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The study of moral sensitivity of fasting nurses working in Therapeutic Educational hospitals of Jahrom

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ABSTRACT

Today, with increasing medical knowledge and clinical interventions, pay attention to ethical issues in the field of nursing work has acquired particular importance. The aim of this study was to evaluate amount of ethical sensitivity of fasting nurses working in Therapeutic Educational hospitals, of Jahrom. This study was a descriptive analysis conducted on nurses of training and treatment centers of Jahrom in 1394. After presenting introductory letter, the list of nurses was prepared and it was conducted according to the number of nurses in each ward prepared in simple random sampling. Gathering tool consisted of demographic information and moral sensitivity questionnaire of Lu'tze'n and colleagues. The data from this study was performed using spss version 21 and chi-square software.

In this study, 208 nurses working in Therapeutic Educational hospitals of Jahrom were enrolled from whom 77.8% were female and 22.2 were male. The moral sensitivity of 55.3% of nurses (fasting and non-fasting) was high, 43.3% moderate and only 1.4 percent was low. In fasting group, moral sensitivity average of 48.7 percent was high, 49.6 percent moderate, and only 1.7 percent of them had low moral sensitivity. Among non-fasting people, 55.3% had moderate moral sensitivity, 42.6 percent had high moral sensitivity, and only 2.1 percent had low moral sensitivity. Chi-square test results show that there is no significant relationship between the level of moral sensitivity and fasting (p -value > 0/05). The results of this study showed that moral sensitivity in the majority of nurses is in high level.

Key words: moral sensitivity of, nurses, fasting people

INTRODUCTION

One of the religious teachings effective in one's physical and mental health, is fasting. In addition to the religious, moral, educational, and social aspects, fasting provides physical and mental health fields and prevention of many diseases. Many research results show that doing religious acts and worship is effective in reducing everyday tensions and sympathies [pains] and providing mental health [1]. According to the clear wording of the verses of the Qur'an, fasting is obligatory on Muslims;

"O you who have faith, fasting is prescribed for you as it was obligatory upon the nations before you, maybe you become with piety [2]". And it is mentioned as Zakat of body in the narratives; The Prophet [PBUH] has said:

"For anything, there is zakat and charity of bodies is fasting [3]." Anthropology history states the fact that human in the past, even in primitive tribes, been fasting seeking his demands and to please the gods. Fasting had been there in the history of the past religions and it has become obligatory on the Muslims after the Islam. So, fasting is an act of worship that, of course, is unique compared to other forms of worship, as the Prophet [PBUH] says that the Lord said: Any work of man is for himself, except fasting which is for me, and I [without intermediaries] give its reward [5-4]. Such recent declaration is a reasonable confirm for Ramadan as the month of Divine Feast in which all are guests of their God and the holy prophet of Islam said in the dignity of Ramadan and fasting Shabanieh, in a part of his sermon:

The month of Ramadan is the month in that you have been invited to the party of God [6]. In addition to spiritual features including its own time position [the month of the Quran, etc.], Ramadan and fasting worship are a constructive pattern for maintaining psychological health that can prove right way of life [Life Style] on the basis of Islamic anthropology and visualization to spiritualization evolution. Observance of abstinence during Ramadan is one of the important examples of adherence to religious provisions [Religious Practices] that is referred to as the seventh skill of spiritual intelligence. [7] If this component is associated with difficult conditions such as heat, long duration of abstinence and work and activities, it is undoubtedly a sign of the fasting person's attention to Allah's. Although the intents might be different in this act of worship, however, it well demonstrates the individual's adherence to religious doctrines. In fact, observing these provisions enables person for their self-control and impulse control that will have a constructive impact on the mood and manner of fasting person. The human inner ethos that is subject to change with adherence to the divine commands will be the source of a set of spiritual and inner traits of human that it is said ethics and arises in our actions behavior. Non-compliance with some ethical standards has caused many concerns in organizations [8]. One of the important standards, is ethical sensitivity that enables the person to recognize ethical conflicts and sense and intellectual understanding of vulnerable situations and to be aware of the ethical results of decision making about others [9]. This sensitivity which is the combination of individual awareness of the ethical dimensions such as tolerance, peace, responsiveness and paying attention to moral issues [10], is reflected in the individual's concern about the behavior front others and helps people recognize correct and incorrect action [11]. Results of a study show that nurses, in Iran, do not properly use ethical principles in their decisions and they mention lack of development of moral principles its cause as in the country [12]. Nurses are the largest group of service providers in health care systems [13] and highly affect the quality of health care [12]. They usually encounter with challenging moral issues in action and this makes it difficult for them to decide [14-13]. Nurses are morally responsible and should be held accountable for their behavior [15]. Patient care is known as an important concept and in fact the art of nursing field and requires individual, social, moral and spiritual ability of nurses [16] that can provide desirable and moral cares [17]. The study of Goethals and colleagues showed that the inability to deal with ethical problems have caused a number of professional nurses to leave nursing or want to change the status of their work [16]. The power to understand the ethical issues is of preparations for ethical performance of nurses [18]. Rest and his colleagues have proposed a four-component model for evaluation of moral development which describes the psychological process of an ethical behavior in four phases including moral sensitivity, moral reasoning, moral obligation and moral action [19]. Moral sensitivity enables a person to recognize ethical conflicts and a sense and intellectual understanding of vulnerable situations and to be aware of ethic results in decision making about others. Development of ethical sensitivity creates base reaction and view for nurses and so that they can perform effective and ethical care over their patients [20]. It also forces the caregivers to know and interpret linguistic and nonlinguistic behaviors and symptoms of patients to understand their needs.

Thus, moral sensitivity and sense of responsibility has particular importance for nurses who provide care based on personal moral values [21]. The results of studies in the field of ethics, indicates the weakness of nurses while making ethical decisions. Ethical sensitivity of the nurses who hold themselves responsible for their moral decisions, indicates their greater commitment to their own profession and inner power of binding. So, considering the above text, we started a research to obtain ethical sensitivity rate among fasting nurses: because, performing the obligatory act of fasting during, the holy month of Ramadan with two approaches, may have different effects on moral sensitivity, a spiritual sense and attention to Allah that is ruling the society and mentality of individuals in Ramadan, and the other, the physical weakness, especially in long and warm summer days; both of these factors can be very effective on moral sensitivity level.

Modus operandi: The present study is descriptive and analytical in which moral sensitivity of fasting nurses working in Therapeutic Educational hospitals of Jahrom (Peymanieh and Motahari hospitals) were studied and compared. The nurses working in Therapeutic Educational hospitals affiliated to Jahrom University of Medical Sciences in 1394 shape the community of interest in the study. Sampling method was the census in this study, and all nurses working in different departments who would like to participate in the study, were invited and all the nurses who were a total of 250 people, composed samples of nurses for this study. Admission criterion for this study included all nurses working in educational hospitals of Jahrom and exclusion criteria required lack of cooperation in completing the questionnaires by nursing personnel or lack of completing the consent form of collaboration. From the total of 250 questionnaires distributed in this study, 225 questionnaires were returned, of which 208 questionnaires had been completed in full. The sample size of nursing personnel based on the pilot study, were estimated 250 people. After presenting the introductory letter from the Ethics Council of Medical Science University of Jahrom, the list nurses was prepared and proportional to the number of nurses in each department, the samples were selected by simple random sampling method from the mentioned list.

Collection tool included demographic information (including age, sex, marital status, education, work experience, department of nursing, work shift) and two questionnaires:

1. Moral Sensitivity Questionnaire:

The standard moral sensitivity questionnaire developed by Lutzen and colleagues in Sweden, has been used in various countries, including Iran. Validity of the questionnaire was investigated by Hassanpour and colleagues in Kerman in Iran (12), and the reliability became 81%. Reliability of the questionnaire was achieved as 76% in America and 78% in Kerman. The questionnaire had 25 questions that measured ethical decision-making situation when nurses provided clinical services and the score for each question in Likert method was considered [5] for completely agree, [4] for rather in favor, [3] for no idea, [2] for rather the opposite, [1] for quite the opposite. The highest and lowest scores were 125 and 25. Accordingly, if the total score for each sample was between 25- 59, it was considered as low moral sensitivity, 59- 92 as average sensitivity, and 92-125 as high sensitivity.

2. Self-report questionnaire: the self-report questionnaire about fasting, with which the person's fasting was assessed during Ramadan, while completing the questionnaire and work shift.

Data analysis was performed by descriptive statistical indexes such as the mean and percentage and standard deviation and appropriate statistical tests including chi-square, Spearman correlation test, T-test using SPSS version 16. Ethical considerations and objectives of the study were explained to the participants and they were assured that the information is confidential and they can voluntarily participate in this study.

Findings:

208 nurses working in Therapeutic Educational hospitals of Jahrom were enrolled in this study. 77.8% were female and 22.2 were male. 84.2 percent were less than 35 years. 67.6% were married and 32.4 were single. 96.9 percent had bachelor's degree and 3.1 percent had a master degree. 27.9 percent were in the morning shift, 33.3 percent in the afternoon, 3.5 percent at night and 35.3 percent were rotational. 97% and 2.5% were nurses and head nurse, respectively (Table 1).

The moral sensitivity of 55.3% of nurses (fasting and non-fasting) was high, 43.3% moderate and only 1.4 percent was low.

Chi-square test results show that there is a significant relationship between the moral sensitivity and work shift (p-value <0.05, Table 2). The highest (high level) the moral sensitivity of 77.8% was from the people who are working in the evening shift.

Table 1: Demographic information

percentage	number	information	
77.8%	158	sex	female
22.2%	45		male
61.4%	124	age	<30
22.8%	46		30-35
11.9%	24		40-35
4.0%	8		>45
67.6%	123	marital	married
32.4%	59		single
96.9%	190	degree	BSc
3.1%	6		MSc
33.3%	67	Work experience	<5
27.9%	56		5-10
10.0%	20		10-15
10.4%	21		>15
18.4%	37		tarh
13.1%	26	department	mw
18.7%	37		Sw
15.7%	31		CCU
14.6%	29		ICU
7.1%	14		dializ
12.1%	24		ER
10.6%	21		OB
8.1%	16		baby
27.9%	56	Work shift	AM
33.3%	67		PM
3.5%	7		night
35.3%	71		rotation
97.0%	193	assignment	nurse
2.5%	5		Head nurse
0.5%	1		super

Table 2: Relationship between the moral sensitivity and work shift using the chi-square test

		moral sensitivity level			Pearson Chi-Square	p-value
		low	moderate	high		
Work shift	morning	2(2.0%)	60(58.8%)	40(39.2%)	33.474	0.00
	evening	1(1.1%)	19(21.1%)	70(77.8%)		
	night	0(0.0%)	11(68.8%)	5(31.3%)		

85.1 percent were in favor of fasting. 56.3% were fasting at the time of the study, and 22.1 percent were non-fasting and 21.6 percent did not answer the question. Among non-fasting people, 11.5% mentioned religious excuse as the cause of not fasting, 5.8% illness and 5.3% mentioned other causes and the rest did not responded to this question.

Among fasting individuals, 48.7 percent had moderate moral sensitivity, 49.6 percent high and only 1.7 percent had low moral sensitivity. Among those no-fasting people, 55.3 percent had moderate moral sensitivity, 42.6 percent high and only 2.1 percent had low moral sensitivity. Chi-square test results show that there is no significant relationship between moral sensitivity and fasting (p-value> 0.05, Table 3).

Table 3: Relationship between the moral sensitivity and work shift using the chi-square test

	moral sensitivity level			Pearson Chi-Square	p-value
	low N(%)	moderate N(%)	high N(%)		
fasting	2(1.7%)	57(48.7%)	58(49.6%)	.668	.716
Non-fasting	1(2.1%)	26(55.3%)	20(42.6%)		

Chi-square test results show that there is a significant relationship between the level of moral sensitivity and work shift in fasting group (p-value <0.05, Table 4).The majority of people had a high moral sensitivity in the morning and evening shift rather than at night shift.Among fasting individuals in the morning shift, 45.8 percent had high moral sensitivity, 51.4 percent moderate and only 2.8 percent had low moral sensitivity. Among those fasting people

of the evening shift, 66.7 percent had high moral sensitivity, and 33.3 percent were moderate. Among those fasting people of the night shift, 25 percent had low moral sensitivity, and 75 percent were moderate.

But that there is no significant relationship between the level of moral sensitivity and work shift in non-fasting group (p-value <0.05, Table 4). The majority of non-fasting people had a moderate moral sensitivity in the morning and evening shift rather than at night shift.

Among non-fasting individuals in the morning shift, 20.8 percent had high moral sensitivity, and 79.2 percent were moderate. Among those non-fasting people of the evening shift, 65 percent had high moral sensitivity, and 30 percent were moderate, and 5 percent had low moral sensitivity. Among those non-fasting people of the night shift, 66.7 percent had high moral sensitivity, and 33.3 percent were moderate.

Table 4: Relationship between the moral sensitivity and work shift in fasting and non-fasting groups separately using the chi-square test

	Work shift	moral sensitivity level			Pearson Chi-Square	p-value
		low	moderate	high		
		N(%)	N(%)	N(%)		
fasting	Morning shift	2(2.8%)	37(51.4%)	33(45.8%)	19.892	0.00
	Evening shift	0 (0.0%)	11(33.3%)	22(66.7%)		
	Night shift	0 (0.0%)	9(75.0%)	3(25.0%)		
Non-fasting	Morning shift	0 (0.0%)	19(79.2%)	5(20.8%)	8.270	0.082
	Evening shift	1 (5.0%)	6(30.0%)	13(65.0%)		
	Night shift	0 (0.0%)	1(33.3%)	2(66.7%)		

Table 5: Relationship between the moral sensitivity and demographic variables in fasting group using the chi-square test

demographic variables		moral sensitivity level in fasting group			Pearson Chi-Square	p-value
		کم	متوسط	زیاد		
		N(%)	N(%)	N(%)		
age	<30	0(0.0%)	2(8.7%)	21(91.3%)	11.021	0.088
	30-35	0(0.0%)	2(20.0%)	8(80.0%)		
	40-35	0(0.0%)	1(16.7%)	5(83.3%)		
	>45	0(0.0%)	0(0.0%)	2(100.0%)		
gender	female	0(0.0%)	5(20.8%)	19(79.2%)	1.946	0.378
	male	0(0.0%)	1(5.9%)	16(94.1%)		
marital	married	0(0.0%)	4(19.0%)	17(81.0%)	5.586	0.061
	single	0(0.0%)	2(11.1%)	16(88.9%)		
degree	BSc	0(0.0%)	5(12.5%)	35(87.5%)	0.349	0.840
	MSc	0(0.0%)	0(0.0%)	0(0.0%)		
Work experience	<5	0(0.0%)	1(9.1%)	10(90.9%)	6.943	0.543
	5-10	0(0.0%)	3(27.3%)	8(72.7%)		
	10-15	0(0.0%)	0(0.0%)	4(100.0%)		
	>15	0(0.0%)	1(33.3%)	2(66.7%)		
Work shift	tarh	0(0.0%)	1(8.3%)	11(91.7%)	11.710	0.069
	AM	0(0.0%)	2(100.0%)	0(0.0%)		
	PM	0(0.0%)	1(2.8%)	35(97.2%)		
	night	0(0.0%)	0(0.0%)	0(0.0%)		
assignment	rotation	0(0.0%)	3(75.0%)	1(25.0%)	28.764	0.00
	nurse	0(0.0%)	6(14.6%)	35(85.4%)		
	Head nurse	0(0.0%)	0(0.0%)	1(100.0%)		
	super	0(0.0%)	0(0.0%)	0(0.0%)		
department	mw	0(0.0%)	1(14.3%)	3(75%)	12.806	0.542
	Sw	0(0.0%)	2(40.0%)	3(60.0%)		
	CCU	0(0.0%)	0(0.0%)	5(100.0%)		
	ICU	0(0.0%)	1(14.3%)	6(85.7%)		
	dializ	0(0.0%)	0(0.0%)	6(100.0%)		
	ER	0(0.0%)	2(33.3%)	4(66.7%)		
	OB	0(0.0%)	0(0.0%)	3(100.0%)		
baby	0(0.0%)	0(0.0%)	4(100.0%)			

Chi-square test results show that there is no significant relationship between moral sensitivity and the variables of age, gender, marital status, degree, work experience, work shift, and department in fasting group (p-value > 0.05,

Table 5). There is only a significant relationship between moral sensitivity and variable of assignment (p-value <0.05, Table 5).

Chi-square test results show that there is no significant relationship between moral sensitivity and the variables of age, gender, marital status, degree, work experience, department, and assignment in non-fasting group (p-value > 0.05, Table 5). There is only a significant relationship between moral sensitivity and the variable of work shift (p-value <0.05, Table 5).

DISCUSSION

Moral sensitivity enables the person to recognize ethical conflicts and a sense and intellectual understanding of vulnerable situations and to be aware of ethical results in decision making about others. Development of ethical sensitivity creates base reaction and view for nurses and so that they can perform effective and ethical care over their patients [23]. It also forces the caregivers to know and interpret linguistic and nonlinguistic behaviors and symptoms of patients to understand their needs. Thus, moral sensitivity and sense of responsibility has particular importance for nurses who provide care based on personal moral values [24]. The nurse is a member of the health team who must be sensitive to and aware of ethical issues of their profession so that they can respect patients' rights in decision-making and manage the impact of ethical issues at bedside [25]. The ability of understanding ethical issues is one of the preparations of ethical practice of nurses [26].

The results of the present research show that there is no significant relationship between the field variable of age and the average score of moral sensitivity in the nurses' decision-making and this means there is no great statistical difference between the average scores of moral sensitivity in the nurses' decision-making at different ages, but a similar study by YONG-SOON KIM on moral sensitivity of the nurses of Korean hospitals in 2005, showed that the age group between 25 and 30 had a higher score compare to the age group under 25 years [27]. The results of this study show that there is no significant relationship between work experience and mean scores of ethical sensitivity in nurses' decision-making. However, in the study by Abbas-Zadeh and colleagues [9], no association was found between work experience and the overall mean of moral sensitivity, and these results are consistent with findings from this research. But the study by Lutzen and colleagues showed that moral sensitivity of the nurses increases when work experience goes up [28]. By dividing the score of moral sensitivity into three parts of low, moderate, and high, most nurses had a moderate level of moral sensitivity. Zirak and colleagues [29] also found that about half of nursing students placed in the moderate and acceptable stage of moral development these results are consistent with those of this study and the study by the Izadi and colleagues [30]. McDonald found that nurse-patient relationship is largely influenced by culture conditions and this culture takes shape from the relationships between The nurse, colleagues, managers, patients and the organization and it is not out of people's ethical beliefs and adherence to them [31]. Developing emotional, compassionate, and effective communication, together with sympathy of nurses, provides patients and others with the field of trust and confidence [32]. The results of this study suggest that there is no significant relationship between the type of department and the average score of moral sensitivity in nurses' decision-making. These results are consistent with findings of Hassanpour and colleagues [12] but not consistent with the studies below. Borhani et al. also reported the highest score of moral reasoning in nurses of nursing management department and the lowest in the internal department [17]. Lutzen and colleagues also showed that the type of work department is effective on the nurses' moral sensitivity [33]. Abdou and colleagues examined the ethical sensitivity of faculty members and this difference existed in various sectors [11]. It seems that one effective factor in this problem is the culture of the workplace that affects them and makes some moral characteristics while performance stay hidden or behaviors inconsistent with their actual characteristics appear. Ethical practices of nurses are complicated processes that are associated with the process of ethical decision making and individual behaviors and factors like the nurse's values, experiences, knowledge, skills, beliefs, and expectations of other people, regulations and guidelines have an important role in this process. In the case of education, the research results showed that there was no ethical difference in sensitivity associated to different educational levels. In a research conducted on students in Kuwait, the formal education had a significant effect on moral judgment of students and those with higher education had received a higher score [34]. In the study on Japanese nurses, the type of degree had effect on moral distress perceived by nurses, and those with higher degrees were most affected but there was no differences between bachelor and licensed nurses; that is not consistent with the results of this study [35].

CONCLUSION

Conclusion: Given that nurses face serious situations in the nursing profession which requires ethical and legal ability in ethical decision-making, they should be sensitive to ethical issues related to their career so that they shall respect to their patients' rights while decision-making and manage ethical issues in their profession and distinguish between their own personal values and task values. According to research findings it was determined that the mean score of ethical sensitivity in fasting nurses was at a moderate level, so it is required to help improve the ethical sensitivity of nurses with proper planning and preparing appropriate programs.

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