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Investigating the moral sensitivity of nurses in the Shahid Rahimi Hospital in Khorramabad City in 2015

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Background and Purpose: Moral sensitivity is a characteristic which enables the individuals to identify their moral challenges and to percept the vulnerable situations morally and intellectually. It also enables nurses to understand the moral consequences in decision-making Processes about the other individuals. The moral sensitivity not only sensitizes the nurse in dealing with ethical issues in their professional environment, but also enables him/her to make moral decisions about the patients who receive the nursing cares with more confidence. One of the characteristics of the moral sensitivity is that it enables the individual to identify a care situation in order to react morally, to understand that a situation needs moral reaction which is the first step in the procedure of the moral reaction.

Materials and methods: This research is a descriptive cross sectional study. The study population consisted of all nurses working in the Shahid Rahimi Hospital in of Khorramabad city, Iran in 2015, and the study sample consisted of 100 nurses from the population who were selected randomly. The data collection tools are the Demographic Data Questionnaire and the Nurses Moral Sensitivity in Decision-Making Questionnaire. The collected data was analyzed through descriptive and inferential methods by means of SPSS, version 21.

Findings: The mean score of the moral sensitivity for the nurses of the medical- educational center of Shahid Rahimi showed that 33 percent (33 individuals) have the average moral sensitivity and 67 percent (67 individuals) have high moral sensitivity. On the other hand, the demographic variables such as gender or age, and other items such as marital status and educational leavel did not have affected significantly regarding the participants' moral sensitivity.

Conclusion: Findings of the present study showed that 67 percent of the participants had high level of moral sensitivity; however, there is need for systematic planning and formulation of appropriate programs to increase the moral sensitivity of nurses in the health system of the country.

Keywords: moral sensitivity; morality; nursing

Introduction

Nursing is an independent major and a branch of medical sciences and its mission is to provide the patients with health, care, treatment and rehabilitation services at the highest standards in order to maintain, and promote the community health (Dehghani & Mohammadkhan, 2012). The nurses in taking care of patients not only should pay attention to the patients' physical needs but also they should focus on their values and beliefs (Esmaeelpour, Sadeghi, Salsali & Borhani, 2013). By increasing of paying attention to the moral issues and challenges in the health care environments, the health care workers have been placed in the complicated situations concerning the personal moral issues (Borhani, Abbaszadeh, Sabzevari & Dehestani, 2012). Like the other health personnel, nurses also need to be sensitive about the moral issues related to their responsibilities and defend their patients' rights in decision-making and respect their patients' idea. They also showed manage the moral problems in the clinical performances effectively because they have a close contact with the patients with regard to the time and depth of the contact (Poikkeus, Numminen, Suhonen & Leino-Kilpi, 2013; Hekmatafshar, Juibari, Sanagoo & Kalantari, 2012). The literature on morality shows a weakness in the nurses' moral decision-making (Hasanpour, Hosseini, Fallahi & Abbaszadeh, 2011). The study of Sokhanvar (1997) showed that the nurses do not use moral ethics correctly in their decisions. With regard to this problem, he referred to the nurses' lack of awareness on the moral principles (Sokhanvar, 1997). Furthermore, it seems that the moral values in nursing are not always clear and obvious, and the health service providers' workplaces are constantly changing and evolving influence on their moral status (Borhani, Abbaszadeh, Sabzevari & Dehestani, 2012).

Nowadays, lack of competent nurses, prevalence of the new-born diseases, using the modern technologies in hospitals, declare brain death, organ transplantation, genetic manipulation, artificial insemination, and many other reasons have caused that nurses to challenge new scenarios of ethical issues in their daily health care systems (Borhani, 2010;

Hekmatafshar, 2012). The moral sensitivity and accountability are the two factors which cause recognition between being true or false the person and doing the right thing and these two factors in the nursing are strongly influenced by daily challenges (Borhani, Abbaszadeh, Sabzevari & Dehestani, 2012).

Moral sensitivity as the cornerstone of ethics in nursing, creates a ground so that the nurses can care the patients effective and morally (Heshmatifar, Mohsenpour & Rakhshani, 2014; Gholami & Tirri, 2012). The moral sensitivity is a characteristic which enables the individual to discriminate the moral challenges, sensory and intellectual perceptions of the vulnerable situations to be aware of the morality in making decisions about the other individuals (Izadi, Imani, Khademi & Asadi, 2013). The moral sensitivity sensitizes the nurses in facing moral issues in their professional environment, and also enables them to make moral decisions about patients who can receive the nursing cares with more validity and reliability (Heshmatifar, Mohsenpour & Rakhshani, 2014).

One of the characteristics of moral sensitivity is that the individuals are able to recognize a care status and react through a moral action. This is the status that needs a moral answer as the first step in the moral act processes (Gholami & Tirri, 2012). Nurses are morally responsible and should be accountable for their behaviors (Izadi, Imani, Khademi & Asadi, 2013); therefore, the moral knowledge is one of the necessities in training nurses because the moralities are important components in the health and medical care. In the study of Borhani et al. (2010), it was mentioned that ethics training leads to breed responsible nurses and providing high-quality care (Borhani, Alhani, Mohammadi & Abbaszadeh, 2010). On the other hand, the existence of the moral sensitivity in the nursing profession leads to the patients' increased confidence and satisfaction of nursing activities and improve communication between nurses and patients (Sadrollahi & Khalili, 2015). The results of the Yildirim et al. (2011) mentioned that in communicating with patients, the nurses observed the medical ethics as an adjusting mechanism which is due to the interactional effect and the nurses more contact with the patients and socio-cultural focus of the nursing research (Yildirim, Kadioglu & Sumer, 2011). Nurses who are more sensitive to moral behaviors may have better job performances and leaving the job is less among them (Sadrollahi & Khalili, 2015); however, the existence of moral sensitivity is to a great degree related to their background knowledge, peoples 'attitudes, and ethical issues, the individual's memory of moral values and sensitivity to wards the ethical behaviors in the society(Selma & Dinc, 2007). In the study of Donkor et al. (2011) which aimed to understand how the nurses received and answered to the moral issues, the findings showed that the nurses believed that there should be a balance between the professional behavior knowledge and the moral and cultural sensitivity base, also the measures should comply with the principle of independence, social justice, trustworthiness and local values (Donkor, Andrews & Ethics, 2011). The nurses' moral sensitivity plays an important role in doing the professional responsibilities and their moral decision-making. There are many barriers which effect the nurses' moral sensitivity if they do not pay any attention to the moral issues among nurses. Thus may lead to ignore the moral issues in the stressful environment. Therefore, the aim of the present study is to investigate the amount of moral sensitivity of nurses in Khorramabad Shahid Rahimi Hospital in 2015.

Materials and methods

This research is a descriptive cross-sectional study which aims at investigating the amount of moral sensitivity of nurses in the Shahid Rahimi Hospital of Khorramabad. This study was conducted was after getting permission from the relevant authorities of Lorestan University of Medical Sciences and the studied hospital in 2015. The study population consisted of all nurses working in the Shahid Rahimi Hospital of the city of Khorramabad in 2015, and the study sample consisted of 100 nurses among the research population who were selected randomly.

The inclusion criteria were as follows:
1. Having nursing BA and higher
2. Having at least one year of clinical work experience
3. Working in Shahid Rahimi Hospital
4. Being native resident in the city of Khorramabad

They entered the study, also lack of response to less than 50% of the items questions was considered as exclusion criteria.

The Demographic Data Questionnaire and the Nurses Moral Sensitivity in Decision-Making Questionnaire were used. This questionnaire had been developed by Lutzen et al. (1994) in Sweden. This has been translated into many languages and has been used in many countries. That has also been translated in Persian and used in Iran as a psychometric tool; in a way that the questionnaire at first was translated from English to Persian according to World Health Organization criteria (translation of the questionnaire) and according to Iranian culture, then the same translation was translated to the original language and was compared to the original text. In Iran, the reliability of this questionnaire was studied by Hassanpour et al. in Kerman and its reliability was calculated 0.81. Also its validity was studied by expert professors. In the present study, in order to gain the face and content validity and to ensure that the translation was correct, the questionnaire contains the translated text with the English text was given to 10 expert professors. After collecting the data, validity of every single item was obtained and after proposed reforms and changes the validity of the questionnaire was confirmed. To assess the reliability of a questionnaire, a pilot study was employed on 30 nurses of the study population, after collecting and analyzing the internal consistency with Cronbach's alpha coefficient, the index of 0.75 was obtained. The research instrument contains 25 items that measures the nurses ethical decision-making status in clinical service delivery and each question scores with 5 point Likert scale for strongly agree (4), somewhat agree (3), partially disagree (2), and strongly disagree (1) and no idea (0). Gaining the score of 0 to 50 showed the less sensitivity and gaining the scores 50 to 75 average and from 75 to 100 showed high sensitivity, respectively.

To analyze the data, descriptive statistics such as frequency tables, graphs and central tendency indicators and dispersion were utilized and then the correlation between variables were studied through using Chi-square tests, t- test and One-way ANOWA. The data were analyzed through SPSS version 21 and the significance level was considered as 0.05.

Findings

63% of the participants were female and 37% were male. 50% were married and their mean age was 34 years. In terms of education at level, 86 percent of them had a bachelor's degree and 14 percent have a master's degree. 10% had experiences of participating in ethics workshop in the form of educational programs. In terms of work experience, 42 percent of them had job experience 1-to 5 years. 34% from 5 to10 years experience, 13% from 10 to 15 years and 11% had over 15 years of experience. 50% of participants were working in surgical ward, 14% in pediatric ward, 11% in emergency ward and 25% were working in other wards. Figure 1 represents the moral sensitivity scores of nurses participating in the study. 33% of the participants (33 individuals) had average moral sensitivity (with the score of 50 to 74) and 67% of them (67 individuals) had high moral sensitivity (with the score of 75 to 100).
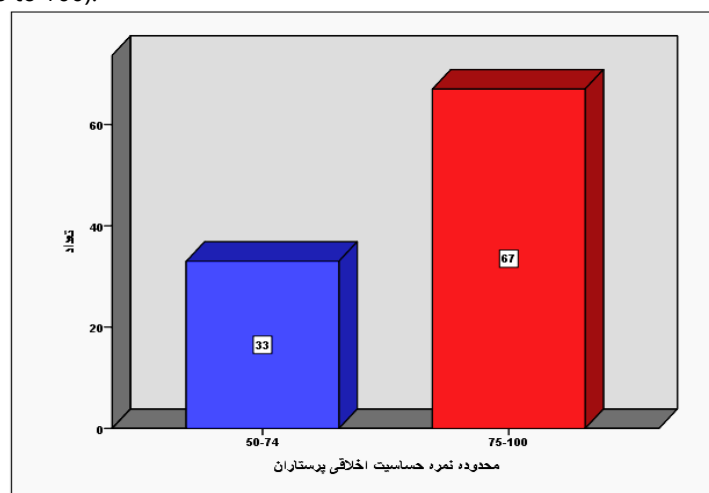

Figure 1. The scope of moral sensitivity score of nurses.

According to the Figure 2, the average nurses' moral sensitivity was seen in pediatric ward as 67 (average), emergency as 70 (average), women internal ward as 80 (high), men's surgical ward 75 (high), gynecological surgical ward as 84 (high), and other wards was 72 (average), among which the highest and lowest levels of moral sensitivity were seen among the gynecological surgery and pediatric ward, respectively. Results of the present study showed that the demographic variables such as gender or age, marital status and educational level did not have any significant relationship with moral sensitivity (p>0.05). Moreover, the relationship between the moral sensitivity and participating in the ethic workshop was not significant (p=0.276). Furthermore, the findings showed that there was a significant relationship between the work place and moral sensitivity (p<0.0001, F=6.23). On the other hand, there wasn't any significant relationship between moral sensitivity and work experience (P= 0.968, F=0.086).
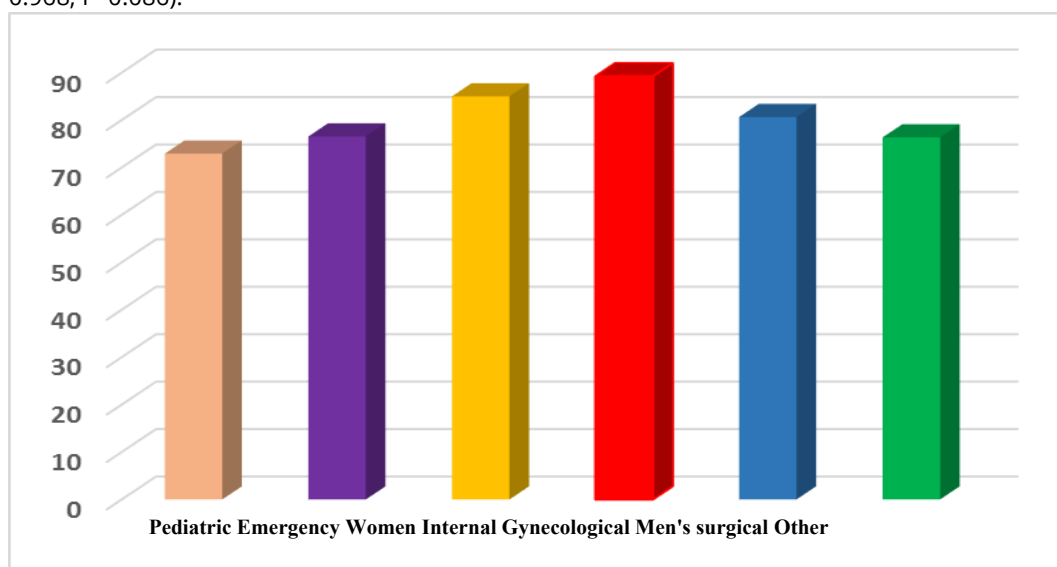

Figure 2. Nurses' moral sensitivity in wards.

Discussion and conclusion

 The results of the present study showed that there is not any significant relationship between age and moral sensitivity of nurses. This result is consistent with the results of Borhani et al. (2012), who did not report any significant relationship between age and moral sensitivity. With regard to the nurses' education level, the results of the present study showed that there is not any significant relationship between their educational status and moral sensitivity. This is consistent with the result of Abbaszade et al. On the other hand, the results of the present study are not in line with the results of the, Nishi et al (2010) who dealt with the Japanese nurses and, they declared that educational level showed an effect on moral stress perceived by nurses and people with higher degrees. However, there was not significant difference between registered nurses and licensed ones that can be due to the earlier moral trainings. Individuals with higher knowledge of the moral values had higher moral sensitivity scores. Furthermore, there was not any significant relationship between gender, marital status, and work experience and moral sensitivity; but there was a significant difference between the mean score of moral sensitivity and types of wards, which is in line with Hassanpour et al. (2010). However, our findings are not in line with Baghaei et al (2012) who claims that there is not any significant relationship between workplace and moral sensitivity of nurses in decision-making (p=0.37). The relationship between moral sensitivity and passing the ethic workshop was not significant and the results of the present study showed that the individuals who passed the ethic workshop gained better scores However, these results were not statistically significant. This result was in line with the other researches (e.g., Orosi et al. (2001), Sirin et al. (2003)).

In general, the findings of the present study showed that 67 percent of the participants have high moral sensitivity and the most and the lowest scores of the moral sensitivity were gained by the nurses in the the gynecological surgery and pediatric wards, respectively. As the similar studies were not done on investigating the level of ethical standards for pediatric nurses in other health centers, it can not be discussed further. As the nurses in professional care face serious situations that require them to have ethical and legal abilities to make moral decisions they should be sensitive to ethical issues related to their profession to respect the patients' rights in making decisions. They should also manage ethical issues in their profession and they should distinguish between personal and professional values. With regard to the findings of this study, it was determined that just 67 percent of the participants had high moral sensitivity; therefore, there is a need to improve the ethical sensitivity of nurses with proper planning and preparing appropriate programs. More studies are needed on ethics, including ethical decision-making. Future research should focus on clinical nurse trainers and coaches and even bedside nursing students as people who will come beside in the future and the impact of continuing education on ethics should be considered. One of the limitations of the present study was small sample size and lack of the cooperation of research units. It is recommended that future studies focus on the assessment of moral sensibility on a large number of nurses. Moreover, it's recommended to hold effective and practical courses on ethic to enhance the nurses' skills of ethical decision-making and recognition of ethical challenges in nursing staff.

Acknowledgements

References

Borhani, F., Abbaszadeh, A., Sabzevari, S., Dehestani, M. (2012). The effect of Workshop Training and Follow-up on the Ethical Sensitivity of Nurses. Journal of Medical Ethics, 6(21): 11-24.

Borhani, F., Alhani, F., Mohammadi, E., Abbaszadeh, A. (2010). Professional Ethical Competence in nursing: the role of nursing instructors . Journal of Medical Ethics and History of Medicine, 3(3):1-8.

Baghaei, M., Moradi, Y., Amin-al-shar, S., Zare, H. (2013). Investigating the Moral Sensitivity in the Decision-Making of Nurses in the Ayatollah Taleghani Medical Center in Orumieh in 2012. School of Nursing and Midwifery Journal, 11(11): 900-906.

Dehghani, A., Mohammadkhan, K. S. (2012). The Level of Observance of the Professional Ethic Standards in the Performance of Nursing from the view of the Tehran University of Medical Sciences' Staff. Modern Care, Journal of Nursing and Midwifery, Birjand, 9(3): 208- 216.

Donkor, N., Andrews, L. (2011). Ethics, culture and nursing practice in Ghanainr. International Nursing Review, 109-114.

Esmaeelpour M., Sadeghi R., Salsali M., Borhani F. (2013). Factors Effecting the Active Participation of Nurses in Solving the Faced Ethical Issues in Clinical Work from the View of the Nursing BA Students. Magazine of the Faculty of Nursing and Midwifery, 11(1): 42-50.

Gholami, K. H., Tirri, K. (2012). The Cultural Dependence of the Ethical Sensitivity Scale Questionnaire: The Case of Iranian Kurdish Teachers. Education Research International, 1-9.

Hekmatafshar, M., Juibari, L., Sanagoo, A., Kalantari, S. (2012). Investigating Factors affecting the Moral Distress among Nurses. Journal of Moral Education, 1(1): 21-28.

Hasanpour, M., Hosseini, M., Fallahi, M., Abbaszadeh, A. (2011). Investigating the Effect of Training the Nursing Ethics on the Moral Sensitivity and Nurses' Decision Making in Social Security Hospitals of Kerman Province in 2010. Journal of Medical Ethics and History, 4(5): 58 -64.

Heshmatifar, N., Mohsenpour, M., Rakhshani, M. (2014). Barriers to Sensitivity Ethics in the View of Nurses in the Teaching Hospitals of Sabzevar City. Iranian Journal of Medical Ethics and History, 7(1): 34-42.

Izadi, A., Imani, A., Khademi, Z., Asadi, N. F. (2013). Correlation of the Moral Sensitivity of Nurses and their Caring Behavior. Iranian Journal of Medical Ethics and History, 6(2): 43-55.

Poikkeus, T., Numminen, O., Suhonen, R., Leino-Kilpi, H. (2013). A mixed-method systematic review: support for ethical competence of nurses. Journal of Advanced Nursing.

Sokhanvar, R. (1997). Investigating the Knowledge and Attitude of Nurses to Ethics in the Hospitals of Shiraz. Master Thesis of Nursing, Shiraz, School of Nursing, Shiraz University of Medical Sciences, 72.

Sadrollahi, A., Khalili, Z. (2015). Investigating the Correlation between the Organizational Commitment and Professional Ethic Sensitivity in the Nurses of in the West of Golestan Province. Journal of Nursing Education and Ethics, 4(1): 25 -30.

Selma, R., Dinc, L. (2007). Ethics in turkish nursing education programs. Nursing Ethics, 14(6): 741-752.

Yildirim, G., Kadioglu, S., Sumer, H. The concept of "Medical Ethics" according to doctors and nurses and their demands from Ethicists in Turkey.

Ohnish, K., Ohgushi, Y., Nakano, M., Fujii, H., Tanaka, H., Kitaoka, K. (2010). Moral distress experienced by psychiatric nurses in Japan. Nurs Ethics, 17(6): 726-740.