

Ethical sensitivity, job satisfaction and related factors of the nurses working in different areas

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ABSTRACT

Introduction: Defined as the ability to recognize an ethical problem, "ethical sensitivity" is closely related to nurses' professional experience and job satisfaction.

Purpose: To determine the ethical sensitivity, job satisfaction and related factors of nurses working in different areas.

Materials and methods: This research was a descriptive study. Participants were 160 nurses working at Samsun Ondokuz Mayıs University, Health Application and Research Center in Samsun, Turkey. The permission of institution and Medical Research Ethics Committee approval were obtained. After getting permission from the top management of hospitals, information about the study was given to nurses. Those willing to participate were informed that participation was voluntary and invited to give written consent before data collection. For data collection purposes, the

researchers used Personal Information Form, Ethical Sensitivity Questionnaire, and Minnesota Satisfaction Questionnaire.

Results: In our study 70.6% of the nurses stated that they chose the profession willingly, 48.8% had 1-5 years of professional experience, and 45% stated that they had ethical problems in their professional life. Total score of nurses in the ethical sensitivity and job satisfaction scales was found to be at moderate level. Job satisfaction of single nurses that were in the 40 and over age group that performing their duties willingly was found to be statistically significantly higher than other groups ($p < 0.05$).

Conclusion: There was no relationship between nurses' total score averages of job satisfaction and total score averages of ethical sensitivity.

Key words: nursing, ethical sensitivity, job satisfaction

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INTRODUCTION

Ethics is defined as a set of moral principles or values which regulate the behavior of an individual or an occupation. Ethics describes the values as morally good or bad or right or wrong by researching these values underlying the relationships between people and also presents the required moral values for science and technology not to damage the society [1]. That the development in science and technology revealed a variety of value problems increased the importance of ethics in the health field. Because the healthcare services are directly related to human life and health, it contributes to the shortening of healing process when the ones working in this field behave the individuals properly [2,3].

Ethical problems can occur in cases where decisions are made for professional action in health care. It is suggested that the nurses who are in communication with the patients constantly will face with ethical problems more often and realize a possible ethical problem more quickly. Ethical dilemma, one of the ethical problems, is caused by the choice between the two values in a case where a decision should be made during an action. Ethical dilemmas are the cases of which the correct answers are not known and there are no absolute rules that allow the solution of the dilemmas [4].

Ethical dilemma related stress is called as ethical stress. Ethics stress is defined as the distress experienced in a case that although a health worker knows what the correct action is to be done, it is impossible for him/her to do it because of the institutional barriers [1]. It is stated that nurses may develop ethical desensitization as a result of experiencing ethical stress repeatedly [5].

Ethical sensitivity is defined as the ability of the individual to know the ethical values of the situations about his/her health or to distinguish the ethical problem. Ethical sensitivity is the competence of the health workers to understand the individuals and the methods that they use to care for the individuals tenderly. The ethical sensitivity of the nurse requires her to determine the patient's needs and to interpret the patient's behaviors and statements. The nurses must be aware of the individuality of healthy/sick person and meet their physical and emotional needs accordingly which means they must fulfill their roles and responsibilities based on ethical values. It is difficult to make a choice and to determine which option is better when two values are in conflict. When the nurses have a high ethical sensitivity, they recognize ethical problems easily and decide correctly and that increases the quality of the care by contributing to professional development [6,7].

Job satisfaction is the harmony between what the individual expects from his institution and his work and what he gets [8]. The factors affecting

job satisfaction are divided into two groups as individual and organizational factors. Individual factors include socio demographic characteristics and career choice and the thoughts for the future related to the profession; the organizational factors include wages, promotion opportunities, working conditions, management style and the relationships with the managers and group interaction [9]. Ethical behavior in health care is associated with the job satisfaction of employees. Job satisfaction forms a basis for the workers to obey the ethical codes and present personal conscience by increasing individual pleasure taken from work, positive emotions and self confidence [10]. Individuals may use the ethical codes as a measure of value when they question their work or what they get from their work. In other words, individuals, by adopting the requirements of the profession, dignity, virtue, humanity as principles, can work to fulfill them [8]. Thus, both job satisfaction increases, and the inner peace is experienced as a result of fulfilling professional responsibilities.

The ethical problems affecting the quantity, quality and the cost of care and treatment are encountered more in health care environments day by day. Therefore, it is important to develop individual and institutional strategies to reduce ethical issues experienced by nurses. In this sense; the description of the ethical sensitivity level underlying the ethical problems and the affecting factors, the development of ethical sensitivity and awareness in workers with the systematic training and administrative support mechanisms, the identification of nurses' job satisfaction, are recommended as initiatives to reduce ethical problems [11]. There are numerous studies on the job satisfaction of nursing in our country. However, there is a limited number of studies investigating the ethical sensitivity, but the relationship between job satisfaction and ethical sensitivity has not been discussed in nursing researches [2,6,12-15].

This study is carried out to determine the nurses' ethical sensitivity, job satisfaction level and affecting factors, to examine the relationship between job satisfaction and ethical sensitivity.

MATERIALS AND METHODS

Design

It is a cross-sectional study of a descriptive and relation detecting type.

Population and sample

The universe of the study is the nurses working in Samsun Ondokuz Mayıs University Medical Faculty Hospital. The sample group is the nurses who agreed to participate in the study and had at least one year of clinical nursing experience. It is aimed to reach all of the nurses working in Internal Medicine, Surgery and Pediatrics services

of the hospital. 160 (48%) of 340 nurses working in Internal Medicine, Surgery and Pediatrics services were taken into the sample group. The nurses working in special units such as intensive care, surgery, dialysis, polyclinics were left out of the sample by considering that their ethical sensitivity and job satisfaction may differ from the other service workers for various reasons. Written consent of all the nurses who accepted to participate in the study was obtained.

Ethical considerations

The permission of institution and Medical Research Ethics Committee approval were obtained. After getting permission from the top management of hospitals, information about the study was given to nurses. Those willing to participate were informed that participation was voluntary and invited to give written consent before data collection.

Measures

Personal Information Form, Moral Sensitivity Questionnaire and Minnesota Job Satisfaction Scale were used to collect the data.

Personal Information Form: In this section, there are 20 questions to determine the age of the nurses, marital status, education level, career choice, years of service in the profession, work unit, the state of work unit selection voluntarily, day / night way of work, task status, satisfaction with the work unit and receiving training on ethics and the state of following broadcasts.

Moral Sensitivity Survey: The Turkish version of the scale developed by Lutzen (1994) was made by Tosun (2005). The scale consists of thirty seven-point-Likert-type statements. The scale has six sub dimensions as autonomy, benefit, holistic approach, conflict, application and orientation [8,22].

The expressions in the scales are scored as the statements I totally agree (1) and I totally disagree (7). The total score of the scale ranges from 30-210. High score indicates low ethical sensitivity and the low score indicates high ethical sensitivity. Cronbach alpha value was reported as 0.84 in Tosun's study, it was stated as 0.83 in Pekcan's study and 0.80 in Başak et al's. *Autonomy* which is one of the sub dimensions of the scale reflects the respect for the principle of autonomy and patient preferences, *benefit* reflects the actions to increase the benefit to the individual, *holistic approach* reflects the approaches which will not harm the patient and will protect the patient's integrity, *conflict* reflects an internal ethical conflict, *application* reflects taking ethical dimension into consideration when decide on the action and implementation, *orientation* reflects the

interests of the health workers for their actions which will affect their relationships with patients [6,7,16].

Minnesota Job Satisfaction Scale: The Turkish version of the scale developed by Weis, Dawis, England and Lofquist (1967) was made by Baycan (1985). The Minnesota Job Satisfaction Scale is a five-point Likert-type scale scored between 1-5. Minnesota Job Satisfaction Scale consists of 20 items which have the defining characteristics of the internal, external and general satisfaction levels. General satisfaction score is obtained by dividing the total score of 20 items by 20, internal satisfaction score is obtained by dividing the total score of the items 1,2,3,4, 7,8,9,10,11,15,16,20 which constitute the internal factors by 12, external satisfaction score is obtained by dividing the total score of the items 5,6,12, 13,14,17,18,19 which constitutes the external factors by 8. The scores of general satisfaction, internal satisfaction and external satisfaction are directly proportional to the degree of intrinsic satisfaction of the nurses. Inner satisfaction areas in the scale includes ; activity, addiction, mobility, social status, morals, security, social services, authority, the use of ability, responsibility, creativity and sense of accomplishment, external satisfaction areas; manager-control, manager-decision making, corporate policy, wage policy, promotion, working conditions, the team cohesion and being appreciated. Minnesota Job Satisfaction scores were evaluated as; 0-49 low, 50-69 moderate, 70- 100 high level of job satisfaction. Reliability parameters general job satisfaction was found as $\alpha.87$, internal satisfaction $\alpha.83$ and external satisfaction $\alpha.75$ [17].

Data Analysis

Data were analyzed by SPSS 13.0 program on computer. In data analysis; frequency, standard error, percentage, average, median, minimum and maximum values were used. Mann-Whitney U test was used to compare the average of two groups, Kruskal Wallis test was used to compare the average among more than two groups. Spearman correlation analysis was performed for relationship analysis, values less than 0.05 were considered significant.

RESULTS

49.4% of the nurses taken in the study were between 20- 29 years old, 55.6% was single and 58.8% was high school graduate. It was determined that 90% of the nurses worked as clinic nurses, 60%, worked in shifts, 48.8% had 1 to 5 year of professional experience, 70.6% chose the profession voluntarily and 83,8% worked with

pleasure. The units that the nurses had the longest working hours were 38.8% of surgery, 31.2% internal medicine and 30% of pediatrics clinics.

66.9% of nurses stated that the unit they were working then was not their choice (Table 1).

Table 1. Socio-demographic and occupational characteristics of nurses

Socio-demographic characteristics n %	
Age	
20-29 years old	79 (49.4)
30-39 years old	73 (45.6)
40 years old and above	8 (5)
Marital status	
Single	89 (55.6)
Married	71 (44.4)
Education	
High school	6 (3.7)
Undergraduate	55 (34.4)
Graduate	94 (58.8)
Postgraduate	5 (3.1)
The state of choosing the profession willingly	
Yes	113 (70.6)
No	47 (29.4)
Working hours	
Between 1- 5 years	78 (48.8)
Between 6- 10 years	38 (23.8)
10 years and above	44 (27.4)
Work unit	
Surgery	62 (38.8)
Internal medicine	50 (31.2)
Pediatrics	48 (30)
The state of working in the desired unit	
Yes	53 (33.1)
No	107 (66.9)
The way of work	
Constant day	25 (15.6)
Constant night	38 (23.8)
Day and night mixed	97 (60.6)
Task	
Clinic nurse	144 (90)
Nurse in charge	16 (10)
The state of being satisfied with the work unit	
Satisfied	134 (83.8)
Not satisfied	26 (16.2)

Ethical sensitivity: The average of the ethical sensitivity total score of the nurses taken in

the study was defined as 90.05 ± 2.3 (min = 30, max = 210 points), autonomy score as 20.01 ± 7.0 ,

conflict score as 12.97 ± 3.4 and holistic approach point as 12.15 ± 5.2 (Table 2).

Job satisfaction: The total score of job satisfaction of nurses was found as 66.63 ± 13.1 ($50 - 69 =$ moderate level of job satisfaction); internal

job satisfaction score as 41.83 ± 8.7 , and external job satisfaction score was found as 24.80 ± 5.5 (Table 2).

Table 2. Total and Subscale Scores of the Nurses' Ethics Awareness and Job Satisfaction

	Average \pm standard deviation	Min- Max.
Ethical sensitivity		
Autonomy	20.01 ± 7.0	7- 42
Utility supply	11.99 ± 4.9	4- 28
Holistic approach	12.15 ± 5.2	5-31
Conflict	12.97 ± 3.4	3- 21
Application	9.67 ± 6.2	4-56
Orientation	10.76 ± 3.1	3-19
Total ethical sensitivity	90.05 ± 2.3	30-120
Job satisfaction		
Internal job satisfaction	41.83 ± 8.7	12- 88
External job satisfaction	24.80 ± 5.5	8-39
Total job satisfaction	66.63 ± 13.1	27- 120

When the data were analyzed it was determined that 18.8% of the nurses who participated in the study received ethics courses in their vocational training, 3.8% of them followed a periodical about ethics, 52.5% of them were aware of the ethics committee of the institution they worked in, 45% of them had ethical issues in their

professional lives and 25% of them solved the ethical problems on their own (Table 3). A significant difference was not found between the nurses' ethical sensitivity score and their receiving ethics courses in vocational training, following a periodical, knowing the ethics committee of their institution, experiencing ethical problem and the way of solving it (Table 3).

Table 3. The nurses' ethical sensitivity scores according to the variables related to the ethics

The variables related with ethics		Ethical Sensitivity	
	n	Med (Min-Max)	P value
The state of receiving ethics courses			
The ones not received ethics courses	25	87(30-165)	*p=0.432
The ones received ethics courses	30	91(62-178)	
The ones received deontology courses	105	85(53-160)	
The state of following a periodical about ethics			
Yes	6	74(53-99)	-1.312
No	154	86(30-178)	**p=0.189
The state of knowing the ethics committee of the institution they work			
Know	41	91(54-178)	*p=0.068
Know but not know about function	43	86(53-120)	
Do not know	76	83(30-160)	
The state of encountering an ethical problem in work life			
Encountered	72	88(53-165)	-1.329
Have not encountered	88	82(30-178)	**p=0.184
The state of solving ethical problem faced			
Have not encountered	88	83(30-178)	*p=0.089
Solved on his own	40	84(53-165)	
Received help	23	91(68-123)	
Unable to solve	9	99(53-134)	

*KW: Kruskal Wallis test, **MWU:Mann Whitney U test

A significant difference was not found between the socio demographic characteristics of the nurses; age group, marital status and education level and professional characteristics; working time in the profession, the longest working unit, choosing the unit on his own, satisfaction with the unit, task status and type and ethical sensitivity scores (Table 4 and 5).

Ethical sensitivity scores of nurses who chose the profession willingly were significantly higher ($p < 0.05$; Table 5).

When the ethical sensitivity scores of the nurses were analyzed according to the longest working unit in the profession, it was found that there was no significant difference (Table 5).

The job satisfaction scores of the nurses in the study who were in the group of 40 years old and above, who were single and who chose the profession willingly were found higher ($p < 0.05$; Table 4).

Table 4. The nurses' ethical sensitivity and job satisfaction scores according to the socio-demographic characteristics

n	Ethical Sensitivity		Job Satisfaction	
	Med	P value	Med	P value
Age				
20-29 years old 79	87.15	3.990	81.82	10.673
30-39 years old 73	75.52	* $p=0.136$	73.69	** $p=0.005$
40 years old and above 8	60.31		123.63	
Marital status				
Single 89	87.92	2632.500	(84.16)	2833.000
Married 71	74.58	** $p=0.070$	(75.91)	** $p=0.262$
Education				
High school 6	60.50	1.861	78.90	4.466
Undergraduate 55	81.85	* $p=0.602$	82.64	* $p=0.215$
Graduat 94	80.96		80.77	
Postgraduate 5	61.20		37.60	

*KW: Kruskal Wallis test, **MWU:Mann Whitney U test

A significant difference was not found between the level of education of the nurses and job satisfaction score ($p > 0.05$; Table 4). A significant relationship was not found between job satisfaction scores and the longest working unit ($p > 0.05$; Table 5).

It was determined that the job satisfaction scores of the nurses who chose the working unit on their nurses in charge were found higher ($p < 0.05$; Table 5). A statistically significant relationship was not found between the nurses' working time in the profession and job satisfaction score ($p > 0.05$; Table 5).

The relationship between ethical sensitivity and job satisfaction: A negatively weak relationship was found between the average ethical sensitivity total score of the nurses and the average job satisfaction score, but the difference was not statistically significant ($r = -0.043$, $P = 0.595$).

When the relationships between job satisfaction and ethical sensitivity subscales were analyzed; a positively significant relationship was found between the ethical sensitivity of the holistic approach sub dimension and internal job satisfaction and between conflict sub dimension

and both internal and external job satisfaction <0.001 (Table 6).
 r=0.198 p <0.01; r = 0.311 p <0.001; r = 0.284; p

Table 5. The nurses’ ethical sensitivity and job satisfaction scores according to the professional characteristics

		Ethical Sensitivity		Job Satisfaction	
n		Med	P value	Med	P value
The state of choosing the profession willingly					
Yes	113	83.70	1954.500	83.90	1932.000
No	47	66.92	**p=0.038	66.41	**p=0.037
Working hours					
Between 1- 5 years	78	87.54	3.781	83.58	2.145
Between 6-10 years	38	76.64	*p=0.151	70.91	*p=0.342
10 years and above	44	71.35		83.33	
Work unit					
Surgery	62	80.73	0.157	72.85	1.117
Internal medicine	50	78.21	*p=0.925	83.24	*p=0.403
Pediatrics	48	81.53		83.55	
The state of working in the desired unit					
Yes	53	71.00	2107.000	92.83	1555.500
No	107	77.31	**p=0.421	68.54	**p=0.002
The way of work					
Constant day	25	85.78	0.895	78.17	9.954
Constant night	38	74.74	*p=0.639	107.08	*p=0.007
Day and night mixed	97	79.92		74.56	
Task					
Clinic nurse	144	81.55	857.000	77.01	649.500
Nurse in charge	16	65.13	**p=0.189	108.70	**p=0.011
The state of being satisfied with the work unit					
Satisfied	134	80.57	1330.000	80.71	1312.500
Not satisfied	26	69.83	**p=0.295	69.07	**p=0.256

*KW: Kruskal Wallis test, **MWU:Mann Whitney U test

Table 6. The relationship between ethical sensitivity and job satisfaction

Ethical Sensitivity	Job Satisfaction	
	r = -0.043, p = 0.595	
	Internal job satisfaction	External job satisfaction
Autonomy	r=-0,69 p=0,383	r=0,96 p=0,227
Utility supply	r=0,32 p=0,684	r=0,005 p=0,949
Holistic approach	r= 0,198* p= 0.012	r=0,149 p=0,060
Conflict	r= 0,311* p= 0,000	r= 0,284* p= 0,000
Application	r=0,55 p=0,487	r=0,042 p=0,601
Orientation	r=0,115 p=0,146	r=0,007 p=0,931
Total ethical sensitivity	r=0,053 p=0,509	r=0,017 p=0,834

DISCUSSION

Based on the literature acquired, it is seen that there are studies analyzing ethical sensitivity and job satisfaction separately in our country while

there are no studies analyzing the relationship between ethical sensitivity and job satisfaction.

This research differs from previous studies from this aspect. The relationship between job satisfaction and ethical sensitivity part of the discussion is dealt in the context of a limited

number of nursing research conducted abroad. [18,19].

Ethical sensitivity: Ethical sensitivity of the nurses was found moderate in our study. It was seen that similar results were found in the studies in our country that Aksu and Akyol's [2] and Kahraman, Engin and Dülgerler's [13] studies conducted to determine the level of nurses' ethical sensitivity. In Kılıç Akça, Şimşek and Kiper's [20] study conducted to the final year nursing students, the point averages of the students' ethical sensitivity was also found moderate. The responsibility for someone else's care and the impact of the care on the individual give ethical responsibility to the nursing profession. The level of ethical sensitivity of the nurses is expected to be high for them to be able to recognize ethical problems and make right decisions to solve them.

Although the ethical sensitivity was expected to be high with the nurses who took ethical courses in vocational training, had high level of education, followed periodicals and had an ethical committee in the institution they worked, our findings were not like that. Most of the nurses indicated that they did not receive any courses on ethics in vocational education though ethics was mentioned in Introduction to Nursing and Nursing History and Deontology courses in the undergraduate curriculum in nursing education. This makes us think the need to question the place of ethics in the course content in undergraduate education. Pekcan [7] also stated that there was not a statistically significant difference between the ethical sensitivity point average and the state of receiving ethical lessons. It was stated in Aksu and Akyol's [2] study that 61.1% of nurses did not receive any training on ethics, 65% received training on ethics during the vocational training. According to these findings, we can say that ethics training was received in the school years, time and content of it should be questioned and there is a need for training on the subject after graduation.

It was found that only choosing this profession willingly was effective in ethical sensitivity after analyzing whether socio demographic and occupational characteristics of the nurses affected ethical sensitivity. Pekcan [7] compared the overall ethical sensitivity scale and its subscales and the state of working with pleasure, and determined that those who worked with pleasure were more successful in the holistic approach. It was found also in Tosun's [16] study that the nurses who worked with pleasure were more successful in holistic and orientation. Considering the relationship between the ethical sensitivity and individual values it can be said that the development of individual values start in early ages, ethical sensitivity in the profession develop accordingly by choosing the profession in the light of these values.

In our study, there was no relationship between age groups, marital status and education level of the nurses and the ethical sensitivity levels. Elçigil et al. [1] stated that younger nurses suffered more ethical dilemmas and that there was not a relationship between educational level and type of duty and the ethical dilemmas score. Aksu and Akyol's [2] determined a significant relationship between marital status and total ethical sensitivity score and averages of all subgroup score.

It is expected that as their working time increases nurses will have experience and the ethical sensitivity will increase in proportion to their experience. In our study, a difference was not found between the working time in the profession and the ethical sensitivity scores. Beyazsaçlı and Bulut's [12] determined that as the working time in the profession increased the level of autonomy increased. Ersoy [21] found that the ethical sensitivity was affected positively as working time of nurses increased. Our finding is in conflict with the literature and it makes us consider that the ethical sensitivity did not increase because the exhaustion increased in the nurses with long period of time working.

When the effect of the study unit on ethical sensitivity was analyzed, it was identified in Pekcan's [7] study that the work unit had no effect on the ethical sensitivity whereas it was seen in Tosun's [16] study that the nurses working in intensive care unit experienced more conflict when compared to the nurses working in surgery. It was found in our study that the working unit did not affect the ethical sensitivity scores. It was considered that this finding was caused by not involving the ones working in the operating room and intensive care units in the sample.

Job satisfaction: The total score of job satisfaction of the nurses in our study was found moderate. General job satisfaction among nurses was moderate in Aslan and Akbayrak's [22] study; moderate among the nurses of emergency in Kavlu and Pınar's [23] study; low among the nurses working in health centers in Kilic et al's [24] study. When the sub-dimensions of job satisfaction were analyzed, the internal satisfaction score of the nurses appeared to be higher than the external satisfaction scores. It was determined in the studies that low job satisfaction of health care workers was centered more on external dimension [23,25]. In the study in which the job satisfaction of emergency service nurses was analyzed it was stated that internal satisfaction score average was higher than external satisfaction score average [23]. Accordingly, the nurses' internal satisfaction in other words the level of satisfaction connected with individual elements was higher than the satisfaction connected with environmental factors.

The job satisfaction score of the nurses who were over 40 years old and single was found

higher in our research. The job satisfaction of the nurses who were between 20-25 age group and single was found higher in Beyazsacılı and Bulut's study [12]. It was stated in Çam and Yıldırım's [8] study that the nurses' job satisfaction was affected by age and marital status. The job satisfaction of the nurses below 30 years old was found higher in Keskin and Yıldırım's [14] study. The reason why the job satisfaction of the married nurses was low can be their role of spouse and motherhood as well as the difficulty of working conditions.

It was found in Kahraman, Engin and Dülgerler's [13] study that as the level of education of the nurses increased their job satisfaction increased. Most of the studies put emphasis on the positive relationship between the job satisfaction and the educational level [8,25].

However, there are studies showing that as the level of education increases the job satisfaction decreases [17]. It was determined in our study that the nurses' level of education had no effect on their job satisfaction. That can be explained by the increasing expectations of the employees as the education level increases.

It was determined in this study that the nurses who chose the profession willingly had more job satisfaction. It was found in a study conducted to health workers that the job satisfaction of the ones who chose the profession willingly was higher than the ones who chose the profession due to family request and the easy employment opportunities [25]. It was emphasized in many studies that the state of the nurses' loving the job and finding the job appropriate for them affect the job satisfaction positively [9,12,13,26,27].

In our research, a difference was not found among the job satisfaction of the nurses working in pediatrics, internal medicine and surgical units ($p > 0.05$). In the studies which analyzes the effect of the working units job satisfaction it was seen that the job satisfaction of the nurses working in the surgical units was higher than those working in the internal medicine [8]. Although the surgical units were more stressful and intense, it was stated that the result of the care given to the patients could be seen perceptibly, more rapid changes of the patient than internal medicine units and that they did not have chronic patients increased the job satisfaction.

One of the findings of the study is that the job satisfaction of the nurses who chose their unit on their own was higher than the others. It was found in a study in which the job satisfaction of the nurses working in emergency department that the job satisfaction of the ones who wanted to work in the unit by themselves [23]. These results which demonstrate that giving the nurses the opportunity to choose their work unit will improve the job satisfaction are important indicators in the sense that they show that positive results can be achieved in job satisfaction with a little initiative.

It is known that the job satisfaction is connected with status and prestige. In our study. The job satisfaction of the nurses working in the daytime and as chief nurse was found higher in our study. It was stated in Dağ's [17] study that the job satisfaction of the head nurses was high whereas it was stated in Durmuş and Günay [9] that the task form and working at night did not affect the job satisfaction. The job satisfaction of head nurses was found higher in Kavlu and Pınar's [23] study. According to these results it can be said that the status affect the job satisfaction. That the job satisfaction of the head nurses was found high in most of the studies conducted in our country on this subject support our finding [6,7,21]. It can be argued that the nurses' job satisfaction identification, in the relationship between the status and the job satisfaction, was based on their professional position not directed to the people they serve.

The relationship between ethical sensitivity and job satisfaction: Ethical sensitivity requires the interpretation of verbal and non-verbal messages the patients show in their behavior and the caretakers' awareness to determine the patient's needs. The age, sex, ethnic origin, moral values, education, culture and religion of the person are the factors that may affect his/her ethical sensitivity towards the moral issues. Nursing focuses on the obligations to be sensitive and to care for the individual's physical and emotional needs. Therefore, ethical sensitivity and responsibility are of great importance for nurses who care for toward their own ethical values [28]. What a nurse should pay attention in a situation that requires ethical sensibilities are to create a humanistic environment, respect the patient's autonomy and be willing to provide quality care. Also, it is important for the nurses to rely on their own experience in situations where it is difficult to decide what is right ethically and be honest with the patients and difficult, it is important for nurses [19,29].

In the study, there was no significant correlation between the nurses' total scores of the job satisfaction and the total average score of ethical sensitivity. When the relationship between job satisfaction and ethical sensitivity subscales was analyzed; a positive correlation between internal job satisfaction and was found. The sub dimensions of the holistic approach of ethical sensitivity refers to the actions which will not harm the patient and protect his/her integrity. It involves knowing the patient enough, honesty, giving importance to the feedback of the patients and finding the professional role meaningful. Internal job satisfaction includes the factors such as responsibility, creativity and the sense of achievement. It is expected for the nurses who give importance to protect the integrity of the patients to have high level of job satisfaction. The high

intrinsic job satisfaction of nurses who take care to protect the integrity of the patient is to be expected. Caring with a holistic approach provides a sense of accomplishment due to the nurses' fulfilling their responsibility. This is important in the sense that the nurse declares that she finds her professional role significant.

Conflict is the behavior or the emotional state of a person when s/he encounters with undesirable situations and has difficulty for a result. The conflict sub dimensions of ethical sensitivity refer to the experience of an inner conflict; having conflict while caring involves difficulty in decision-making. In our study there was a significant positive relationship between the sub dimensions of conflict with internal and external job satisfaction. This relationship is an unexpected finding; it is expected that the job satisfaction decreases as the conflict experience of the nurses increases. In other words, the decrease in job satisfaction may increase the ethical conflict. Because, job dissatisfaction has negative influences such as slowing the job, lowering the productivity, as well as changing their values. Job dissatisfaction increases exhaustion, exhaustion affects professionalism negatively and makes one away from responsibility [30]. It is considered to develop problem-solving approach as a reason for how experiencing ethical conflict can increase job satisfaction. In Bégat I, Ellefsen and Severinsson's [18] study, a negative correlation between the sub dimension of conflict of the ethical sensitivity and total job satisfaction score was reported. Although that finding shows that as nurses experience ethical conflict the job satisfaction decreases, it contradicts our findings. In Bégat I, Ellefsen and Severinsson's [18] study it was determined that there was an increase in the job satisfaction's sub dimensions such as collegiality and communication though a reduction in demand as ethical sensitivity increased. In addition, it was determined that as autonomy one of the sub dimensions of ethical sensitivity increased the level of job satisfaction increased.

There is no a study which examined the relationship between job satisfaction and ethical sensitivity in our country. It is stated in the researches which were made with health care workers that especially nurses experience intense stress and that this situation results in the decrease in job satisfaction. [31,32]. Huang, You and Tsai's [33] stated that in institutions that ensure organizational commitment, ethical sensitivity and accordingly job satisfaction would increase. In Ulrich et al. [30] study in which they examined the ethical climate, ethical stress and job satisfaction of the nurses and social workers in the United States, it was emphasized that the job satisfaction was as an important determinant in the development of positive ethical climate.

Limitations of the study. That the research sample only includes the nurses working in the university hospital is the limitation of the study.

Implications for Nursing Practice. The duration and content of ethics should be increased in nursing students' vocational training, effective teaching methods should be implemented, ethical sensitivity should be taken into consideration during whole training, ethical sensitivity should be evaluated at the beginning and during the training. Ethical sensitivity should be included in continuing training programs after graduation and opportunities for nurses to follow ethical publications should be increased. When making appointments in the institutions request for the working area of the nurses should be considered, job satisfaction should be evaluated at regular intervals, and solutions should be proposed based on the reason for dissatisfaction.

CONCLUSIONS

It was found in our study that the total scores of job satisfaction and ethical sensitivity of the nurses was found moderate and the ethical sensitivity did not change according to socio-demographic characteristics, the job satisfaction of the nurses over forty years and single was higher, the job satisfaction scores of the nurses who chose the profession willingly was higher. It was determined that the job satisfaction scores of the nurses who preferred the work unit themselves, worked daytime and was responsible of the service was higher. There was no relationship between nurses' total score averages of job satisfaction and total score averages of ethical sensitivity.

Conflicts of interest

The authors declare that there is no conflict of interest.

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REFERENCES

1. Elçigil A, Bahar Z, Beşer A, Mirzak B, Bahçelioğlu D, Demirtaş D et al. Ethical Dilemmas which are Faced by Nurses. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*. 2011;14(2):52-160. (Turkish)
2. Aksu T, Akyol A. Investigation of the Moral Sensibility of Nurses in İzmir. *Türkiye Klinikleri Tıp Etiği, Hukuku, Tarihi Dergisi*. 2011;19(1):16-24. (Turkish)

3. Sorlie V, Kihlgren AL, Kihlgren M. Meeting ethical challenges in acute nursing care as narrated by registered nurses. *Nurs Ethics*. 2005 Mar;12(2):133-142.
4. Nouredine S. Development of the ethical dimension in nursing theory. *Int J Nurs Pract*. 2001 Feb;7:2-11.
5. Epstein EG, Hamric AB. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009 Winter;20(4):330-42.
6. Başak T, Uzun Ş, Arslan F. Investigation of the moral sensibility of intensive care nurse. *Güllhane Tıp Dergisi*. 2010;52(2):76-81. (Turkish)
7. Pekcan HS. Ethical sensitivity of the doctors and the nurses' who work in Yalova and around, Unpublished Master's Thesis, Marmara Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul, Turkey, 2007. (Turkish)
8. Çam O, Yıldırım S. Job Satisfaction in Nurses and Effective Factors: Review. *Türkiye Klinikleri Hemşirelik Bilimleri Dergisi* 2010; 2(1):64-70. (Turkish)
9. Durmuş S, Günay O. Factors affecting job satisfaction and anxiety levels in the nurses. *Erciyes Tıp Dergisi* 2007;29(2):139-46. (Turkish)
10. Ulrich CM, Soeken KL, Miller N. Ethical conflict associated with managed care: views of nurse practitioners. *Nurs Res*. 2003 May-Jun; 52:168-75.
11. Yıldırım D, Özden D, Karagözoğlu Ş. Moral distress: An issue not on the agenda in the field of health in Turkey. *Cumhuriyet Tıp Dergisi*. 2013;35(2):318-325. (Turkish)
12. Beyazsaçlı M, Bulut Serin N. The investigation of job satisfaction levels of the nurses serving in state hospitals (KKTC sample). *International Conference on New Trends in Education and Their Implications*. November 11-13, 2010. Antalya, Turkey: p.979- 86.
13. Kahraman G, Engin E, Dülgerler Ş. The Job Satisfaction Of Intensive Care Unit Nurses And Affecting Factors. *Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Dergisi*. 2011;4(1): 12-18. (Turkish)
14. Keskin G, Yıldırım GÖ. The evaluation of nurses' personel values and their job satisfaction. *Ege Üniversitesi Hemşirelik Yüksek Okulu Dergisi*. 2006;22:119-33. (Turkish)
15. Goldman A, Tabak N. Perception of ethical climate and its relationship to nurses' demographic characteristics and job satisfaction. *Nurs Ethics*. 2010 Mar;17(2):233-46.
16. Tosun H. Determining the sensitivity of the doctors and the nurses against ethical dilemmas experienced in health care practices, Unpublished PhD Thesis, İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul, Turkey, 2005. (Turkish)
17. Dağ D. The evaluation of the job satisfaction of the nurses working in Elazığ Fırat Medical Center, state hospital, SSK hospital and central health centers, Master's Thesis, Fırat Üniversitesi Sağlık Bilimleri Enstitüsü, Elazığ, Turkey, 2007. (Turkish)
18. Bégat I, Ellefsen B, Severinsson E. Nurses' satisfaction with their work environment and the outcomes of clinical nursing supervision on nurses' experiences of well-being a Norwegian study. *J Nurs Manag*. 2005 May;13(3):221-30.
19. Jaafarpour M, Khani A. Evaluation of the nurses' job satisfaction, and its association with their moral sensitivities and well-being. *J Clin Diagn Res*. 2012 Dec;6(10):1761-4.
20. Kılıç Akça N, Şimşek N, Kiper S. Ethical sensitivity of the senior nursing students, 2012. http://kongre.nigde.edu.tr/mdek/dosyalar/mdek_bildiri_kitabi.pdf. Erişim Tarihi: [cited 2013 Nov 2].
21. Ersoy N. Ethics in oncology nursing. *Türk Onkoloji Dergisi*. 2009;24(4):191-7. (Turkish)
22. Aslan Ö, Akbayrak N. Job satisfaction among nurses. *Modern Hastane Yönetimi*. 2002;6(2): 29-35. (Turkish)
23. Kavlu İ, Pınar R. Effects of Job Satisfaction and Burnout on Quality of Life in Nurses Who Work in Emergency Services. *Türkiye Klinikleri*. 2009;29(6):1543-55. (Turkish)
24. Kılıç B, Ergör A, Gürpınar B, Demiray Y. Job satisfaction among primary health center health workers, *Sağlık ve Toplum*. 2004;14(2):12-21. (Turkish)
25. Derin N. The level of job satisfaction of the health staff working in state hospitals and the affecting factors. Master's Thesis. Osmangazi Üniversitesi Sağlık Bilimleri Enstitüsü, Eskişehir, Turkey, 2007. (Turkish)
26. Horton K, Tschudin V, Forget A. The value of nursing: a literature review. *Nurs Ethics*. 2007 Nov;14(6):716-40.
27. Oflezer C, Ateş M, Bektaş G, İrban A. Job satisfaction level and factors affecting job satisfaction among workers in a state hospital. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*. 2011;2(4):203-14. (Turkish)
28. Schluter J, Winch S, Holzhauser K, Henderson A. Nurses' moral sensitivity and hospital ethical climate: A literature review. *Nurs Ethics*. 2008 May;15(3):301-21.
29. Yıldırım A, Hacıhasanoğlu R. Quality of Life and Effective Variables Among Health Care Professionals, *Psikiyatri Hemşireliği Dergisi*. 2011;2(2):61-8. (Turkish)
30. Ulrich C, O'Donnell P, Taylor C, Farrar A, Danis M, Grady C. Ethical climate, ethics stress, and the job satisfaction of nurses and social

- workers in the united states. *Soc Sci Med.* 2007Jul;65:1708–19.
31. Elpern EH, Covert B, Kleinpell R. Moral distress of staff nurses in a medical intensive care unit. *Am J Critical Care.* 2005 Nov;14(6): 523-30.
 32. Özden D, Karagözoğlu Ş, Yıldırım G. Intensive care nurses' perception of futility: Job satisfaction and burnout dimensions. *Nurs Ethics.* 2013 Jun;20(4):436-47. (Turkish)
 33. Huang C, You CS, Tsai MT. A multi-dimensional analysis of ethical climate, job satisfaction, organizational commitment, and organizational citizenship behaviors. *Nursing Ethics.* 2012 Jul;19(4):513–29.