Original Article

Determination of Moral Sensitivities of Healthcare Personnel

Aysel Ozdemir, PhD
Research Assistant, Inonu Unıversity, Faculty of Nursing, Department of Psychiatric Nursing, Malatya, Turkey

Abdurrezzak Gultekin, PhD
Research Assistant, Inonu Unıversity, Faculty of Nursing, Department of Psychiatric Nursing, Malatya, Turkey

Funda Kavak, PhD
Assistant Proffesor, Inonu Unıversity, Faculty of Nursing, Department of Psychiatric Nursing, Malatya, Turkey

Correspondence: Abdurrezzak Gultekin, PhD, Research Assistant, Inonu Unıversity, Faculty of Nursing, Department of Psychiatric Nursing, Malatya, Turkey   E-Mail abdurrezzak.gultekin@inonu.edu.tr

Abstract

Objectives: This was a descriptive study conducted to determine the moral sensitivities of healthcare personnel.
Methods: The study was conducted in a university hospital between March 2017 and May 2017. The population of the study consisted of a total of 900 physicians and nurses working in a university hospital. The sample of the study was determined as 418 by using sampling method with known population. The participants were selected using simple random sampling method.
Results: The moral sensitivities of the health personnel involved in the study were in the middle level. It was determined that the health personnel participating in the research affected moral sensitivities
Conclusion: In order to provide quality healthcare service and meet the professional standards, it is recommended to increase in-service training and awareness programs on ethics.

Keywords: Ethics, health personnel, nursing, physicians.

Inroduction

The moral sensitivity is a character requiring knowing the ethical works, to approach people in sensitive situation with a sensory and mental understanding, to provide insight into the ethical outcomes of clinical decisions, and to interpret the spoken and unspoken behaviors and signs in order to recognize the needs of individuals receiving healthcare service (Borhani, Keshtgar & Abbaszadeh, 2015; Aksu & Akyol, 2011; Basak, et al., 2010). High moral sensitivity of physicians and nurses facilitates them to make ethical decisions in the clinic (Birgili, Salis & Ozdemir, 2010).

In Turkey, moral sensitivities of the nurses were found to be at moderate level in a study investigating the moral sensitivities of the nurses in Izmir (Borhani, Abbaszadeh & Hoseinabadi-Farahani, 2016). In another study conducted with nurses working in public hospitals in Sivas, the moral sensitivities of the nurses were found to be at moderate level (Celik, Unal & Saruhan, 2012). In a study conducted by Basak et al., with intensive care nurses the moral sensitivities of the nurses were observed to be at moderate level (Dikmen, 2013).

It was determined in a study conducted by Rigon et al., with nurses working in the health center that the nurses had moderate moral sensitivity (Rigon, et al., 2017). In the study conducted by Huang et al. with the Chinese nurses it was determined that they had moderate level of moral sensitivity (Huang, et al., 2016; Ertug, et al., 2014).

This study was conducted to determine the moral sensitivities of healthcare personnel when considering the importance of moral sensitivity in the healthcare services and that it is wrong for the physicians and nurses providing healthcare service to question their own and others' behaviors without having moral sensitivity.

Methods

Study Design and Sample: The study was conducted as descriptive. The study was conducted in a university hospital between March 2017 and May 2017. The population of the study consisted of a total of 900 physicians and nurses working in a university hospital. The sample of the study was determined as 418 by using sampling method with known population. The participants were selected using simple random sampling method.

Data Collection Instruments: The data were collected by using the Personal Information Form and Moral Sensitivity Questionnaire [MSQ].

Personal Information Form: The Personal Information Form was prepared by the researchers upon the literature review and consists of 6 questions including the descriptive characteristics of the participants.

MSQ: The MSQ was developed by Lutzen to measure moral sensitivity (FilizOz, Mesci, Ascı & Bağcıvan, 2015). Turkish validity-reliability study of the questionnaire was conducted by Tosun in 2003. MSQ is a 7-point likert scale consisting of 30 questions and 6 subscales. Autonomy subscale consists of the items 10, 12, 15, 16, 21, 24, and 27; Benevolence subscale consists of the items 2, 5, 8, and 25; Holistic Approach subscale consists of the items 1, 6, 18, 29, and 30; Conflict subscale consists of the items 9, 11, and 14, Practice subscale consists of the items 4, 17, 20, and 28 and Orientation subscale consists of the items 7, 13, 19, and 22.

The items 3, 23, and 26 are not included in any subscale. The lowest and the highest scores to be taken from MSQ are 35 and 164, respectively. While the low score shows high ethical sensitivity, the high score refers to low ethical sensitivity. Autonomy reflects the self-decision-making ability of healthcare personnel. Benevolence has the purpose of benevolence in all practices applied to the patient. The holistic approach is to acknowledge that each individual has a different quality than the others. Conflict involves the dilemma experienced by the healthcare personnel in the issues that need to be decided by the patient. Practice is to transform the decisions, which are generally considered as ethical for the patient, into action. Orientation is ensuring the patient's involvement for a good care/treatment (Huang, Yang, Zhang, Khoshnood & Zhang, 2016). The Cronbach's Alpha coefficient of the scale is 0.84. In this study, the Cronbach's Alpha coefficient of the scale was found to be 0.85.

Data Collection: The data were collected with face-to-face interview method by using "Personal Information Form" and ''MSQ" in the clinics with the physicians and nurses who agreed to participate in the study. Each interview lasted for about 15-20 minutes.

Ethical consideration

Written permission was obtained from the hospital to conduct the study. All the physicians and nurses who agreed to participate in the study were informed about purpose, duration, and scope of the study. Verbal consent was obtained from the participants by explaining that participation in the study is voluntary.

Statistical Analysis: The Statistical Package for the Social Sciences (SPSS) 18.0 software program was used to analyze the data in a computer environment. Percentage distribution, mean, independent samples t test, One way Anova, and Kruskal Wallis test were used to assess the data.

Results

It was found that the 70.6% of health professions were male; 44.5% were aged 18-44; 84% were nurse; 58.4% were married; 77.8% were working for 1-10 years and 75.4% were liking his/her work (Table 1).

When the moral sensitivity subscale and total mean scores of the healthcare personnel participating in the study were compared in terms of the gender, the difference between the autonomy and holistic approach subscales and the total mean score of the scale was found to be statistically significant (p < .05). When the age groups and scale subscale and total mean scores of the healthcare personnel participating in the study were examined, a statistically significant difference was found between the age and autonomy subscale mean score and total mean score of the scale (p < .05). When the status of the participants to love their profession was compared with the scale subscale and total mean scores, the difference between the holistic approach subscale and loving the profession was found to be statistically significant (p < .05) (Table 2).

Table 1. Distribution of Demographic Characteristic (n = 418)

Characteristics	n	%
Gender		
Female	295	70.60
Male	123	29.40
Age		
18-28	186	44.50
29-39	183	43.80
40 years and over	49	11.70
Job		
Doctor	67	16.00
Nurse	351	84.00
Marital Status		
Married	244	58.40
Single	174	41.60
Work experience		
1-10 years	325	77.80
11-20 years	83	19.90
21 years and over	10	2.40
Liking Work		
Yes	315	75.40
No	103	24.60

Table 2. Comparisions of Moral Sensitivity Score Means According to Demographic Characteristics

Characteristics		Autonomy	Providing Benefit	Holistic Approach	Conflict	Application	Orientation	Total Point
Gender	Female	18.40±6.58	12.28±4.67	11.60±4.59	13.35±3.67	12.45±4.15	9.42±3.48	77.51±17.88
	Male	19.95±6.92	13.00±4.53	12.86±5.19	13.04±3.82	12.74±4.41	10.13±4.09	81.75±19.85
	Test statistic	t=0.416	t=0.205	t=1.963	t=0.002	t=0.095	t=0.001	t=1.525
	p-value	p=0.030	p=0.153	p=0.015	p=0.443	p=0.514	p=0.097	p=0.033
Age	18-28	18.82±6.50	12.72±4.18	12.23±4.53	13.35±3.64	12.84±3.88	9.76±3.67	79.74±16.44
	29-39	19.45±6.82	12.40±4.94	12.06±5.15	13.30±3.87	12.50±4.50	9.78±4.41	79.52±20.64
	40 years and over	16.75±6.84	11.95±5.09	10.67±4.30	12.79±3.43	11.48±4.36	8.53±3.70	72.20±16.86
	Test statistic	F=3.167	F=0.587	F=2.100	F=0.451	F=2.005	F=2.085	F=3.516
	p-value	p=0.043	p=0.556	p=0.124	p=0.637	p=0.136	p=0.126	p=0.011
Job	Doctor	19.94±6.73	13.28±4.83	12.22±4.81	13.02±3.68	13.05±4.41	9.98±3.94	81.52±17.91
	Nurse	18.65±6.70	12.34±4.59	11.92±4.81	13.31±3.73	12.43±4.19	9.56±4.04	78.23±17.66
	Test statistic	t=0.009	t=0.276	t=0.080	t=0.069	t=0.002	t=0.691	t=0.389
	p-value	p=0.151	p=0.130	p=0.643	p=0.572	p=0.271	p=0.434	p=0.185
Marital Status	Married	18.69±6.75	12.45±4.88	11.79±4.80	13.38±3.91	12.45±4.38	9.47±4.11	78.26±19.25
	Single	19.08±6.67	12.55±4.27	12.21±4.81	13.09±3.43	12.64±4.00	9.85±3.90	79.46±17.57
	Test statistic	t=0.091	t=1.867	t=0.080	t=3.209	t=1.449	t=0.046	t=0.570
	p-value	p=0.560	p=0.824	p=0.380	p=0.437	p=0.651	p=0.336	p=0.516
Work Experience	1- 10 years	19.08±6.96	12.68±4.63	12.19±4.80	13.32±3.66	12.77±4.23	9.78±4.17	79.85±19.87
	11-20 years	18.01±5.44	11.80±4.58	11.14±4.88	13.02±4.05	11.78±4.04	8.98±3.24	74.75±16.66
	21 years and over	18.40±8.30	12.30±5.14	11.60±3.65	13.20±2.74	11.10±4.88	10.10±4.81	16.70±20.27
	Test statistic	KW=0.642	KW=2.574	KW=5.129	KW=0.118	KW=5.742	KW=1.484	KW=4.465
	p-value	p=0.726	p=0.276	p=0.077	p=0.943	p=0.057	p=0.476	p=0.107
Liking Job	Yes	18.61±6.28	12.42±4.47	11.58±4.55	13.40±3.63	12.57±4.06	9.46±3.79	78.06±16.99
	No	19.61±7.89	12.72±5.11	13.17±5.35	12.84±3.97	12.41±4.73	10.12±4.66	80.90±22.67
	Test statistic	t=7.981	t=1.988	t=6.286	t=1.701	t=2.759	t=4.589	t=16.769
	p-value	p=0.191	p=0.562	p=0.003	p=0.186	p=0.739	p=0.151	p=0.179

Discussion

In this study it was found that 75.4% of the healthcare personnel participating in the study were doing their profession willingly. This rate varies when examining the studies conducted on healthcare personnel in Turkey (Ozturk, Hintistan, Kasım & Candas, 2010; Tazegun & Celebioglu, 2016). This was thought to be associated with many factors such as selecting the profession willingly, the conditions of the hospital and clinical environment they work, job satisfaction.

When the moral sensitivity subscale and total mean scores of the healthcare personnel participating in the study were compared in terms of the gender, the difference between the autonomy and holistic approach subscales and the total mean score of the scale was found to be statistically significant. It was determined that the moral sensitivities of women were higher. In the study conducted by Tazegun and Çelebioglu on pediatric nurses, it was determined that the moral sensitivities of female nurses were higher than male nurses but there was no significant difference between the groups (Tazegun & Celebioglu, 2016). In the literature, there are results indicating that women are more humanistic than men in their school and professional lives and they consider other people more than men during decision-making (Schluter, et al., 2008; Birgili, Salis & Ozdemir, 2010). Moral sensitivity is an approach that includes the ability to recognize an ethical issue and give an ethical response (Jaafarpour & Khani, 2012). Therefore, it is expected that healthcare personnel with high moral sensitivity have high decision-making skills and strong holistic and humanistic perspectives. The fact that the moral sensitivities of women participating in the study were high may have been associated with these perspectives.

When the age groups and scale subscale and total mean scores of the healthcare personnel participating in the study were examined, a statistically significant difference was found between the age and autonomy subscale mean score and total mean score of the scale. Mean scores of the healthcare personnel aged 40 years or older were determined to be higher. In their study, Pekcan and Tosun determined that autonomy usage of physicians in the age group of 41 years and above was higher compared to the age group of 21-30 years and the autonomy usage

increased with increasing age (Pekcan, 2007 ; Tosun, 2005). In addition, Tosun stated in his study that the advancing age in nurses was a factor increasing the ethical sensitivity. The results of the study conducted by Dikmen with the intensive care nurses were also similar (Dikmen, 2013). It was found in the study of Basak that both mean scores of the nurses aged between 40-49 years were high but the difference between them was not statistically significant (Basak, Uzun & Arslan, 2010). Other studies in the literature also show that the ethical sensitivities of nurses increase with age (Tazegun & Celebioglu, 2016; Tosun, 2005, Yilmaz & Vermisli, 2016). Individuals with high moral sensitivity are expected to make ethical decisions when ethical ilemmas are experienced. Since the reasoning ability and professional experience will increase with the age, it will be easier to make ethical decisions in ethical dilemmas. The results of the present study are compatible with the literature information.

When the status of the participants to love their profession was compared with the scale subscale and total mean scores, the difference between the holistic approach subscale and loving the profession was found to be statistically significant. Pekcan found in his study that the difference between the holistic approach and scale total mean score of the nurses who loved their profession was significant (Pekcan, 2007). Moral sensitivity is a method used by the healthcare personnel to understand the people they are giving care and to provide better care. A healthcare personnel with developed moral sensitivity is an individual who is sensitive to physical and emotional needs of the patients, uses them during the treatment and care process, can determine the patient's needs, can interpret verbal and non-verbal behaviors namely the person who can provide holistic care (Yilmaz & Vermisli, 2016; Ineichen, Christen & Tanner, 2017). It is an expected situation for those who love their profession to have high holistic approach mean scores.

Study Limitation: Limitation of this study is low sample size.

Conclusions

The ethical problems encountered in the healthcare field are increasing and new ethical dilemmas are emerging with the rapid developments of the technology.   The moral sensitivity is a characteristic requiring to identify

ethical conflicts, to approach people in sensitive situations with a sensory and mental approach, provide to express opinion about the ethical results while making clinical decisions, and to interpret the spoken and unspoken behaviors and signs in order to identify the needs of individuals receiving healthcare service. Increasing moral sensitivities of healthcare personnel aims to make holistic and humanistic perspective, autonomous decisions, provide orientation and thus provide benevolence and easing the practices. In order to provide quality healthcare service and meet the professional standards, it is recommended to increase in-service training and awareness programs on ethics.

References

Aksu, T., & Akyol, A. (2011). Examining the ethical sensitivities of nurses in Clinics of Izmir,. Turkey Journal of Medical Ethics-Law and History, 19(1), 16-24.

Basak, T., Uzun, S., & Arslan, F. (2010). Examining the ethical sensitivities of intensive care nurses. Gulhane Medical Journal, 52(2), 76-81.

Birgili F, Salis F, Ozdemir S. (2010). An ınvestigation of variables affecting job satisfaction of the health care workers. Anadolu Nurnal of Nursing and Health Sciences, 13(2),27–37.

Borhani F, Abbaszadeh A, (2016). Hoseinabadi-Farahani MJ. Moral sensitivity and its dimensions in Iranian nursing students. J Med Ethics Hist Med, (9),10-16

Borhani F, Keshtgar M, Abbaszadeh A. (2015). Moral self-concept and moral sensitivity in Iranian nurses. Journal of Medical Ethics and History of Medicine, (8), 1–7.

Celik, S., Unal, U., & Saruhan, S. (2012). Evaluation of professionalism of nurses working in surgical wards. Florence Nightingale Journal of Nursing, 20(3), 193-199.

Dikmen Y.(2013). An observation on the moral sensibility of ıntensive care nurses. Cumhuriyet Nurs J.,2, 1–7.

Ertug, N., Aktas, D., Faydali, A., & Yalçin, O. (2014). Ethical sensitivity and related factors of nurses working in the hospital settings. Acta Bioethica, 20(2),265-270.

Filizoz B, Mesci G, Ascı A, Bağcıvan E. (2015).Nurses' ethical sensitivity: research on central public hospitals in sivas province. Turkish Journal of Business Ethics, 8, 11-16.

Huang FF, Yang Q, Zhang J, Khoshnood K, Zhang JP.(2016). Chinese nurses perceived barriers and facilitators of ethical sensitivity. Nursing Ethics, 23(5), 507–522.

Ineichen, C., Christen, M., & Tanner, C. (2017). Measuring value sensitivity in medicine. BMC medical ethics, 18(1), 5.

Jaafarpour M, Khani A. (2012). Evaluation of the nurses' job satisfaction, and ıts association with their moral sensitivities and well-being. Journal of Clinical and Diagnostic Research, 6(10), 1761–1764.

Rigon C, Nora D, Lourdes E, Pavone C, Li Z, Vieira MM. (2017). Moral sensitivity in primary health care nurses. Rev Bras Enferm Dalla Nora CR Rev Bras Enferm, , 7070, 308–16308.

Ozturk H, Hintistan S, Kasım S, Candas B. (2010). Ethical sensitivity of physicians and nurses in ıntensive care units. Intensive Care Nursing, (2)77–84.

Pekcan H. (2007). The ethics sensitivity of the doctors and nurses working in Yalova and its region. Unpublished Master's Thesis, Marmara University Health Sciences Institute, Istanbul.

Schluter J, Winch S, Holzhauser K, Henderson A. (2008)Nurses' moral sensitivity and hospital ethical climate: a literature review. Nursing Ethics, 15(3), 304–321.

Tazegun A, Celebioglu A. (2016). Ethical sensitivity levels of pediatric nurses and the factors affecting this sensitivity. Journal of Dr Behcet Uz Children S Hospital, 6(2), 97–102.

Tosun H. (2005). Determination of sensitivities of physicians and nurses against ethical dilemmas experienced in health care practices. Unpublished Doctorate Thesis, Istanbul University Health Sciences Institute, Istanbul.

Yilmaz E, Vermisli S. (2016). Effect of professionalism on job satisfaction ın nurses who work ın intensive care units. Yildirim Beyazit University Nursing e-Journal, 4(1), 17–27.