
Extended Abstract

Nurses' Ethical Sensitivity: Research on Central Public Hospitals in Sivas Province

Berrin Filizöz^a

Ayşegül Aşçı^c

Gülsüm Mesci^b

Esmâ Bağcıvan^d

Abstract

While health is an indispensable subject that is of vital importance to every human, getting fair and easily accessible health care is a basic human right. Nurses are one of the pillars of health care as they are in constant one-on-one communication with patients. Nursing is a job oriented towards planning, implementing, and developing patient care. Nurses are confronted with many ethical problems while this care is being provided. Each nurse's view and solution to an event may be different in the face of ethical problems. An important factor causing this condition is a nurse's level of ethical sensitivity. This level must be high in order to recognize ethical problems and make correct decisions. Therefore, an examination of nurses' ethical sensitivity and identification of the different variables affecting this are extremely important. In this context, the current study which aims to determine nurses' level of ethical sensitivity is crucial for drawing attention to this subject. The population of the research, which was planned as a cross-sectional descriptive study, was comprised of 650 nurses on duty at Sivas State Hospital and Sivas Specimen Hospital, a public hospital. The study was conducted with 300 nurses who agreed to participate in the research scheduled to occur between the 3rd and 30th of June, 2013. Before starting the study, a preliminary implementation was performed with 10 nurses. As a result of the implementation, no changes were made to the data collection form and the data that was obtained was included with the rest of the survey. The data collection form was distributed to the nurses by the researchers. Ten days were given to fill it out, and at the end of this period it was collected by the researchers. The survey form consisted of questions from Lützen's ethical sensitivity scale, with 10 questions on socio-demographics and the work life of nurses. The ethical sensitivity of the nurses who participated in the study was found to be at an intermediate level via the question form which was comprised of six dimensions.

Keywords: Ethics • Ethics in Nursing • Ethical Sensitivity in Nursing

a Correspondence

Assoc. Prof. Berrin Filizöz (PhD), Department of Business, Faculty of Economics and Administrative Sciences, Cumhuriyet University, Sivas 58140 Turkey • Email: bfilizoz@hotmail.com

b Gülsüm Mesci, Department of Business, Faculty of Economics and Administrative Sciences, Cumhuriyet University
Email: gulsum86mesci@outlook.com

c Ayşegül Aşçı, Department of Business, Faculty of Economics and Administrative Sciences, Cumhuriyet University
Email: aasci58@hotmail.com

d Esmâ Bağcıvan, Department of Business, Faculty of Economics and Administrative Sciences, Cumhuriyet University
Email: berrayagmur2011@hotmail.com

Ethics is a history and a comprehensive term. Ethics, developed as a branch of philosophy, is a systematic thought activity that assesses good and bad regarding a person's actions. It is a philosophy of values in its most general and brief description (Çobanoğlu, 2004). Ethics is also used in conjunction with the criteria and proper behaviors related to the professional principles expected from members of a group. For example, nurses are expected to keep certain standards of ethical behavior in mind while performing their jobs (Fry, 2005).

Health professions provide a service that offers "special features." Health has been specified as a basic human right in article 25 of the Universal Declaration of Human Rights in the World Health Organization's (WHO) constitution, which emphasizes that it is the obligation of governments to take adequate health and social measures for the health of their citizens (Dinç, 2009, pp. 113–119). Medical ethics, a professional ethics group, is interested in what health professionals, as far as medical affairs, must do in the name of good behavior and what they must refrain from. Thematically speaking, it covers abstract thinking and reasoning, as well as events complying with specified rules (Kadioğlu & Yıldırım, 2007, pp. 7–12). Health care workers come across people of different religions, languages, races, cultures, genders, and ethnicity in their work environment, and these days they are taking on more responsibility to make decisions that will affect individuals' quality of life. The underlying philosophy of the concept of medical ethics is to fulfill these responsibilities according to standards of professional conduct. Therefore, it has become necessary to take a closer look at ethical principles that guide health care workers to make decisions ethically (Avcı, 2007).

Nursing is a health discipline that is responsible for the training of health professionals who will fulfill planning, organization, implementation, and evaluation of services in order to improve, develop, and protect the health of the individual, family, and community in the event of illness. There is a value and respect for human beings inherent to nursing. The nursing profession serves the individual, family, and community in sickness and in health. Nurses, in order to provide this service, must have responsibility and decision-making skills, good organizational ability, and common values and beliefs; they must

care about their profession, having received a good education and providing a sense of relief. The concept of ethics comes into prominence particularly in line with these characteristics of the nursing profession. Nurses need ethical principles and professional values on a number of bases, primarily while providing services to healthy or sick individuals, while defending behaviors and attitudes, while explaining their rationale, and while deciding when faced with ethical dilemmas (Pehlivan, 2002). Ethical principles are a specific guide for making decisions in accordance with morality (Savaşkan, 2006).

For nurses, ethical sensitivity is the ability to identify ethical issues in order to make proper decisions on the topic of recognizing ethical problems and the ability to resolve them. A nurse's ethical sensitivities must be developed in order to make correct decisions and identify ethical problems. Ethical sensitivity, which is defined as the ability to identify an ethical issue, is to be aware of the ethical values concerning the condition(s) related to a person's health (Pekcan, 2007).

Ethical problems frequently encountered by nurses are listed as: different approaches to the care and treatment of patients by institutions and other members of the team, protecting patients' rights, patient care during the terminal stage, obtaining informed consent, the allocation of limited resources, and unethical behavior from colleagues (Pekcan, 2007). Nurses who are faced with ethical dilemmas during their practice have the responsibility to produce solutions under the guidance of universal principles of ethics (Tosun, 2005).

Purpose of the Research

Nurses are faced with many ethical questions in health care provision and they need to develop proposed solutions to problems. The ability of nurses to demonstrate ethical sensitivity, the ability to distinguish between right and wrong related to their occupation, is extremely important during the development phase of solution proposals. The current study, conducted in this context, aims at examining the ethical sensitivities of nurses working at public hospitals in Sivas city central.

The Importance of Research

Nurses' ethical sensibilities, defined as the ability to “distinguish ethical issues,” needs to be developed in order to make proper decisions related to recognizing ethical problems and being able to resolve them. For these reasons, examining the ethical sensitivity of nurses and determining the different variables that affect their ethical sensibilities is considered to be important and needs to be done in large study groups.

Materials and Methods

The population of this study, which was planned as a cross-sectional descriptive study, consisted of 650 nurses working at Sivas State Hospital and Sivas Specimen Hospital, one of the central public hospitals of Sivas. The study was carried out from June 3rd to the 30th, 2013 with 300 nurses who had voluntarily agreed to participate in the survey. Before starting the study, a preliminary implementation was made with 10 nurses. As per the results from the implementation, no changes were made to the data collection form and the data that had been obtained was included in the data from the survey. The data collection form was distributed to the nurses by the researchers. Ten days were allowed for filling it out, and at the end of this period it was collected by the researchers.

The data collection form consisted of questions from Lützen's ethical sensitivity scale, with 10 questions about socio-demographics and the nurses' work life. The ethical sensitivity scale was developed by K. Lützen in 1994 in Stockholm, Sweden, and adapted into Turkish by Hale Tosun in 2005. The expressions in this survey used a seven-point Likert-type scale consisting of thirty expressions which were scored between 1 (totally agree) and 7 (strongly disagree). The score 1 inferred high sensitivity while a score of 7 inferred low sensitivity; the total scores for this scale could vary between 30 and 210. A higher total score showed “low sensitivity,” while a lower score showed “high sensitivity,” ethically speaking. The survey had six dimensions, being *autonomy*, which reflects respect for the patient's choice and the principle of autonomy; *providing benefits*, which reflects actions that improve patient utility; *holistic approach*,

which expresses actions that both protect the patient's integrity and cause no harm to the patient; *conflict*, which reflects the experience of an inherent ethical conflict; *implementation*, which shows ethical dimensional thought when implementing or deciding upon an action; and *orientation*, which reflects the health care professional's concern about their actions that can affect the relationship with the patient (Lützen, Johansson, & Nordström, 2000, p. 7, 520–530; Tosun, 2005). Cronbach's alpha coefficient of reliability for the scale was reported as .84 (Tosun, 2005). This value was found to be .83 in Pekcan's study (2007) and found to be .80 in the study by Başak, Uzun, and Arslan (2010). Comparisons were made for data on the computer using the package program SPSS 18.0 for Windows. Descriptive statistics (frequencies, averages, minimum and maximum values, standard deviations) were compared using one-way variance analysis (ANOVA) and the *t*-test.

Findings

Of the 430 survey forms that were distributed, 300 were returned completed, which corresponds to 70% of the universe. Reliability testing was carried out on all obtained data during the first stage and Cronbach's alpha coefficient was found to be .884, which is considered to be within acceptable values. Although it is difficult to determine the exact meaning of validity in research, taking into account the view "the upper limit that can be reached for validity is the square root of the coefficient for reliability," (Karasar, 2005), validity was determined to be .96. Afterwards, data related to the topic of demographics was analyzed using percentage and frequency analysis. The results for this study are collectively presented in Table 1.

When Table 1 is observed, women were seen to be in the majority at 81.7%. Of those surveyed, 46% were in the 25-34 age range, 45.3% of them were university graduates, 73.7% of them were married, and 77% of them worked at Sivas Specimen Hospital. Of the nurses surveyed in the hospital, 35.7% had been there for 1-5 years, 37.3% of them worked in internal medicine, and 67.7% of them worked as clinical nurses. Regarding ethics and ethics training, 64% were found

to have an interest in ethical issues, 71% had received ethics training, and 69% of those who had received training had received it while they were in school.

Table 1

Results Related to Demographics (N = 300)

Demographic Factors		F	%
Gender	Female	245	81.7
	Male	55	18.3
	Total	300	100
Age	18- 24 years old	34	11.3
	25- 34 years old	138	46.0
	35- 44 years old	99	33.0
	45- 54 years old	26	8.7
	55- 64 years old	3	1
	Total	300	100
Education Level	High School	40	13.3
	Associate Degree	107	35.7
	Completing Bachelor's	17	5.7
	Bachelor's Degree	127	42.3
	Postgraduate	9	3.0
Total	300	100	
Marital Status	Married	221	73.7
	Single	79	26.3
	Total	300	100
Hospital of Employment	Sivas Specimen Hospital	231	77.0
	Sivas State Hospital	69	23.0
	Total	300	100
Work Experience	0-1 Year	69	23
	1-5 Years	107	35.7
	6-10 Years	54	18
	11-15 Years	29	9.7
	16+ Years	41	13.6
	Total	300	100
Department	Internal Medicine	112	37.3
	Surgery	58	19.3
	Intensive Care	24	8
	Administration	7	2.3
	Other	99	33.0
Total	300	100	
Employment Position	Clinical Nurse	203	67.7
	Nurse Manager	27	9.0
	Other	70	23.3
	Total	300	100
Ethics Knowledge	Yes	192	64
	No	96	32
	Partial	12	4
	Total	300	100
Ethics Training	Yes	213	71
	No	87	29
	Total	300	100
Time of Training	During school	147	69
	Within the profession	66	31
	Total	213	100

Table 2

Average Scores from the Ethical Sensitivity Scale for the Entire Group

Ethical Sensitivity Questionnaire and Subdimensions	The Entire Group (N = 300)
Autonomy	3.2 ± 1.1
Providing Benefits	3.3 ± 1.1
Holistic Approach	2.9 ± 1.2
Conflict	4.4 ± 1.1
Implementation	3.5 ± 1.1
Orientation	2.8 ± 1.4

In Table 2, the average score received on the nurses' ethical sensitivity scale was found to be 3.8±1.3. The average scores for the subdimensions were found to be 3.2±1.1 for autonomy, 3.3±1.1 for providing benefits, 2.9±1.2 for holistic approach, 4.4±1.1 for conflict, 3.5±1.1 for implementation, and 2.8±1.4 for orientation.

Table 3
Nurses' Ethical Sensitivity Scores According to Education Level

Ethical Sensitivity Questionnaire and Subdimensions	High School (n = 40)	Assoc. Degree (n = 107)	Completing Bachelors (n = 17)	Graduate (n = 127)	Post-Grad (n = 9)	p	Total
Autonomy	3.5±1.5	3.3±1.2	3.4±1.2	3.5±1.1	3.2±0.8	.05	3.4±1.2
Providing Benefits	3.5±1.6	4.2±1.8	4.2±0.9	4.0±1.6	2.6±1.2	.01	4.0±1.6
Holistic Approach	4.1±1.5	4.1±1.3	4.3±0.9	4.4±1.2	4.7±1.6	.50	4.3±1.3
Conflict	4.1±1.6	1.6±1.3	4.1±1.4	1.6±1.4	4.1±1.0	.01	4.4±1.5
Implementation	4.0±1.5	4.0±1.3	4.0±0.8	4.0±1.2	4.0±1.4	.70	3.9±1.2
Orientation	2.9±1.4	2.8±1.2	3.2±1.4	2.5±1.2	2.4±1.4	.20	2.7±1.3

Based on the research, significant differences were detected with nurses' total scores for ethical sensitivity according to education level ($p < .05$). According to groups, significant differences were found in average scores for the subdimensions of providing benefits (4.0±1.6) and for conflict (4.4±1.5). The average score for the subdimension of orientation was found to be lower compared to the other subdimensions.

Table 4
Ethical Sensitivity Scores According to Nurses' Hospital of Employment

Ethical Sensitivity Questionnaire and Subdimensions	Sivas Specimen Hospital (n = 231)	Sivas State Hospital (n = 69)	p
Autonomy	3.4±1.2	3.4±1.0	.400
Providing Benefits	4.0±1.6	4.0±1.8	.100
Holistic Approach	4.3±1.3	4.3±1.4	.400
Conflict	5.0±1.4	5.0±1.4	.300
Implementation	4.0±1.2	3.5±1.4	.010
Orientation	2.8±1.3	2.3±0.9	.007

When looking at the scores for ethical sensibility according to hospital where nurses work, significant differences were identified for the subdimensions of orientation and implementation ($p < .05$).

Discussion and Results

Ethical issues are complex issues found in moral judgment which can be defined as the need to make an absolute choice, right or wrong, without straightforward or precise answers, often leaving people in a quandary. For this reason, all health workers are in need of guidance and support regarding the appropriate approach towards solving ethical issues (Öztürk, Hintistan, Kasım, & Candaş, 2009, pp. 77–84). In this study, the average score for the subdimension of conflict was determined to be high at 4.4 ± 1.1 (see Table 2). When considering the content of the subdimension of conflict, nurses were forced to decide what the ethically correct action was and this suggests nurses often experience conflict on the topic of how they should approach the patient. Ethical dilemmas were observed to occur, which suggests education and experience with ethics is inadequate. Of the 71% of participants who were found to have received ethics education, 69% had received it while in school, and 31% in their professional life. The content of educational topics formed from theoretical subjects that don't include implementation often cause distress in determining the issue, and difficulty in making decisions. Başak et al. (2010), in their study determining the ethical sensitivities of intensive care nurses, reported that 51.7% of nurses had received ethics training after graduation. Technological and political developments that have taken place in recent years also affect the health care system, and one of the changes for health care system providers is the role and function of nurses. In particular, many preventative services from among the therapeutic services rise to the forefront; this requires focusing away from the sick individual towards the healthy individual and their family. This situation also affects the duties and responsibilities of nurses (Dinç, 2009, pp. 113–119), leading them to be confronted with dilemmas. Additionally, scientific activities which have recently gained momentum ensure that members of the nursing profession are constantly improving themselves, open to innovation,

intellectual, investigative, and responsible; it ensures they gain characteristics as superior as leadership and social communication. In this way nurses advance on the road to professional nursing (Ünsar, Akgün Kostak, Kurt, & Erol, 2011, pp. 2–6) and are able to decide more easily about the conflicts they face. On the issue of increasing in-service trainings, renewing the content of continued education in parallel with resultant developments shows that one needs to be mindful in the sense that it will guide employees.

The nurses constituting the study sample were mostly seen to be in the young age group (46% between the ages of 25–34) and their work experience was between 1-5 years (35.7%). Başak et al. (2010) reported in their study investigating intensive care nurses' ethical sensitivities that 67.8% of the nurses were in the 20-29 age range while 37.8% of them had between 1–5 years of professional experience.

In other studies related to intensive care nurses in Turkey, the average age has also been reported as being young (Aytaç, Naharcı, & Öztunç, 2008; Çelen et al., 2007; Göz & Şalk Gürelli, 2007). These findings are similar to the results of this study and it is worth noting that nurses in intensive care units are employed at a young age. In this study, the nurses generally represented in the young age group were thought to have come from a different province for various reasons.

When looking at hospitals in this study, significant differences were found with the subdimensions of orientation and application. The study participants from Sivas Specimen Hospital were determined to have higher average scores compared to Sivas State Hospital for the subdimensions of application (4.0 ± 2) and orientation (2.8 ± 1.3). In this case, the participant nurse group that worked at Sivas Specimen Hospital in some provinces, being higher in number and the general structure of the hospital being more open to an innovative approach, allowed them to be more assessable.

Nurses were observed in this study to be in the middle level of ethical sensitivity (3.8 ± 1.3). In other studies in Izmir also conducted across a sample of nurses, nurses were reported to be at an intermediate level of ethical sensitivity (Aksu & Akyol, 2011). When the literature is reviewed, Başak et al. (2010) identified the

ethical sensitivity of intensive care nurses to be in the middle level (97.66 ± 18.38). Intensive care nurses work in an environment with greater workloads and stress. This condition may adversely affect the ethical sensitivity of nurses working in intensive care units (Barutçu & Serinkan, 2008): emergency and intensive care nurses' workloads are greater; because of the length of their shifts, it is more emotionally exhausting and desensitizing; this situation has been indicated to reduce the problem-solving skills of nurses.

As a result, the problem experienced on the topic of ethics is an abstract issue better understood through in-service trainings and planned trainings on applications that are organized in a useful format. Considering that the ethical sensitivity of other members affects the entire team, performing comprehensive studies which address different variables is recommended.

Kaynakça/References

- Aksu, T. ve Akyol, A. (2011). İzmir'deki hemşirelerin etik duyarlılıklarının incelenmesi. *Türkiye Klinikleri*, 19(1), 16–24.
- Avcı, K. (2007). *Pedriatri alanında hemşirelerin etik sorunların çözümüne yönelik yaklaşımlarının incelenmesi* (Yüksek lisans tezi, Hacettepe Üniversitesi, Sağlık Bilimleri Enstitüsü, Ankara). https://tez.yok.gov.tr/UlusalTezMerkezi/adresinden_edinilmiştir.
- Aytaç, N., Naharcı, H. ve Öztunç, G. (2008). Adana'da eğitim araştırma hastanelerinin yoğun bakım hemşirelerinde hastane enfeksiyonları bilgi düzeyi. *Adnan Menderes Üniversitesi Tıp Fakültesi Dergisi*, 9(3), 9–15.
- Barutçu, E. ve Serinkan, C. (2008). Günümüzün önemli sorunlarından olan tükenmişlik sendromu ve Denizli'de yapılan bir araştırma. *Ege Akademik Bakış*, 8(2), 541–561.
- Başak, T., Uzun, Ş. ve Arslan, F. (2010). Yoğun bakım hemşirelerinin etik duyarlılıklarının incelenmesi. *Gülhane Tıp Dergisi*, 52, 76–81.
- Çelen, Ö., Karaalp, T., Kaya, S., Demir, C., Teke1, A. ve Akdeniz, A. (2007). Gülhane Askeri Tıp Fakültesi Eğitim Hastanesi yoğun bakım ünitelerinde görev yapan hemşirelerin uygulanan hizmet içi eğitim programlarından beklentileri ve bu programlar ile ilgili düşünceleri. *Gülhane Tıp Dergisi*, 49(1), 25–31.
- Çobanoğlu, N. (2004). *Bilim politikalarının yayın etiğine yansımaları*. Ankara: Sağlık Bilimlerinde Sürekli Yayıncılık.
- Dinç, L. (2009). Hemşirelik hizmetlerinde etik yükümlülükler. *Hacettepe Tıp Dergisi*, 40, 113–119.
- Fry, S. T. (2005). *Hemşirelik uygulamalarında etik* (çev. B. Beyhan, 2. basım). Erzurum: Bakanlar Media.
- Göz, F. ve Güreli Şalk, Ş. (2007). Yoğun bakım hemşirelerinin organ bağışı ile ilgili düşünceleri. *Fırat Sağlık Hizmetleri Dergisi*, 5(2), 77–88.
- Kadioğlu, S. ve Yıldırım, G. (2007). Etik ve tıp etiği temel kavramları. *Cumhuriyet Üniversitesi Tıp Fakültesi Dergisi*, 29(2), 7–12,
- Karasar, N. (2005). *Bilimsel araştırma yöntemi*. Ankara: Nobel Yayın Dağıtım.
- Lützen, K., Johansson, A., & Nordström, G. (2000). Moral sensitivity: Some differences between nurses and physicians. *Nursing Ethics*, 7, 520–530.
- Öztürk, H., Hintistan, S., Kasım, S. ve Candaş, B. (2009). Yoğun bakım ünitelerinde hekim ve hemşirelerin etik duyarlılığı. *Yoğun Bakım Hemşireliği Dergisi*, 13(2), 77–84.
- Pehlivan, İ. (2002). *Yönetmel, mesleki ve örgütsel etik* (2. basım). Ankara: Pegem.
- Pekcan, H. S. (2007). *Yalova ili ve çevresinde görev yapan hekimlerin ve hemşirelerin etik duyarlılıkları* (Yüksek lisans tezi, Marmara Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul). https://tez.yok.gov.tr/UlusalTezMerkezi/adresinden_edinilmiştir.
- Savaşkan, F. (2006). *KKTC'deki yataklı tedavi kurumlarında çalışan hemşire ve hekimlerin hasta haklarına duyarlılığının belirlenmesi* (Yüksek lisans tezi, İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul). https://tez.yok.gov.tr/UlusalTezMerkezi/adresinden_edinilmiştir.
- Tosun, H. (2005). *Sağlık uygulamalarında deneyimlenen etik ikilemlere karşı hekim ve hemşirelerin duyarlılıklarının belirlenmesi* (Doktora tezi, İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul). https://tez.yok.gov.tr/UlusalTezMerkezi/adresinden_edinilmiştir.
- Ünsar, S., Akgün Kostak, M., Kurt, S. ve Erol, Ö. (2011). Hemşirelerin kendini gerçekleştirme düzeyleri ve etkileyen etmenler. *Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi*, 4(1), 2–6.