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## ETHICAL SENSITIVITY AND RELATED FACTORS OF NURSES WORKING IN THE HOSPITAL SETTINGS

Nurcan Ertuğ<sup>1</sup>, Demet Aktaş<sup>1</sup>, Aaide Faydali<sup>2</sup>, Osman Yalçın<sup>3</sup>

**Abstract:** The purpose of the study is to determine the level of ethical sensitivity and related factors of nurses working in the hospital settings. This descriptive study was conducted at a public hospital and a university hospital in Ankara, Turkey between April–July 2012. A total of 111 nurses participated in the study. The data were collected using a data collection tool consisting of two parts. The first part consisted of questions that determined the nurses' personal and socio-demographic characteristics. The second part comprised of "Byrd's Nurses Ethical Sensitivity Test". The data were evaluated by using frequency, percentage, t-test and one-way ANOVA. Of the 111 nurses, 39,7% had a work experience of 1–3 years, 51,4% was married and 38,7% did not have ethics education. Education levels of most of the nurses (62,2%) were bachelor's degree. The mean ethical sensitivity score of nurses was  $21,12 \pm 2,85$ . "It was determined that ethical sensitivity of nurses was found to be higher in those that had ethics education, older age group, and had bachelor's degree than others ( $p < 0,05$ )". The mean ethical sensitivity score of nurses was of medium level. It is concluded that ethical sensitivity was influenced by ethics education, age groups, and educational background.

**Key words:** ethics, ethical sensitivity, nurses

### Sensibilidad ética y factores relacionados con el trabajo de enfermera/o en hospitales

**Resumen:** El propósito de este estudio es determinar el nivel de sensibilidad ética y los factores relacionados con el trabajo de enfermero/a en Hospitales. Este estudio descriptivo se realizó en un Hospital público y un Hospital universitario en Ankara, Turquía entre los meses de Abril y Julio en el 2012. Participaron en el estudio un total de 111 enfermeras/os. Los datos se recolectaron usando una herramienta de recogida de datos que consiste en dos partes. La primera parte consistía de preguntas para determinar las características personales y socio-demográficas de las/os enfermeras/os. La segunda parte consistía en la Prueba de sensibilidad ética de "Byrd". Se evaluaron los datos usando porcentajes, frecuencias, t-test y ANOVA en una dirección. De las/os 111 enfermeras/os, 39,7% tenían una experiencia de trabajo de 1 a 3 años, 51,4% casados y 38,7% no tenía educación ética. El nivel de educación de la mayoría de las/os enfermeras/os (62,2%) era de licenciatura. El puntaje medio en sensibilidad ética fue de  $21,12 \pm 2,85$ . "Se determinó que la sensibilidad ética de las/os enfermeras/os era mayor en los que habían recibido educación ética, tenían mayor edad y con licenciatura ( $p < 0,05$ )". El puntaje medio de sensibilidad ética de los/as enfermeros/as fue de nivel medio. Se concluye que la sensibilidad ética estaba influenciada por la educación ética, la edad y la base educacional.

**Palabras clave:** ética, sensibilidad ética, enfermeros/as

### Sensibilidade ética e fatores relacionados com enfermeiros que trabalham em hospitais

**Resumo:** O objetivo do estudo é determinar o nível de sensibilidade ética e fatores relacionados com enfermeiros que trabalham em setores hospitalares. Este estudo descritivo foi realizado em um hospital público e um hospital universitário em Ancara, Turquia, entre abril e julho de 2012. No total, 111 enfermeiros participaram do estudo. Os dados foram coletados por meio de um instrumento de coleta de dados que composto de duas partes. A primeira parte consistiu em perguntas sobre determinadas características pessoais e sócio-demográficas dos enfermeiros. A segunda parte composta de "Byrd's Nurses Ethical Sensitivity Test". Os dados foram avaliados por meio de frequência, porcentagem, t-test e ANOVA one-way. Dos 111 enfermeiros, 39,7% tinham uma experiência de trabalho de 1-3 anos, 51,4% eram casados e 38,7% não tiveram o ensino da ética. Os níveis de educação da maioria dos enfermeiros (62,2%) eram do grau de bacharel. A pontuação média sensibilidade ética dos enfermeiros foi de  $21,12 \pm 2,85$ . "Determinou-se que a sensibilidade ética dos enfermeiros encontrada foi maior naqueles que tiveram educação ética, no grupo de faixa etária mais velha, e que tinha o grau de bacharel em relação aos demais ( $p < 0,05$ ). A pontuação média da sensibilidade ética dos enfermeiros foi de nível médio. Concluiu-se que a sensibilidade ética foi influenciada pela educação ética, faixa etária, e formação educacional.

**Palavras-chave:** ética, sensibilidade ética, enfermeiros

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## Introduction

Improved patient care and global advancements in healthcare technologies is reflected in the health care practices. This has given rise to new ethical dilemmas, particularly for nurses. Previous research studies pointed out that physicians and nurses were confronted with ethical dilemmas when making decisions regarding provision/withdrawal of life-sustaining treatment, resuscitation orders, artificial hydration and nutrition, organ transplantation, brain death, euthanasia and end of life, lack of adequate resources for care and treatment, lack of respect for the individual, and lack of informed consent(1-7).

Nurses as an advocate for the patient play an important role in solving ethical problems. Nurses who are in constant contact with the patient can quickly realize any ethical issue. The importance of ethics in nursing and understanding the need for education about ethical values are crucial for the development of professional nursing practices(7-10).

Ethical problems should be identified in order to solve ethical dilemmas. Determining and adopting the existence of an ethical problem requires ethical sensitivity. Ethical sensitivity is defined as the ability to be aware of the existing ethical issues and to determine the importance of this situation in terms of individuals(7,11). It includes caring for the ethical dimension of the events, identifying ethical issues, and making ethical decisions competently. Ethical sensitivity not only solves problems ethically or justifies the actions, but is also able to prevent ethical dilemmas or conflicts(7,12).

Ethical sensitivity requires that nurses should be able to interpret and be aware of verbal or non-verbal clues and behaviors of patients in order to determine the needs of the patient. They should be sensitive to the patients' physical and emotional needs, and should take this into account when caring for them(13).

Sometimes, nurses define a problem as a clinical one without seeing the ethical aspects existing. If the ethical issues that exist are missed, then part of the situation goes unattended by the nurse. If

the nurse is clinically competent, but ethically insensitive or oblivious, then this provision will not have a part in the decision making and actions that are needed to deal with the whole patient situation(14). The nurses with ethical sensitivity can interpret a situation from other points of view and show sensitivity to the feelings and reactions of patients. Nurses who are ethically sensitive seeks information and listens carefully(15).

There is little research studies in Turkey about nurses' ethical sensitivity. The aim of this study is to determine the level of ethical sensitivity of nurses and the factors affecting their ethical sensitivity. This study will therefore make a significant contribution towards ethical sensitivity of nurses.

## Methods

A descriptive design was used to determine the level of ethical sensitivity and related factors of nurses. This study was conducted at a public hospital and a university hospital in Turkey between April-July 2012. The study population of the nurses working at these hospitals was created and a sample selection was made. The total number of nurses in these two hospitals was 320 of which 111 (34.68%) agreed to participate in this study.

The relevant data were collected using a data collection tool, which consisted of two parts. The first part consisted of questions that determined the nurses' personal and socio-demographic characteristics. The second part comprised of "Byrd's Nurses Ethical Sensitivity Test" that was developed by Byrd(10) in 2006 in order to determine nurses' ethical sensitivity. Turkish validity and reliability of the test was carried out by Orgun(11) and it was accepted as valid and reliable. Byrd's nurses ethical sensitivity test (Byrd's NEST) is a 3-point Likert-type scale consisting of 10 items. It consists of 10 different scenarios that cover the ethical dilemmas encountered during everyday nursing practices. Each scenario has three possible multiple-choice answers. The answers are rated between 1 - 3 points, and the level of ethical sensitivity is classified as low, medium, or high based on the scores. In this scale, the lowest and highest scores are 10 and 30, respectively. According to this test, the degree of ethical sensitivity is considered to be lower between 10-16 points,

medium between 17–23 points, and high between 24–30 points.

The questionnaires were given to the nurses. An information sheet explaining the purpose of the study and a consent form were attached to the questionnaire. Head nurses were asked to grant nurses the time to complete the questionnaires. The nurses were reminded of the study 2, 4, and 6 weeks later. All completed questionnaires were collected from the head nurses' offices where the researcher retrieved them.

Independent variables in the study were age, marital status, educational background, ethics education, work experience, current hospital of employment, current department of employment, and income level. Suitability of the normal distribution of data was evaluated using the Kolmogorov-Smirnov test that showed normal distribution of the data set. The effect of taking ethics education on ethical sensitivity was evaluated using t-test, and other variables were evaluated using one-way analysis of variance (ANOVA) with Bonferroni correction.

Written permission was obtained from the institutions involved. The study was approved by an ethical committee of a university. The data were collected after the approval of the ethical committee. Prior to the data collection, informed consent of all nurses were obtained. The anonymity and confidentiality of participants were guaranteed.

## Results

The socio-demographic characteristics of the sample are presented in Table 1. Of the 111 nurses, 44 (39,7%) had a work experience of 1–3 years. Approximately 57 (51,4%) were married. Education levels of 69 nurses (62,2%) were bachelor's (graduate) degree. Their average age was 28,43 years. A total of 43 (38,7%) nurses did not have ethics education. A vast majority (92,7%) of nurses who had ethics education had taken it up in the nursing school. In the study, 61 (55%) nurses worked in a public hospital. The nurses working in the two different hospitals were determined to be similar to each other in terms of socio-demographic characteristics ( $p>0,05$ ).

Table 1. Socio-demographic characteristics of nurses

Nurses' characteristics		n	%
Institutions	Public hospital	61	55,0
	University hospital	50	45,0
Marital status	Married	57	51,4
	Single	51	45,9
	Divorced	3	2,7
Age group (years)	18-20	50	45,0
	27-36	51	46,0
	37-46	10	9,0
Educational background	High School	27	24,3
	Associate degree	15	13,5
	Bachelor's graduate degree	69	62,2
Current department of employment	Emergency service	25	22,5
	Surgical clinics	25	22,5
	Internal medicine clinics	25	22,5
	Others	16	14,4
	Operating rooms	13	11,7
	Intensive care units	7	6,3
Income level	Income is higher than expense	14	12,6
	Expenditure is equal	65	58,6
	Income is lower than expense	32	28,8
Work experience	1-3	44	39,7
	4-9	34	30,6
	10 +	33	29,7
Having ethics education	Yes	68	61,3
	No	43	38,7
Total		111	100,0

The mean ethical sensitivity score of nurses was found to be of medium level ( $21,12\pm 2,85$ ) (Table 2). Ethical sensitivity of nurses with ethics education was higher compared to nurses with no ethics education ( $p=0,009$ ). Ethical sensitivity according to the educational background was also statistically significant ( $p=0,022$ ). In post-hoc analyses, it was determined that such a difference was caused by the groups with high school and graduate degrees. The average ethical sensitivity score according to age groups was found to be statistically significant ( $p=0,006$ ). The advanced statistical analysis (Bonferroni test) determined that this difference arose from 18–26 and 37–46 age groups.

Table 2. The mean ethical sensitivity score of nurses in terms of some variables

Mean score and variables		X	SD	Test
The mean ethical sensitivity score		21,12	2,856	—
Having ethics education	Yes	21,68	2,810	t=-2,666
	No	20,23	2,733	p=0,009
Educational background	High school	19,93	2,601	F=3,963
	Associate degree	20,73	3,105	p=0,022
	Bachelor graduate degree	21,67	2,779	
Age group (years)	18-26	20,32	2,684	F=5,448
	27-36	21,49	2,626	p=0,006
	37-46	23,20	3,615	

No statistically significant differences were found between nurses' marital status ( $p=0,601$ ), work experience, income level ( $p=0,647$ ), current hospital of employment ( $p=0,123$ ), current department of employment ( $p=0,289$ ), and mean ethical sensitivity score.

## Discussion

In this study, 43 (38,7%) nurses did not have ethics education. A vast majority (92,7%) of nurses who had ethics education had taken it up in nursing school. In the studies conducted by Aksu and Akyol(16) and Öztürk et al.(17), 37,7% and 61,1% of nurses stated that they did not have ethics education, respectively. Study result of Öztürk et al.(17) about ethics education was similar to the current study. However, nurses are confronted with ethical issues constantly and experience ethical dilemmas in everyday practice. They are required to take up ethics education in order to tackle this situation and make the right decisions ethically. The issue of ethics sometimes cannot be understood fully by the nursing students during their course as the course content might be notional. Moreover, this course requires discussions; but, due to crowded classrooms, it might not be possible to have regular discussions, and enough

case studies also can not be presented. Therefore, the importance of this issue should be emphasized in the in-service training after graduation. However, just 5,9% of the nurses in our study stated that they had in-service training to ethics education. In the studies carried out by other researchers about nurses' ethical sensitivity, it was found that nurses' in-service ethics training ranged from 20,51–48,3%(16,18,19).

The mean ethical sensitivity score of nurses in this study was  $21,12 \pm 2,85$ , which comes medium level. A few other studies conducted by using different scales also found the ethical sensitivity of nurses to be medium level(16,18,19). These results strengthened our research findings.

A statistically significant difference was found between ethics education and ethical sensitivity of the nurses in this study. The ethical sensitivity of nurses with ethics education was found to be higher compared to those with no ethics education. This result emphasizes the importance of ethics education for increasing ethical sensitivity. Literature indicated that ethics education needs to be strengthened not only in nursing education, but also in medical education(7,20).

The average age of nurses in this study was 28,43 years ( $\pm 6,252$ ). The mean ethical sensitivity score according to age groups was found to be statistically significant. Advanced statistical analysis determined that this difference originated in the 18–26 and 37–46 age groups. Mean ethical sensitivity score of the youngest group was found to be lower compared to the elderly group. Ethical sensitivity increases with advancing age. The studies conducted by Kim et al.(19) and Tosun(7) indicated that nurses' ethical sensitivity increases with age.

Mean ethical sensitivity score of older nurses was higher than young nurses. This is because older nurses become more experienced and sensitive to face ethical problems over the years compared to younger nurses.

The nurses' mean ethical sensitivity scores were statistically significant ( $p=0,022$ ) according to the educational background. High school was the lowest ethical sensitivity group and graduate de-

gree was the highest in terms of their educational background. The study conducted by Aksu and Akyol(16) determined that ethical sensitivity of graduate nurses was higher than others. These results again emphasize the effectiveness of a graduate degree in nursing education.

No statistically significant differences were observed between nurses' marital status, work experience, income level, current hospital of employment, current department of employment, and mean ethical sensitivity score in this study.

As a result, the mean ethical sensitivity score of nurses was of medium level. Ethical sensitivity was influenced by ethics education, age groups,

and educational background; and, it was not influenced by marital status, income level, work experience, current department or hospital of employment. In order to increase the ethical sensitivity of nurses, it is considered that ethics education in school/course programs should be reviewed. Moreover, the importance of this issue should be emphasized to students. It is recommended that ethics issue should be incorporated both during school education and in-service training programs after graduation. It is also recommended that nurses should be organized according to age groups and educational backgrounds while undergoing in-service training.



## References

1. Austin W, Kelecevic J, Goble E, Mekechuk J. An overview of moral distress and the paediatric intensive care team. *Nursing Ethics* 2009; 16: 57-68.
2. Azoulay E, Timsit JE, Sprung CL, Soares M, Rusinová K, Lafabrie A, et al. Prevalence and factors of intensive care unit conflicts: the conflicus study. *American Journal of Respiratory Critical Care Medicine* 2009; 180: 853-860.
3. Kinoshita S. Respecting the wishes of patients in intensive care units. *Nursing Ethics* 2007; 14: 651-664.
4. Cobanoğlu N, Algier L. A qualitative analysis of ethical problems experienced by physicians and nurses in intensive care units in Turkey. *Nursing Ethics* 2004; 11: 444-458.
5. Catlin A, Leuthner S. New videos discuss ethical dilemmas in neonatal intensive care. *Pediatric Nursing* 2000; 26: 193-194.
6. Callaghan M. Nursing morale: what is it like and why? *Journal of Advanced Nursing* 2003; 42(3): 82-89.
7. Tosun H. Sağlık bakımı uygulamalarında deneyimlenen etik ikilemlere karşı hekim ve hemşirelerin etik duyarlılıklarının belirlenmesi (Determining sensitivity of the nurses and the physicians against the ethic dilemmas which experienced at the health care practices). İstanbul, Turkey: İstanbul University; 2005.
8. Hughes S. Ethical theories and dilemmas. *British Journal of Perioperative Nursing* 2002; 11(2): 179-188.
9. Burkhardt MA, Nathaniel AK. *Ethics & issues in contemporary nursing*, 3<sup>rd</sup> ed. Johnson B, editor. Canada: Thomson Delmar Learning; 2007.
10. Byrd LM. *Development of an instrument to identify the virtues of expert nursing practice: Byrd's nurses ethical sensitivity test*. Mississippi: The University of Southern Mississippi; 2006.
11. Orgun F, Khorshid L. Byrd'ın hemşireler için etik duyarlılık testinin geçerlik ve güvenirliği (The validity reliability of the Byrd's nursing ethical sensitivity test). *Ege Üniversitesi Hemşirelik Yüksekokulu Dergisi* 2009; 25(2): 25-42.
12. Kadioğlu F, Kadioğlu S. Klinik uygulamalarda etik karar verme süreci (The process of ethical decision making in clinical practice). In: Demirhan-Erdemir A, Oğuz Y, Elçioğlu Ö, Doğan H, editors. *Klinik Etik (The Clinical Ethics)*. İstanbul: Nobel Tıp Kitabevleri; 2001: 44-64.
13. Azak A, Taşçı S. Klinik Karar Verme ve Hemşirelik (Clinical Decision Making and Nursing). *Türkiye Klinikleri Journal of Medical Ethics* 2009; 17(3): 178-180.
14. Davis AJ. The nurse-patient relationship. In: Fowler MDM, editor. *Guide to the Code of Ethics for Nurses: Interpretation and Application*. Maryland: McArde Printing; 2010: 16.
15. Feldt KS. Ethical issues and advanced practice nursing. In: Jansen M, Zwygart-Stauffacher M, editors. *Advanced Practice Nursing: Core Concepts for Professional Role Development*, 4<sup>th</sup> ed. New York: Springer Publishing; 2010: 216.
16. Aksu T, Akyol A. İzmir'deki hemşirelerin etik duyarlılıklarının incelenmesi (Investigation of the moral sensibility of nurses in İzmir). *Türkiye Klinikleri Journal of Medical Ethics* 2011; 19(1): 16-24.
17. Öztürk H, Hintistan S, Kasım S, Candaş B. Yoğun Bakım Ünitelerinde Hekim ve Hemşirelerin Etik Duyarlılığı (Ethical Sensitivity of Physicians and Nurses in Intensive Care Units). *Yoğun Bakım Hemşireliği Dergisi* 2009; 13(2): 77-84.
18. Başak T, Uzun Ş, Arslan F. Yoğun bakım hemşirelerinin etik duyarlılıklarının incelenmesi (Investigation of the moral sensibility of intensive care nurses). *Gülhane Tıp Dergisi* 2010; 52(2): 76-81.
19. Kim YS, Park JW, You MA, Seo YS, Han SS. Sensitivity to Ethical Issues Confronted by Korean Hospital Staff Nurses. *Nursing Ethics* 2005; 12(6): 595-605.
20. Kadioğlu FG, Can R, Okuyaz S, Yalçın SÖ, Kadioğlu NS. Physicians' attitudes toward clinical ethics consultation: a research study from Turkey. *Turkish Journal of Medical Sciences* 2011; 41(6): 1081-1090.

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