing the responses to the four items. Consequently, the total score ranges from 4 to 20, with higher scores reflecting greater levels of moral intelligence.

The total score in the scale is calculated by summing the responses to the four items. Consequently, the total score ranges from 4 to 20, with higher scores reflecting greater levels of moral intelligence.

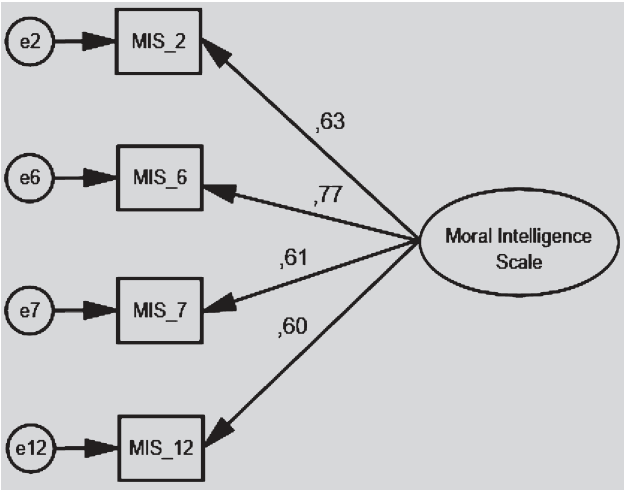


Figure 1. Confirmatory factor analysis for the Moral Intelligence Scale (MIS).

We examined measurement invariance of the MIS regarding gender, and results are shown in table 4. The configural, metric and scalar invariance models of MIS fitted the data well since they fulfilled the critical values. In particular, ΔRMSEA, ΔCFI and ΔSRMR for the metric invariance were 0.000, 0.000 and 0.010, respectively. Also, ΔRMSEA, ΔCFI and ΔSRMR for the scalar invariance were 0.007, 0.000 and 0.020, respectively.

We examined concurrent validity of the MIS by calculating Pearson's correlation coefficients between the scale and PHQ-4 and MSPSS (tab. 5). Concurrent validity of the MIS was very good since we confirmed our research hypotheses. We found a negative correlation between the MIS and anxiety (r=-0.181, p-value <0.001) and the total PHQ-4 score (r=-0.114, p-value=0.021). Also, we found a positive correlation between the MIS and the MSPSS (r=0.390, p-value <0.001).

We found that the MIS had very good reliability since the intraclass correlation coefficient for the test-retest was 0.989 (95% CI=0.984 to 0.992, p<0.001). Also, Cronbach alpha for the scale was 0.724.

Table 3. Final version of the 1-factor 4-item model of the Moral Intelligence Scale.

Items	Answers				
	Totally disagree	Disagree	Neither disagree or agree	Agree	Totally agree
1. I keep my promises	1	2	3	4	5
2. When I make a mistake, I take responsibility for correcting it	1	2	3	4	5
3. I can recognize the needs of others	1	2	3	4	5
4. Even when I have made a serious mistake in my life, I am able to forgive myself and move ahead	1	2	3	4	5

Table 4. Measurement invariance for the 1-factor 4-item model of the Moral Intelligence Scale with respect to gender.

Variable	Levels of measurement invariance	RMSEA	CFI	SRMR	ΔRMSEA	ΔCFI	ΔSRMR
Gender	Configural	<0.001	1.000	0.013			
	Metric	<0.001	1.000	0.023	0.000	0.000	0.010
	Scalar	0.007	1.000	0.043	0.007	0.000	0.020

RMSEA: Root Mean Square Error of Approximation, CFI: Comparative Fit Index, SRMR: Standardized Root Mean Square Residual

Table 5. Correlations between the Moral Intelligence Scale (MIS), the Patient Health Questionnaire-4 (PHQ-4), and the Multidimensional Scale of Perceived Social Support (MSPSS).

Scale	PHQ-4						MSPSS	
	Anxiety		Depression		Total score			
	PCC	p-value	PCC	p-value	PCC	p-value	PCC	p-value
MIS	-0.181	<0.001	-0.020	0.686	-0.114	0.021	0.390	<0.001

PCC: Pearson's Correlation Coefficient

We employed ROC analysis to define an optimal cut-off point for the MIS. We found that the best cut-off point for the MIS was 17, using the PHQ-4 as external criterion. The AUC for the PHQ-4 was 0.634 (95% CI=0.579 to 0.689, p-value <0.001), while the Youden index was 0.274 (fig. 2). Thus, we considered that an optimal cut-off point for the MIS was 17. Individuals with MIS score ≥17 were classified as having high levels of moral intelligence.

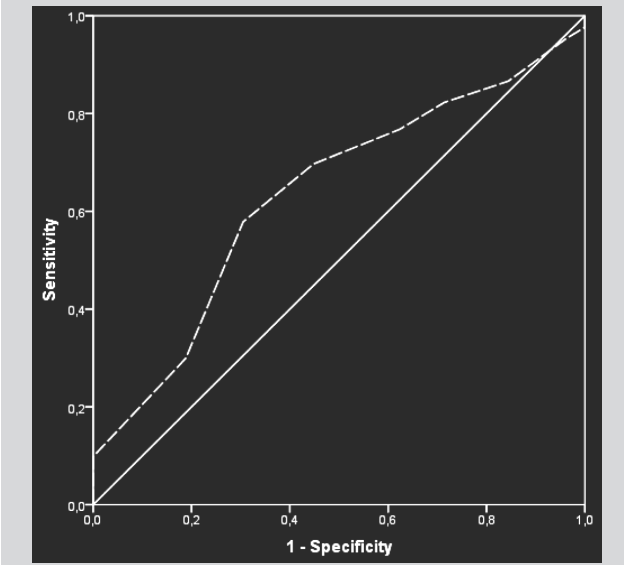


Figure 2. The Receiver Operating Characteristic (ROC) curve of the Moral Intelligence Scale by using the Patient Health Questionnaire-4 as the gold standard.

DISCUSSION

The present study introduced and validated the MIS, an innovative ultra-brief instrument designed to assess moral intelligence in the general population. The MIS demonstrates strong psychometric properties, as evidenced by rigorous validity and reliability analyses, confirming its suitability for both research and practical applications. Its brevity –comprising only four items– represents a significant advancement compared to existing measures, which typically

include 30 or more items and require considerably more time to administer. This efficiency makes the MIS particularly valuable in large-scale surveys or studies where multiple constructs are assessed, reducing respondent burden without compromising measurement quality. Furthermore, the scale's rapid administration time (approximately one minute) enhances its utility in applied settings, such as educational, organizational, and clinical contexts, where time constraints often limit the feasibility of lengthy assessments. By offering a concise yet robust measure of moral intelligence, the MIS provides scholars and practitioners with a practical tool for exploring the role of moral reasoning and ethical behavior in diverse domains, thereby contributing to the advancement of research and interventions aimed at fostering moral development and integrity.

Item analysis and confirmatory factor analysis confirmed that the 1-factor 4-item model of the MIS is a valid and reliable tool to measure levels of moral intelligence in the general population. Additionally, our findings proved the measurement invariance of the MIS regarding gender by measuring configural, metric and scalar invariance.

Also, we examined concurrent validity of the MIS by calculating Pearson's correlation coefficients between the scale and PHQ-4 and MSPSS. Concurrent validity of the MIS was demonstrated to be strong, as the findings aligned with our initial hypotheses. Specifically, we observed a significant negative correlation between MIS scores and the PHQ-4, indicating that higher levels of moral intelligence are associated with lower levels of psychological distress. This correlation supports the theoretical assumption that moral reasoning and ethical decision-making may serve as protective factors for mental well-being. Additionally, a positive correlation was identified between MIS scores and the MSPSS, suggesting that individuals with higher moral intelligence tend to perceive greater social support. This finding underscores the potential role of moral intelligence in fostering interpersonal relationships and social connectedness. Collectively, these results provide robust evidence for the concurrent validity of the MIS and highlight its relevance for research examining the interplay between moral capacities, mental health, and social functioning.

Additionally, we found that the MIS has very good reliability since the intraclass correlation coefficient for the test-retest was very high. Also, Cronbach alpha for the scale was above the acceptable limit.

Finally, we employed the ROC analysis to define an optimal cut-off point for the MIS, and we found that the best cut-off point for the scale was 17, using the PHQ-4 as external criterion. Thus, individuals with MIS score ≥17 were classified as having high levels of moral intelligence.

Despite the strengths of this study, several limitations should be acknowledged. First, the validation of the MIS was conducted using a convenience sample drawn from the general population. While this approach facilitated data collection, it inherently limits the generalizability of the findings to broader or more diverse populations. Future research should aim to replicate these results using stratified or representative samples across different demographic groups to enhance external validity. Second, the study relied exclusively on self-reported measures, including the MIS, to examine the concurrent validity of the MIS. Although self-report instruments are widely used and practical, they are susceptible to biases such as social desirability and inaccurate self-assessment. To address this limitation, subsequent studies could incorporate multimethod approaches, including behavioral assessments or informant reports, to provide a more comprehensive evaluation of moral intelligence and related constructs. Finally, the current investigation focused primarily on concurrent validity. While this is an important aspect of psychometric evaluation, other forms of validity –such as predictive validity and discriminant validity– remain unexplored. Future research should examine these dimensions to strengthen the evidence base for the MIS and ensure its applicability across different contexts and populations. By addressing these limitations, future studies can contribute to a more robust understanding of moral intelligence measurement and enhance the practical utility of these tools in both research and applied settings.

In conclusion, valid measurement of moral intelligence is essential for ensuring conceptual clarity and empirical rigor in research and practice. Accurate assessment tools enable scholars to test theoretical models, explore relationships between moral intelligence and other constructs, and conduct cross-cultural comparisons. In educational contexts, valid measures support the design and evaluation of programs aimed at fostering ethical reasoning and character development. Similarly, in organizational settings, reliable instruments help identify gaps in moral competence, guide leadership training, and mitigate unethical behavior. Without valid measurement, findings risk being inconsistent or biased, undermining both scientific credibility and practical applications in policy, education, and organizational ethics.

In this context, the development and validation of the MIS represent a significant contribution to the measurement of moral intelligence in both research and applied contexts. By offering a concise, psychometrically sound

instrument, the MIS addresses a critical gap in the literature, where existing tools are often lengthy and impractical for large-scale or time-sensitive studies. Its brevity, combined with strong validity and reliability, makes it an efficient option for scholars investigating complex models that include multiple variables, as well as for practitioners seeking rapid assessments in educational, organizational, or clinical settings.

ΠΕΡΙΛΗΨΗ

Ανάπτυξη και στάθμιση μιας εξαιρετικά σύντομης κλίμακας για τη μέτρηση της ηθικής νοημοσύνης: Η κλίμακα Moral Intelligence Scale

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ΣΚΟΠΟΣ Η ανάπτυξη και η στάθμιση μιας εξαιρετικά σύντομης κλίμακας για τη μέτρηση της ηθικής νοημοσύνης, της κλίμακας Moral Intelligence Scale (MIS). **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Η εγκυρότητα κατασκευής της MIS εκτιμήθηκε με τις διορθωμένες συσχετίσεις των στοιχείων της κλίμακας, με τη συνολική της βαθμολογία και με την επιβεβαιωτική ανάλυση παραγόντων. Η συγκλίνουσα εγκυρότητα εξετάστηκε χρησιμοποιώντας τις κλίμακες Patient Health Questionnaire-4 (PHQ-4) και Multidimensional Scale of Perceived Social Support (MSPSS). Η αξιοπιστία εκτιμήθηκε με τον συντελεστή Cronbach και τον συντελεστή ενδοταξικής συσχέτισης. Χρησιμοποιήθηκε η ανάλυση Receiver Operating Characteristic (ROC) για τον προσδιορισμό του καλύτερου διαχωριστικού ορίου για τη MIS, εφαρμόζοντας την PHQ-4 ως κριτήριο αναφοράς. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Οι διορθωμένες συσχετίσεις των στοιχείων της MIS με τη συνολική της βαθμολογία και η επιβεβαιωτική ανάλυση παραγόντων επιβεβαίωσαν ότι η τελική έκδοση της MIS περιλαμβάνει τέσσερα στοιχεία σε έναν παράγοντα. Η συγκλίνουσα εγκυρότητα της MIS ήταν εξαιρετική, καθώς διαπιστώθηκαν στατιστικά σημαντικές συσχετίσεις μεταξύ της MIS, της PHQ-4 και της MSPSS. Οι αναλύσεις αξιοπιστίας έδειξαν ικανοποιητική εσωτερική συνέπεια, με συντελεστή Cronbach's alpha 0,724, και εξαιρετική αξιοπιστία επανελέγχου, όπως αντανακλάται στον συντελεστή ενδοταξικής συσχέτισης 0,989 (95% διάστημα εμπιστοσύνης=0,984–0,992, p<0,001). Επί πλέον, η ανάλυση ROC προσδιόρισε το 17 ως το βέλτιστο όριο, κατατάσσοντας τα άτομα με βαθμολογίες MIS ≥17 ως άτομα με υψηλά επίπεδα ηθικής νοημοσύνης. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η MIS είναι μια μονοδιάστατη κλίμακα, δηλαδή έχει έναν μόνο παράγοντα και περιλαμβάνει τέσσερα στοιχεία. Προσφέροντας μια συνοπτική αλλά έγκυρη μέτρηση της ηθικής νοημοσύνης, η MIS παρέχει στους ερευνητές και στους επαγγελματίες υγείας ένα πρακτικό εργαλείο για τη διερεύνηση του ρόλου της ηθικής νοημοσύνης και της ηθικής συμπεριφοράς σε διάφορους τομείς, συμβάλλοντας έτσι στην προώθηση της έρευνας και της ηθικής ανάπτυξης.

Λέξεις ευρετηρίου: Διαχωριστικό όριο, Εγκυρότητα, Εργαλείο, Ερωτηματολόγιο, Ηθική νοημοσύνη, Κλίμακα, Moral Intelligence Scale

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