



The survey of Zahedan medical sciences university training hospitals' nurses' ethical sensitivity in decision making in 2016

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ABSTRACT

The nursing occupation is considered among those sciences which have had and will also have numerous ethical and exemplary aspects. The results of the studies performed regarding ethics indicate the weak nature of the nurses' ethical decision making. Therefore, it was felt that there is a need to perform a study aiming at the ethical sensitivity level in decision making of the nurses working in training hospitals belonging to Zahedan medical sciences universities. The current study is a descriptive-analytical research performed on 140 nurses who were selected based on a randomized clustering method. To collect the information there was made use of a questionnaire comprising of two parts, the first part of which is related to the demographic characteristics and the second part pertains to a standard questionnaire of nurses' ethical sensitivity in decision making. Finally after the questionnaires were collected they were analyzed by the use of SPSS 19 and descriptive statistics, Pierson correlation test, variance analysis and independent t-test. Nurses' average age was 28.56 ± 6.48 and of the total population 123 individuals were women of whom 68 people had participated in ethics seminars and 53 of them were single. The overall ethical sensitivity mean among the nurses was 59.82 ± 17.50 which was ranked as intermediate according to the classification of the questionnaire, and in each of the dimensions of the ethical sensitivity the following scores were obtained respectively, in respect for the help-seeker independence the score was 10.71 ± 4.00 , in the dimension if ethical problems and challenges the score obtained was 11.35 ± 4.21 , in the dimension of application of the ethical concepts in decision making the score was 12.49 ± 3.82 and in the dimension of honesty and benevolence the obtained score was 4.73 ± 1.70 , the professional knowledge dimension scored 13.49 ± 4.50 and the dimension of awareness of the nurses' treating style of the patients had a score equal to 7.04 ± 2.47 . The relationship between the marital status, age and having passed the ethical courses with the ethical sensitivity in decision making and each of its dimensions was not statistically significant ($P > 0.05$). But, the relationship between gender and work history with the ethical sensitivity was statistically significant. The results obtained in the present study indicated that the nurses' ethical sensitivity was in an intermediate level. So there is a need for helping the nurses enhance their ethical sensitivity via appropriate planning and providing them with proper programs and also there is a need for further research regarding the ethical sensitivity in order for the flaws and disadvantages to be analyzed and a convenient solution can be introduced.

Keywords: ethical sensitivity, ethical decision making, nurses

INTRODUCTION

The today's world approach is toward sagacity and ethics and ethics can be considered as the gravitational point of the future world's changes and evolutions. Adopting such an approach affects those leading study fields which assist in offering services to humanity. Nursing occupation is one of the sciences which has had and will also have numerous ethical and exemplary aspects both in the past and in the future [1] and it will be ready to face with different ethical challenges and problems [2] from among which we can refer to the invasive treatment of the patients fighting with death, unnecessary tests, deviations in performing and reporting the tests, insufficient and imperfect treatment by the staff members, unjust distribution of power among the staff and the lack of organizational support, pain and aches resulting from prognosticate and treatment invasive methods. Treating patients with the objective of satisfying the organizational needs [3-6] and in confrontation with such problems there is a need for the nurses to ethically make correct and proper decisions [7, 8]. Despite all of the emphases on the necessity of the ethics superiority to any other phenomena what actually is seen in practice is the nursing profession qualifications being suspicious and it is as a result of this doubtfulness of the nurses qualification that their capabilities and skills have been criticized several times and these criticisms are expressed both from inside the organization and externally [9].

Ethics are recognized as an important and integral part of offering caring services which are supported by the existing ethical codes and standards [10]. The existence of the ethical sensitivity causes the caring services quality to enhance and the development of the nurses' professional performances [11, 12]. That is because developing the ethical sensitivities creates a fundamental reflexive and attitudinal foundation for the nurses to be able to effectively and ethically take care of their patients [13]. The nurses with higher ethical sensitivity offer their clinical cares with a better quality and treat their peers with more respect and the evidences imply that the nurses' ethical sensitivity plays a significant role in accountability and offering nursing role in an appropriate manner [14]. Ethical sensitivity causes the nurse to better manage the practices and conducts s/he undertakes in clinical environments for the patients [15]. The increase in the patients' satisfaction and trust in the nursing activities and the enhancement of the relationship between the nurse and the patient are but some of the other advantages [16]. Ethical sensitivity which is a combination of the individual's awareness of the ethical dimensions and aspects such as endurance, tranquility, accountability and caring for the ethical issues [17], is reflected in the individual's worries and concern regarding taking steps and measures in favor of the others and it helps the others to distinguish between the right and wrong conduct [14] and generally it is considered as a feature which enables the individual to recognize the ethical challenges and to sensually and intellectually perceive the susceptible and vulnerable situations and to be aware of the ethical results and outcomes stemming from making decisions about the others [18]. Ethical decision making is also used as an organized form of ethical interactions for the resolution of the ethical conflicts [19].

Some believe that the ethical decision making is one of the necessary and mandatory elements of nursing job. Factors such as medical technology advancements, resource allocation, the increase in the expenditures and costs, the increase in elderly population, being considerate of the individuals' rights and the shift made in the role played by the nurses can lead to ethical conflicts in the face of the nurses on a daily basis [20]. Nurses as professional individuals should be familiar with the ethical decision making procedures, respect the patients' ethical rights without risking their own ethical conscience [20, 21]. Ethical decision making is used for the decision making for the purpose of diagnosing and recognizing the issues via their analysis based on ethical scales and standards and making decision to perform them and put them into practical use based on ethical codes and rules [22]. It is by correct and timely decision making and distinguishing right from wrong that the professional ethical competencies and decision making based on ethics can be regarded as equivalent to the professional competencies and qualification. This means that if the nurse gets to acquire such a qualification or competency based on professional ethics virtues in a manner that in confrontation with the vocational conditions and decision making, s/he can be able to distinguish right from wrong and abound him- or herself to perform the right thing and avoid the wrong deeds his or her actions will lead to the development of such virtues at the occupation of caring for the others' health [23]. Also, the care givers will be required to get aware of and to interpret the lingual and non-lingual cues exhibited by the care-seekers in order for their needs to be recognized [24].

The nurses need to recognize ethical challenges and make appropriate decisions accordingly. They are responsible for making nursing decisions (clinical, specialized and ethical) in certain problems regarding certain patients [25]. But, the existence of various barriers has caused the nurses lose this mandatory sensitivity in their conducts and behaviors. The existence of ethical sensitivity depends to a great extent upon prior knowledge, the cultural and

social characteristics of the immediate society [13]. Also, the results obtained from the studies performed on the ethics imply that there is weakness in nurses' ethical decision making [2]. Therefore, we felt it is necessary to perform a study aiming at the survey of the ethical sensitivity in decision making in nurses working in the training hospitals belonging to Zahedan medical sciences university.

MATERIALS AND METHODS

Implementation method:

The present study is a descriptive-analytical research in which it is dealt with the survey of the decision making ethical sensitivity of the nurses working in training hospitals belonging to Zahedan medical sciences university in 2016. The entrance priority was given to the nurses who have been working as nurse for at least one year that was because they had to have spent a period of time in a clinical environment in order to be able to be positioned in situations in which there had been a need for making ethical decision and to have a clear conception of the study theme. The present study was performed on 140 nurses who were selected in a clustering randomized style. The total number of the study population was 250 people of which 140 individuals were selected as the study sample based on Morgan table. To collect the information a questionnaire was used. The questionnaire had two parts, the first part dealt with the demographic information (age, gender, work history, having passed the ethics course and marital status) and the second part pertained to a standard questionnaire of nurses' ethical sensitivity in making decisions. The questionnaire was compiled by Lutzen *et al* in Sweden and then it was applied in various countries including Iran. The questionnaire validity was evaluated in Iran by Hasan Poor in Kerman and the reliability of 0.81 was obtained [26]. Also, in the present study the reliability was calculated by taking advantage of Cronbach Alpha which was obtained as equal to 0.76. the questionnaire incorporated 25 questions which measure the nurses' ethical decision making status while offering clinical services and the questions were scored according to Likert scoring spectrum from completely agree (4), relatively agree (3), relatively disagree (2), completely disagree (1) and abstain (0). The highest possible score was 100 and the lowest possible score was 0. Based on this, in case that the total score of the study sample is in the range of 0 to 50 the sample has a low level of ethical sensitivity, in the range of 50 to 75 the sensitivity is in its intermediate level and in the range of 75 to 100 the study sample is said to enjoy a high ethical sensitivity. The questionnaire had 6 ethical sensitivity dimensions, and from the perspective of the respect for the care-seeker's independence the highest possible score was 20 and the lowest score possible was 0 and it included 5 questions. The dimension of being aware of the style of treating patients the maximum possible score was 12 and the minimum score possible was 0 and it included 3 questions. The dimension of professional knowledge was to have a score of maximum 20 and minimum 0 and it included 5 questions. In the dimension of ethical problems and challenges prior experiences the maximum possible score was 20 and the minimum was 0 and it included 5 questions and in the dimension of honesty and benevolence the maximum possible score was 8 and minimum possible score was 0 and it included 2 questions.

To collect the required information, after the research plan was approved by the chancellor of research in Zahedan medical sciences university and after acquiring a letter of recommendation and making the necessary coordination with the respective hospitals (3 hospitals), the researcher referred to the respective hospitals and firstly explained the study objectives to the participants and after an oral consent was obtained from the participants the questionnaires were administered to them. At the starting part of the questionnaire a text was inserted which indicated that the individuals are consent to participate in the research plan and this text also stated that "your cooperation means that you have consciously agreed to participate in the current research. Also, the information you provide here are intended to be kept confidential and you will not suffer any risks by any means." After the questionnaires were completed, they were collected and reviewed by the researcher and they were returned again to the respondents in case there were imperfections or uncompleted parts and the individual was asked to complete the related parts. Finally, after the questionnaires were gathered, the data were analyzed by means of SPSS 19 and descriptive statistics, Pierson correlation test, variance analysis and independent t-test.

RESULTS

Nurses' average age was 28.56 ± 6.48 and of all of the individuals 123 people (87.9%) were women, 68 people (48.6%) had participated in ethics seminars previously and 53 people (37.9%) were single. 70 people (50%) had a work history ranging from 1 to 5 years, 37 people (26.4%) had a work history ranging from 5 to 10 years, 17 individuals (12.1%) had a work history ranging from 10 to 15 years and 16 individuals (11.4%) had a work history of above 15 years. The overall ethical sensitivity mean among the nurses was 59.82 ± 17.50 which was in an

intermediate level according to the questionnaire classification and in each of the ethical sensitivity dimensions the scores were respectively as follows: in the dimension of respect for the care-seeker's independence the score was 10.71 ± 4.00 (2.141), in the ethical problems and challenges dimension the score was 11.35 ± 4.21 (2.27), in the application of ethical concepts in decision making the score was 12.49 ± 3.82 (2.49), in the dimension of honesty and benevolence the score was 4.73 ± 1.70 (2.36), in the professional knowledge dimension the score was 13.49 ± 4.50 (2.69) and in the dimension of awareness of the patient treating style the score was 7.04 ± 2.47 (2.34). 26 individuals (18.6%) had a low level of ethical sensitivity in decision making, 88 individuals showed an intermediate level of ethical sensitivity in decision making and 26 individuals (18.6%) had a high level of ethical sensitivity in their decision making. The relationship between the marital status, age and having passed courses related to ethics with ethical sensitivity in decision making and each of its dimensions was not significant ($P > 0.05$).

The relationship between gender and ethical sensitivity in decision making and each of its dimensions has been illustrated in table 1.

Table 1: the relationship between gender and ethical sensitivity in decision making and each of its dimensions (independent t-test)

P-value	Standard deviation	Mean	Gender	Dimension
0.012	15.177	61.20	Woman	Ethical sensitivity in decision making
	28.062	49.88	Man	
0.173	3.698	10.89	Woman	Respecting the care-seeker's independence
	5.757	9.47	Man	
0.142	3.922	11.54	Woman	Ethical problems and challenges
	5.900	9.94	Man	
0.001	3.476	12.89	Woman	Applying ethical concepts in decision making
	4.999	9.65	Man	
0.003	1.559	4.89	Woman	Honesty and benevolence
	2.293	3.59	Man	
0.048	4.067	13.77	Woman	The professional knowledge level
	6.737	11.47	Man	
0.022	2.220	7.22	Woman	The awareness of patient-treating style
	3.666	5.76	Man	

Table 2: the relationship between work history and ethical sensitivity in decision making and each of its dimensions (variance analysis test)

P-value	Std. deviation	Mean	Dimensions
<0.001	17.266	57.24	1-5
	12.145	68.19	5-10
	23.236	46.94	10-15
	10.689	65.44	15<
0.038	3.855	10.49	1-5
	3.708	11.59	5-10
	4.731	8.59	10-15
	3.803	11.94	15<
<0.001	4.231	10.67	1-5
	3.288	13.49	5-10
	5.063	8.59	10-15
	2.469	12.31	15<
<0.001	3.857	11.77	1-5
	3.175	14.41	5-10
	4.287	10.59	10-15
	2.646	13.25	15<
0.088	1.648	4.53	1-5
	1.681	5.30	5-10
	2.251	4.24	10-15
	1.047	4.81	15<
<0.001	4.382	13.11	1-5
	3.329	15.16	5-10
	5.245	9.47	10-15
	3.669	15.56	15<
<0.001	2.477	6.67	1-5
	1.801	8.24	5-10
	3.223	5.47	10-15
	1.459	7.56	15<

The relationship between work history and ethical sensitivity in decision making and each of its dimensions has been illustrated in table 2.

DISCUSSION

The results of the present study showed that the nurses' ethical sensitivity in decision making is in an intermediate level and the highest score is obtained for the professional knowledge and the lowest score pertains to the dimension of respect for the care-seeker's independence. In a study performed by Comrie the highest score was obtained for the application of ethical concepts and the lowest score was obtained for having experiences in ethical problems and challenges and the ethical sensitivity has been in a very high level [27]. In another study by Mousavi *et al* the mean ethical sensitivity score has been reported to be high [28]. In the present study, the dimension of respecting the care-seeker independence was not in an optimum level one reason for which can be this fact that in spite of the close relationships between the nurses and patients as a result of some of the barriers including the lack of workforce, the extensive work volumes and hours and the lack of proper training regarding the ethical subjects and issues the nurses have not yet been able to play their protective role [29]. The existence of an intermediate level of ethical sensitivity in the studied nurses is subject to many factors from among which we can refer to cultural atmosphere of the studied region, the nurses' motivation for continuing work, the type of recruitment location, the extent to which the organization pays attention to the study population needs and wants and the nurses' psychological and physical status. Ethical sensitivity differs from individual to another, but the research on ethical sensitivity has not yet found its proper depth and the results of the previous studies are subjective and limited and there is a subtle deficiency felt in the experimental concepts [30]. Nurses believe that they are faced with various problems on a daily basis and making decision based on ethical standards and norms would be difficult for them if the nurses do not know them by heart [31]. There are barriers for the ethical decision making from among which one can refer to the establishment of improper and compressed shifts, the disproportionate lack of nurses to patients ratio and tiredness and despondency to the nursing occupation are regarded as the most important barriers and having been employed in more than one job and the tiredness resulting from overworking in extra-hours, nurses' unpleasant experiences from their prior contacts with the patients (patients improper treatment with the nursing personnel) and the nurses inconvenient economical status are ranked next from their importance point of view [32].

The nurses, as members of the health care team, play a key role for the patients' health enhancement. They need to perform ethically in every situation in order to be able to accomplish their role as a nurse to make sure that the type of care they offer to the patients is always to the best interests and favors of the patients. However, there are situations happening in nursing services which cause ethical conflicts in nurses and urges them to choose from respecting the ethical requirements they have towards the patients and supporting the organizational policies of the organization they are part of [33]. This ethical conflict as a result of an improper context can cause various types of negative psychological reactions in nurses, especially ethical tensions and stresses and in cases these conflicts are left unresolved can set the ground for discontent, feelings of incompetency, motivation downfall, dullness, spiritual weakening and even nurses indifference respective to the ethical caring services that should be provided for the patients.

In the present study a significant relationship was figured out between gender and work history with ethical sensitivity in nurses' decision making. But, the relationship between age and having passed courses on ethics with ethical sensitivity was not significant statistically. In a study performed by Beluchi *et al* there was not reported a significant relationship between ethical sensitivity and age and work history and marital status [34]. But, in the study performed by Mousavi *et al* there has been found a significant relationship between work history and ethical sensitivity in such a manner that the ethical sensitivity score in nurses with longer work history and in students with clinical work history has been higher than the others [28] the reason behind which can be the vocational and ethical skills acquisition and an increase in the nurses awareness of their protective and effective role in offering caring services, as well. In the study performed by Abdou *et al*, also the married individuals, more than 35 years of age and with a work history of more than 12 years got a higher score from the perspective of honesty and benevolence which was statistically significant and the single individuals, younger than 25 years of age and having a work history of lower than 5 years had lower scores in the dimension of the patient-treating style awareness [14].

In the study performed by Mousavi *et al*, similar to the present study, there was not observed a significant relationship between passing the courses on ethics and mean ethical sensitivity score [28]. But, in the study performed by Sirin *et al* in which passing the ethics courses effect was studied, it became clear that these individuals

had a higher ethical sensitivity in their decision making in comparison to those individuals who had not passed such a course on ethics [35]. Among the reasons for such discrepancies in the study findings regarding participation in the workshops and the other studies one can refer to the matter that unfortunately the various medical groups participate in the re-learning programs with the sole intention of getting higher scores and not for acquiring knowledge and enhancing their performances. On the other hand, if the workshops themes and the subjects introduced in them are not based on the existing realities and corresponding to the nursing caring services it makes the ethical sensitivity absent from the nursing activities. What is evident is the expected outcome at the end of these workshops which cannot create this shift in the nurses' attitudes in an ethical manner.

Clinical care services are confronted with numerous challenges and the nurses, because of being perpetually present at the patients' beds, can be an influential factor on the quality of their satisfaction of the treatment and clinical cares. In a study by Ersoy which was performed on Turkish nurses they came to this conclusion that training and teaching increases the nurses' awareness of the ethical subjects and the increase in their ethical sensitivity to the patients' needs and safeguarding their rights [36]. Therefore, it is suggested that Zahedan training hospitals managers hold up workshop programs as a part of their in-service training and in a macro level.

One of the limitations in the present study is the limited number of the study samples and not dealing with the other effective factors such as the number of patients, the number of nurses, hospital divisions, work shifts and the nurses' psychological and social statuses in creating ethical sensitivity. The unavailability of a suitable sample volume, the majority of the study sample population being women and the individuals' internal fear of responding to the religious and vocational questions, despite assuring the participants of the study of the information confidentiality, may have influenced the study results are but some of the constraining factors.

CONCLUSION

The results obtained in the present study indicated that the nurses' ethical sensitivity is in its intermediate level. Clinical caring services is confronted with various and numerous challenges and the nurses due to their perpetually being present at the patients' beds play a significant role in affecting the patients' satisfaction level of the quality of the caring services provided. Making ethical decisions has a great effect on the nurses' protective performance. Because nurses face serious situations in offering their catering services which calls for the need for ethical and legal capabilities in making ethical decisions they should be sensitive to their job's ethical issues in order to be able to respect their care-seekers' rights in adopting correct decisions and they should also be able to manage and control the ethical discussions and subject matters at work and they should distinguish between personal and vocational values and according to what has been found out in the present study it is evident that there is no difference between those individuals who have passed courses on ethics and those who have not, so there is a need to enhance the nurses' ethical sensitivity via appropriate planning and providing proper and convenient plans and also here it is felt that there is a need for further in-depth research regarding the ethical sensitivity in order for the deficiencies to be evaluated and the appropriate solutions can be introduced.

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