

## The effect of intensive care physicians and nurses' inclination to ethical values on the moral sensitivity\*

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### ABSTRACT

**Purpose:** This study was conducted to determine the effect of intensive care physicians and nurses' inclination to ethical values on the moral sensitivity.

**Materials and Methods:** The study was conducted between April and June 2018. This descriptive and correlational study was conducted with 237 health professionals who had been working in intensive care units of four hospitals in Turkey for at least three months. The research data were collected with personal information form, "Inclination to Ethical Values Scale," and the "Moral Sensitivity Questionnaire." For the data analysis, SPSS 23 package software was used, and the number, percentage, minimum, maximum and median, and multiple regression-enter model tests were used.

**Results:** Participants' mean age is 28.98±5.80 years, and their professional experience averages 6.68±4.54

years. It was found that the mean scores of moral sensitivity of intensive care professionals were 90.31±17.15 (min 50 - max 148), and the mean score of inclination to ethical values was 71.48±10.02 (min 17 - max 80). It was found that a inclination to ethical values affects moral sensitivity ( $p<0.05$ ).

**Conclusions:** Intensive care health professionals have a high inclination to ethical values, and their moral sensitivity is moderate level. As the inclination to ethical values increases, moral sensitivity increases. It is recommended to determine different variables affecting the inclination to ethical values by conducting studies in larger groups and to increase awareness of ethical problems frequently encountered in intensive care units.

**Keywords:** Intensive care, health professionals, ethical values, moral sensitivity

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## **INTRODUCTION**

“Ethics” is defined as a set of moral principles or a set of values that regulate the behavior of a profession [1,2]. Globalization and rapid changes in social life cause some value problems along with progress in science and technology. This change in the field of health especially reveals that ethical principles and values need to be discussed more frequently [3,4]. Nurses and physicians who interact intensely with patients with the responsibility of maintaining patient care and treatment often encounter ethical problems. Although the responsibilities of physicians and nurses are different, they have a moral purpose union in line with ethical science [5,6]. It is expected that physicians and nurses, who experience an ethical dilemma in practice, act together and cooperate in this regard, guided by universal ethical principles. In this context, ethical values such as “benefiting,” “not doing harm,” “autonomy,” “informed consent,” and “social justice” are regarded as important [4,7]. It is stated that high moral sensitivity plays a key role in health professionals to solve problems in line with ethical values and to make the right decisions [5,7,8].

Values are the goals and beliefs that form the basis of a behavior and decision-making process [9, 10]. Values in a profession are professional practice standards that are preferred by experts and professionals and establish frameworks for evaluating behavior [11,12]. Nursing and physicians are two professions based on professional ethics and ethical values, and the professional philosophy is based on these values. For health professionals, the inclination to ethical values is the individual's taking initiatives by considering ethical values while making decisions about his/her patient. Health professionals are expected to know, recognize and accept ethical values, to be inclination to ethical values and to plan treatment/care services in accordance with these ethical values while providing health services. It is the right of the patient/healthy individual to have service by gaining awareness about ethical values, especially in health services. Professional values guide health professionals while deciding on treatment and care practices and resolving ethical issues [7,11,13]. It is very important in terms of professional ethics to discuss ethical problems that arise in the profession, discuss what to do and not to do, offer solutions, develop norms and codes, and establish ethical principles [6,8,14]. In order for health professionals to make the right decisions about ethical problems, they must have developed moral sensitivities, which are defined as the ability to distinguish ethical problems [10,13].

As in all units, moral sensitivity is the ability to solve ethical problems, clarify or justify an action, or prevent an ethical dilemma or conflict in intensive care units (ICU) [15,16]. Intensive care units are defined as clinics where a multidisciplinary team provides services that aim to support critical patients and treat them, are privileged in terms of location and patient care, equipped with advanced technology devices, and monitor the vital signs of patients 24 hours a day [3,17]. In general terms, medical decision making, obtaining informed consent, resuscitation, brain death, and organ transplantation, initiating and maintaining life support, equitable sharing of medical resources, and euthanasia are among the issues that require ethical decision making in intensive care units [1,2,18]. Health professionals working in intensive care units are faced with ethical problems related to the characteristics of the patient group they care for, the service provided, and the environment where the service is given [4,16]. It is of great importance that the intensive care team can make ethical decisions in patient safety and effective management of intensive care services. When making ethical decisions, treatment and care in line with ethical values are as important as moral sensitivity [6,19].

Health professionals are expected to continuously improve their professional competence to provide quality care in intensive care units, be humane and morally sensitive to treatment and care, and provide appropriate patient care in line with professional ethical values [1,2,13].

The aim of the study was carried out to determine the effect of intensive care physicians and nurses' inclination to ethical values on the moral sensitivity.

The research questions were as follows:

1. What are the levels of the moral sensitivity scale and inclination to ethical values scale?
2. Are sociodemographic and professional characteristics determinants for the inclination to ethical values
3. scale and moral sensitivity?
4. Does inclination to ethical values affect moral sensitivity of health professionals working in intensive care?

## **MATERIALS and METHODS**

### **Study design**

The study examines the intensive care physicians' and nurses' inclination to ethical values, and it was conducted in a descriptive and correlational design to determine whether some variables are determinant. The study was conducted between April and June 2018.

## Participants

The study was conducted with physicians and nurses working in intensive care units of 4 hospitals in different regions of Turkey. 65 physicians and 406 nurses were working in these intensive care units. The research sample consisted of 26 physicians and 211 nurses. 50.3% (n: 237) of the research universe (n: 471) was accessed. Since physicians and nurses who volunteered to participate in the study were included, a separate sampling method was not used. Written and verbal consent were obtained from the study participants.

The inclusion criteria were as follows: (i) physicians and nurses working in intensive care for at least 3 months, aged 18 years and older, agreed to participated in the study and able to communicate in Turkish.

Exclusion criteria were as follows: (i) Other occupational groups working in intensive care.

## Data collection

### Instruments

In this study, “Sociodemographic Information Form,” “Ethical Values Scale,” and “Moral Sensitivity Questionnaire” containing information about the demographics and professional experiences of physicians and nurses were applied between April and June 2018. The data were collected by researchers working in eastern, western, and central Anatolia regions of Turkey in face-to-face meetings with physicians and nurses.

Sociodemographic Information Form: This form was prepared by researchers in line with the literature [8,20,21]. It consists of 8 questions investigating the age, clinical experience, gender, marital status, educational status, type of employed hospital, type of intensive care unit, and the status of ethics education.

The Inclination to Ethical Values Scale (IEVS): Ethical Values Scale was developed by İbrahim Kaya (2015), and it consists of 16 items. The items of the scale are concentrated on three factors: love, justice, and cooperation. The items on the scale are graded between 1 point (strongly disagree) and 5 points (strongly agree). The lowest and highest score to be obtained from the scale is between 16 and 80. The higher the score obtained from the scale means that the “Inclination to Ethical Values” is high. In the adaptation study of the scale to Turkey, the Cronbach’s alpha coefficient was reported as 0.90 [14].

The Cronbach’s alpha coefficient of the scale in this study was found to be 0.89.

The Moral Sensitivity Questionnaire (MSQ), designed by Lutzen, was used to determine ethical sensitivity. Tosun made the Turkish validity and reliability of MSQ in 2005. In the adaptation study of the scale to Turkey, the Cronbach’s alpha coefficient was reported as 0.84 [12].

However, the Cronbach’s alpha coefficient of the scale in this study was found to be .80. The scale consists of 30 items and six sub-dimensions (autonomy, benevolence, holistic approach, conflict, application, and orientation). Three items (items 3, 23, 26) were not included in any dimension. In the Likert-type scale scoring between 1 and 7, “1 point” means high sensitivity towards strongly agreeing, and “7 points” means low sensitivity towards strongly disagreeing. Low scores indicate high sensitivity in terms of ethics, while high scores indicate low sensitivity. The lowest score that could be obtained from the scale is 30 and the highest is 210 [12].

### Statistical analysis

SPSS 23.0 (Statistical Package for Social Science) was used to analyze the research data. Descriptive statistics of number, percentage, mean, minimum, maximum, and median were used to examine the participants’ demographics. The data are summarized as mean, standard deviation, median, and minimum-maximum values. Reliability levels of the scales for the studied group were evaluated with Cronbach’s alpha coefficient. A multiple regression-enter model was applied for deterministic analysis of the scales. Before the analysis, linearity, multicollinearity, normality, homoscedasticity, autocorrelation, variance inflation factor, and condition index assumptions were checked. Categorical variables were converted to dummy variables as stated below. Age and clinical experience are continuous variables.

The other variables are recoded as expressed in parenthesis:

- Gender (Female: 1; Male: 0),
- educational status (a) (High School: 0, Associate: 0 bachelor: 1, postgraduate: 0), educational status (b) (High School: 0, Associate: 0 bachelor: 0, postgraduate: 1),
- marital status (Married 1; Single 0),
- job title (Nurse: 1, physician 0),
- taking ethics course/seminar (Yes: 1; No: 0),
- type of intensive care unit (Internal Medicine: 0, Surgery: 0, General Care: 0, Pediatric/neonatal care: 1).

The values of  $p < 0.05$  were considered statistically significant.

## Ethical considerations

Written permission was obtained from the relevant University Scientific Research and Publication Ethics Boards Ethics Committee for data collection (Protocol No: 119-2018).

The necessary institutional permissions were also taken from the hospitals where the study was conducted. Before obtaining their verbal consent, the nurses and physicians in the research sample were informed about the purpose and subject of the study, and they were revealed that their participation was voluntary.

## RESULTS

The mean age of the participant health professionals is  $28.98 \pm 5.8$  years and the mean professional experience year is  $6.68 \pm 4.54$ . 89.0% of the participants are nurses, 73.0% are women, 54.0% are married, 52.7% have bachelor degrees, 34.2% are working in general care, 27.8% in internal medicine, 13.9% in surgery, and 24.1% in pediatric/neonatal intensive care. 67.9% of the participants attended or took an ethics course/seminar (Table 1).

**Table 1.** Sociodemographic and Professional Characteristics of the Participants

<b>Sociodemographic and Professional Characteristics</b>		
<b>Age</b>	Mean $\pm$ sd	28.98 $\pm$ 5.80
<b>Professional Experience</b>	Mean $\pm$ sd	6.68 $\pm$ 4.54
<b>Job</b>	<b>Number</b>	<b>%</b>
Physician	26	11.0
Nurse	211	89.0
<b>Gender</b>		
Female	173	73.0
Male	64	27.0
<b>Marital status</b>		
Married	128	54.0
Single	109	46.0
<b>Educational status</b>		
High School	61	25.7
Associate	22	9.3
Bachelor	125	52.7
Postgraduate	29	12.2
<b>Type of Hospital</b>		
University Hospital	232	97.9
Education and Research Hospital	5	2.1
<b>Type of Intensive Care Unit</b>		
Internal Medicine	66	27.8
Surgical	33	13.9
General Care	81	34.2
Child / Neonatal	57	24.1
<b>Taking Ethics Course/Seminar</b>		
Yes	161	67.9
No	76	32.1

The mean score of the MSQ is  $90.1 \pm 17.2$ , and it is seen that Cronbach's alpha coefficient for this scale is high (0.80). Besides, The mean score of the IEVS is  $71.48 \pm 10.02$  and there are quite high Cronbach's alpha coefficients for the Inclination to Ethical Values Scale (0.96-0.87) (Table 2).

In the pearson correlation test performed to examine the relationship between moral sensitivity and susceptibility to ethical values; A moderate negative correlation was found between moral sensitivity and inclination to ethical values ( $r = .762$ ,

$p = .04$ ). The determinants of the moral sensitivity questionnaire were evaluated by multiple regression analysis. Age, gender, educational status, professional experience, type of intensive care, and taking ethics course/seminar do not pose an important determinant. The MSQ score is determinant ( $R^2 = 0.09$ ) in decreasing the score of being low IEVS ( $\beta = 0.350$ ) and decreasing the score of being married ( $\beta = -0.170$ ), increasing the score of being a nurse ( $\beta = 0.207$ ) and (Table 3).

**Table 2.** Scores of Moral Sensitivity Questionnaire and Inclination to Ethical Values Scale

Scale	Mean (sd)	Median	(Lowest-Highest Value)	Cronbach's Alpha
<b>MSQ</b>				
Autonomy	19.0 (5.5)	19	(7-36)	0.65
Benevolence	12.6 (3.7)	13	(4-23)	0.37
Holistic Approach	12.4 (4.0)	12	(5-25)	0.45
Conflict	13.6 (3.5)	14	(4-21)	0.40
Application	12.2 (3.7)	12	(4-24)	0.55
Orientation	8.8 (3.6)	8	(4-25)	0.69
<b>Total</b>	90.1 (17.2)	87	(50-148)	0.80
<b>Inclination to Ethical Values</b>				
Love, respect	37.0 (5.3)	38	(9-40)	0.92
Justice, honesty	19.8 (3.5)	20.0	(6-29)	0.95
Cooperation	13.8 (2.0)	14	(3-15)	0.87
<b>Total</b>	71.48 (10.0)	68	(29-80)	0.96

**Table 3.** Determinants of Moral Sensitivity Questionnaire

Variables	Moral Sensitivity Questionnaire		
	$\beta$	t	p
Constant		.194	.052
Age	-.012	-.127	.899
Gender	-.009	-.128	.898
Educational status (postgraduate)	.147	1.845	.066
Educational status (bachelor)	.051	.595	.553
Marital status	-.170	-2.395	.017
Inclination to Ethical Values Scale	-.350	-2.998	.011
Job title	.207	2.625	.009
Professional experience	-.016	-.157	.876
Type of intensive care unit	-.046	-.707	.481
Taking ethics course/seminar	-.117	-1.756	.080
	<b>R square: 0.09</b>	<b>F=2.556</b>	<b>p: 0.008</b>

## DISCUSSION

Intensive care units are environments that have an important place in healthcare services due to the vital support they provide to critically ill patients and where ethical problems are frequently encountered [7,8]. Healthcare personnel working in these units are in a position to make the right decision in the face of these ethical problems and dilemmas [9,15,22].

The study, which was conducted to reveal the denominators that are effective in ethical decision-making in the culture in which we live, and to show how much we adhere to ethical values, is associated with the fact that the majority of participants in the study are nurses, with a large number of women and bachelor. The duration of clinical experience is thought to be an important factor in acquiring moral

sensitivity skills. In our study, the fact that more than half of the participants were young and their duration of clinical experience was short reflects that they may have difficulties in distinguishing the ethical problems they encounter and making the right decisions to solve them. Altaker et al. (2018) determined that intensive care nurses and physicians did not use a systematic decision-making process in solving the ethical problems they encountered and that the intensive care unit professionals applied to the hospital management to solve the ethical problem they faced [23]. Intensive care units are reported as clinical settings where ethical problems are common due to the special conditions of patients individuals [8,12,16]. In this study, it was found that the majority of the participants took an ethics course/seminar. Professional ethics is among the most important subjects that should be taught in determining the

minimum educational conditions of medicine and nursing programs in Turkey. This course aims to bring the physician and nurse to behave ethically and responsibly and to make ethical decisions in their professional life [8,16].

In this study, it was determined that the nurses in the research sample have high moral sensitivity levels. Similarly, it was found that they showed high ethical levels with the low scores they got in the sub-dimensions of MSQ. It was determined that the total mean score of the moral sensitivity questionnaire obtained from this research was higher than the mean score obtained as a result of some other research (95.26), and in other hand, it was found to be lower than the mean score of other studies (61.94) [15,24,25]. It is predicted that this may be because the studies were conducted in different clinics, sample groups, and regions. Studies conducted with physicians and nurses working in the outpatient clinic and service show that moral sensitivity is low. In this result, it is thought that health professionals working in the outpatient clinic and service are less likely to encounter cases with ethical problems [21,23,25].

In the literature, the importance of evaluating the inclination to ethical values of health professionals, who have important duties for human health, was emphasized [2,26]. It was found out that the participants in this study received well above mean scores on the IEVS and its sub-dimensions. In a limited number of studies on the subject, it was suggested that health professionals regard the values of truth, equality, freedom, human dignity, and justice as extremely important, in a way to support the result of this study [12,27,28]. It was also reported that health professionals with a low inclination to ethical values could not evaluate individuals in the holistic approach philosophy [10,11]. With the result obtained from this study, it can be asserted that health professionals provide treatment and care services within the framework of a holistic approach to patients. Today, when it is thought that the issue of ethics and values has lost its importance, it is thought that health professionals getting high scores on values such as love, respect, justice, and honesty are sensitive in terms of ethical values, and they internalized professional values, which is promising for the future of societies [14,20,29].

This study shows that age, gender, educational status, professional experience, type of intensive care, and taking ethics course/seminar are not important determinants on the participants' MSQ. Some studies pointed out that the relationship between gender, age, educational status, moral sensitivity, and ethical values among healthcare professionals was not clearly revealed [11,28,29]. It is

regarded as an expected situation that moral sensitivity and inclination to ethical values do not differ by gender, age, and educational level. The reason is that ethical values are universal, and professional values are based on personal values that are influenced by family, culture, environment, religion, and ethnic background [18,30,31]. Health professionals gain professional ethical values in the process of preparing and continuing professional life [11,24]. Additionally, the high level of ethical sensitivity in all age groups can be explained as the effect of globalization on the healthcare system and values. The finding that taking an ethics course/seminar is not a significant predictor is inconsistent with the results of some other studies, which indicates that education is especially a predictor of moral sensitivity [24,32,33]. In our study, the result of the ineffectiveness of the ethics course/seminar was thought to be caused by the fact that the content of the course/seminar probably consisted of theoretical topics containing general information and did not include practices related to ethical problems and solutions [23,33]. However, the education to be given on ethics should be organized in a way to include clinical ethics issues and practice as well as theoretical knowledge to qualify moral sensitivity. With the development of ethical values and moral sensitivity among nurses, it could be possible to increase the ethical decision-making process and the quality of patient care [4,12,32]. Besides, although it is believed that in-service training is necessary, it is observed that the level of effectiveness is not sufficient, the in-service training programs are performed primarily because of necessity, and the desired result cannot be achieved due to the reasons why health professionals cannot participate in these training programs voluntarily and on-demand [24,30]. In ethics education, it is important to develop ethical decision-making skills with case studies. It is recommended that it be among the subjects that should be included in bachelor education to achieve this objective.

It was found that the IEVS, marital status and job title variables were significant predictors of the participants' MSQ scores. The result of this study that there was a negative relationship between moral sensitivity and inclination to ethical values also confirms this finding. As in this study, it is stated that health professionals who are more inclined to ethical values have higher moral sensitivities [7,19,21]. The MSQ scores of the married were found to be approximately 1.70 times lower than those of singles. Thus, the married have higher moral sensitivity than singles. When the level of ethical sensitivity in terms of the marital status of nurses is examined, it is

concluded that although some studies in the literature obtained different results, the majority of studies conclude that the fact that nurses are married affects their moral sensitivity [6,32,34]. It is thought that the responsibilities imposed by the institution of marriage positively affect moral sensitivity.

According to the linear regression analysis, in this study, it was found that inclination to ethical values is a determinants of moral sensitivity of the health professionals working in the intensive care. Yeom et al. (2017) reported that ethic education has significantly improved the moral sensitivity of the nursing students [35]. On the other hand, Tuveson and Lutzen (2017) reported that moral sensitivity is an important aspect of ethical decision-making [36]. This aspects of our findings reflect the literature. Similar to the literature, in this study, there was a relationship between the ethical values and moral sensitivity.

The fact that the research was conducted at the central hospital in four different provinces in Turkey constitutes the limitation of this research.

## CONCLUSIONS

This study found out that the moral sensitivity of health professionals were at moderate level with and their inclination to ethical values were high. A inclination to ethical values affects moral sensitivity. As the inclination to ethical values increases, moral sensitivity also increases. Disseminating ethics education during the working process in the profession and continuously organizing these programs for employees in critical units such as intensive care, establishing ethical committees in institutions that still do not have ethical committees, informing employees about the scope and functions of ethical committees, and encouraging participation in these committees actively, and conducting research on ethical attitudes on multidisciplinary case studies are suggested to increase the inclination to ethical values. Moreover, it is recommended to conduct studies that test with larger sample groups and with different variables.

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## Conflicts of interest

No conflict of interest has been declared by the authors.

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