

## MORAL SENSITIVITY AND RELATED FACTORS: THE PERCEPTION OF NURSES

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**ABSTRACT:** This study aimed to investigate nurses' perception regarding moral sensitivity and factors related to it. It is a qualitative study, with data collected in focus groups and analyzed using the technique of content analysis, in March 2016. A total of six nurses participated, from the following areas of work – palliative care, hematology, urgent care, the intensive care unit, and lecturing – from the city of Valencia in Spain. Four categories were surmised: the concept of moral sensitivity; the professional dimension; the relationship with the patient; and ethical education. The nurses investigated presented a restricted view of the concept of moral sensitivity, although they identified factors which influence moral sensitivity.

**DESCRIPTORS:** Moral development; Ethics, nursing; Morals; Nursing.

### SENSIBILIDADE MORAL E FATORES RELACIONADOS: PERCEÇÃO DE ENFERMEIROS

**RESUMO:** Objetivou-se conhecer a percepção de enfermeiros acerca da sensibilidade moral e seus fatores relacionados. Pesquisa qualitativa, com dados coletados em grupo focal e analisado pela técnica de análise de conteúdo, em março de 2016. Participaram seis enfermeiros das seguintes áreas de atuação - cuidados paliativos, hematologia, urgência, unidade de tratamento intensivo e docente - da cidade de Valência, Espanha. Depreenderam-se quatro categorias: o conceito de sensibilidade moral; a dimensão profissional; a relação com o paciente; e a educação ética. Os enfermeiros investigados apresentaram visão restrita do conceito de sensibilidade moral, porém identificaram fatores que influenciam a sensibilidade moral. Observou-se a percepção deles em relação à necessidade de ampliação e desenvolvimento dos processos formativos em ética, ainda durante a graduação e nos próprios serviços de saúde, com vistas ao aprimoramento dos cuidados de enfermagem.

**DESCRIPTORIOS:** Desenvolvimento moral; Ética de enfermagem; Moral; Enfermagem.

### SENSIBILIDAD MORAL Y FACTORES ASOCIADOS: PERCEPCIÓN DE ENFERMEROS

**RESUMEN:** Estudio cuyo propósito fue conocer la percepción de enfermeros acerca de la sensibilidad moral, así como de factores asociados a ello. Investigación cualitativa, con datos obtenidos por medio de grupo focal y analizados por la técnica de análisis de contenido, en marzo de 2016. Los participantes fueron seis enfermeros de las siguientes áreas de actuación – cuidados paliativos, hematología, urgencia, unidad de tratamiento intensivo y docente – de la ciudad de Valencia, España. Del estudio, resultaron cuatro categorías: concepto de sensibilidad moral; dimensión profesional; relación con el paciente; y educación ética. Los enfermeros investigados presentaron visión restringida del concepto de sensibilidad moral; sin embargo identificaron factores que interfieren en la sensibilidad moral. Se observó la percepción de ellos acerca de la necesidad de ampliación y desarrollo de los procesos formativos en ética aun durante la graduación y en los propios servicios de salud, a fin de que los cuidados de enfermería sean perfeccionados..

**DESCRIPTORIOS:** Desarrollo moral; Ética de enfermería; Moral; Enfermería.

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## ● INTRODUCTION

Moral sensitivity is the capacity to understand a specified issue as being ethical<sup>(1)</sup>. The advances of technology in healthcare have led to an increase in, and emergence of, complex and significant ethical problems in the world. It is highly important that nurses should have the capacity to undertake ethical decisions, so as to defend the patients' rights and ensure the respect and the dignity of their lives<sup>(2)</sup>.

Moral sensitivity allows nurses to be aware of the ethical problems in their practice and allows them to seek appropriate solutions for resolving these problems<sup>(3)</sup>. In the literature, the terms 'moral sensitivity' and 'ethical sensitivity' are often found treated as synonyms. Ethical sensitivity refers to the knowledge of the theory and principles of ethics, while moral sensitivity refers to the personal action within the interpersonal relationship<sup>(4)</sup>. For this study, the term 'moral sensitivity' will be used, as it is believed that this is a complex phenomenon which involves more than one cognitive capacity and also involves the relationships with the patient and the knowledge of the context of the problem<sup>(4)</sup>.

According to the literature, various factors influence moral sensitivity, the most cited being: interpersonal orientation, the structuring of the moral meaning, benevolence, autonomy, the experiencing of moral conflicts and knowledge<sup>(5)</sup>; besides the ethical education received in practice and/or training<sup>(1)</sup> in ethical and moral values<sup>(6)</sup> and responsibility<sup>(4)</sup>. An understanding of these factors is fundamental for ethical practice and for the development of strategies which promote nurses' moral sensitivity.

The nurses relate with other subjects such as physicians, patients, families, and managers, among others, and due to this, need to have the personal ability to deal with the ethical problems which occur in these interpersonal relationships; they therefore need to have moral sensitivity. In this context, understanding that moral sensitivity has a multifactorial influence, this study aimed to investigate nurses' perception regarding moral sensitivity and the factors related to it.

## ● METHOD

This is a descriptive and exploratory study with a qualitative approach, with the data obtained through a focus group. The sample was intentional, the inclusion criteria being to be a nurse with a minimum of five years of experience in his or her area of work. The exclusion criteria was to be from any other area of health apart from nursing. A total of six nurses from the following areas of work participated in the study: urgent care centers (identified in the accounts as Urgent 1 and Urgent 2), palliative care, hematology, the intensive care unit (ICU) and lecturing. With the aim of ensuring the participants' privacy, they were identified in the accounts according to the area in which they work.

The focus group was moderated by a researcher experienced in undertaking this type of qualitative technique. This moderator was supported by three assistants who worked as rapporteurs and observers. The meeting with the focus group was held on 9 March 2016, in the Valencia Catholic University Saint Vincent Martyr (Universidade Católica de Valência San Vicente Mártir), in the city of Valencia in Spain. The study was undertaken during an academic module of the doctoral program in nursing. In order to lead the focus group, a script with open questions was used, developed based on the literature existing based on this topic.

At the beginning of the focus group's meeting, the participants filled out a questionnaire with information relating to personal and occupational characteristics, as well as acceptance to participate in the focus group, through signing the declaration of free and informed consent. Following that, the moderator provided a brief introduction in which the participants were thanked and the specific objective of the focus group was explained, underlining the importance of all those present expressing their opinions freely. The moderator emphasized the guarantee of anonymity and of the confidentiality of the data, as well as the right to withdraw from the study at any time. The study was authorized on 3 March 2016 by decision of the Valencia Catholic University Saint Vincent Martyr, UCV/2015-2016/33 in Spain and complied with all the ethical precepts.

The focus group's meeting was recorded in audio and video and the recordings were later transcribed.

The transcriptions were read and reread exhaustively. The total duration of the work undertaken by the focus group was one hour 30 minutes. The proposal of content analysis was used for interpreting the data<sup>(7)</sup>. The transcriptions were read and reread, seeking to place the content in order, and to restructure the ideas and key points in the material. After the analysis, four categories were established which indicated the nurses' understanding regarding moral sensitivity. These categories were discussed between the researchers so as to ensure that the results show the content evident in the data.

## ● RESULTS

After the analysis of the data, four main categories were found for indicating the nurses' understanding regarding moral sensitivity and the factors related to it. The categories established were, namely: the concept of moral sensitivity; the professional dimension; the relationship with the patient; and ethical education.

Regarding the characterization of the nurses, among the six participants, only one was male – and the age range varied between 43 and 63 years old. Time since graduation varied from 22 to 42 years. The time in which they had worked as nurses varied from 15 to 34 years. In relation to the level of professional training, three participants had Masters degrees, one was a specialist, and two had simply their undergraduate degrees in nursing.

### Category 1 - Concept of Moral Sensitivity

The results demonstrate that the participants speak about the concept of moral sensitivity in a similar way, as something personal that each person possesses.

*Moral sensitivity is something that belongs to each one of us, which only we are capable of feeling to the extent that we are sensitive; the sensitivity that you have or you don't have is something that you have to work on. (Lecturer)*

*Moral sensitivity is a personal thing for me, which is part of my own personal being and which, in my day to day, I live – and which, more or less, in some way or another, models how I should proceed. (Palliative Care)*

*Sensitivity is how (Palliative Care) says, it is how you see yourself. (Urgent 2)*

The participants also mentioned that moral sensitivity is linked to the individual's values and personal beliefs.

*Moral sensitivity comes more or less from my values, my beliefs, my decision-making ability, that is, how I have to live my professional life and what affects me. (Palliative Care)*

Speaking about sensitivity and moral suffering, one nurse commented:

*Sensitivity is what causes you suffering, if you don't have that, there is no moral suffering; so I am in accordance with what you say (Palliative Care). I have a particular moral sensitivity, because I worked on it, because I know my personality. And my sensitivity would be more or less, depending on what I want, this would cause me more, or less, moral suffering. (ICU)*

It was reported also that all nurses have moral sensitivity, although some develop it and others do not, as is evidenced in this comment:

*I am convinced that all of us have a heart, and that all of us have sensitivity, what happens is that it is something that is developed, it's like your muscles, which don't develop if we don't use them. (ICU)*

### Category 2 - Professional Dimension

This category presents the situations reported by the nurses which occur in the ambit of the profession, that is, which are related to professional responsibility.

The group of participants emphasized liking their work, as is evidenced in the accounts below:

*It is when the patient is close to death that I like working most. I took nearly half of my professional life to know that my place is where I am now. (Palliative Care)*

*I don't avoid the work because I like it, because I like it a lot. (Hematology)*

The participants mentioned that the nurses often take clinical decisions taking into account their personal principles and values. They also described that these values can lead to conflicts with the team, management and patients' families.

*The values are sometimes different from other professionals we work with, sometimes on a daily basis. So, if you have more values, it is easier for you to suffer. (Lecturer)*

*What is clear, is that when you have moral values, these values can get you into bureaucratic problems, or with the patient, or even with the patient's family. (Lecturer)*

The nurses' responsibility for their acts was also a result evident in the participants' accounts.

*I think that there are nurses who don't know that we are responsible for all of the medications which we administer, in spite of the doctor having signed for them. (Urgent 2)*

*I always tell the young ones, when you have doubts, consult the pharmacy services, the physicians, the supervisors – and if you are still unsure, keep on asking the question – the issue is not to have doubts. (Hematology)*

Continuing on the topic of professional responsibility, the participants report that it is necessary to have sensitivity in order to perceive what is right and what is wrong – and that because of this they mention refusing to provide care when they feel that they are not doing what they judge to be correct.

*I have the ability to disagree and disagree openly, when I saw the things which were not as they should be, I refused to administer the care or the use of a specific drug or specified technique, because it goes against my principles and professional ethics. (Palliative Care)*

*We are capable of refusing to undertake any treatment which seems to be wrong. (Urgent 1)*

*Who is it who gives you self-confidence? It is experience, therefore, we are talking about when there are situations which you might intuitively know to be wrong, because you perceive it somehow, although you don't have all of the preparation necessary to be able to confront another professional and say: look, I wouldn't do this, because of this, this, and this. (Lecturer)*

### **Category 3 - Relationship with the Patient**

This category is related to the care for the patient, and the results express the nurses' respect for the patient's dignity.

*In order to speak with the patients, it is essential to have moral sensitivity, I think we have this. (Hematology)*

*Regardless of the extreme situation which the patient is in ... It is the patient who deserves all my respect and consideration, that is, it is to him that we must be accountable. (Palliative Care)*

The family is also mentioned by the participants as generating conflict, as sometimes the professionals' values, and the family's values, do not align.

*When the family in some way is not in harmony with your own values regarding what to do with the patient. You also find this dilemma with the nurses. It happens that we are involved because we are the center of everything. (Lecturer)*

The nurses also show respect for the patient, the central focus of their care, mentioning the need always to maintain the patient's privacy.

*When we arrive in the emergency, we don't take account of the fact that the patient is a person, this is an obsession which I have always had, it doesn't matter, you don't need to see everybody's "behind", you can shut the doors, you can close the screens, this is an obsession that I have, I think it is disrespect, these things really annoy me. (Urgent 2)*

#### **Category 4 - Ethical Education**

During the discussions, the participants emphasized their concern with how to prepare the students – future nursing professionals – to carry out their professional practice with moral sensitivity, based in values and ethical principles.

*I prepare the young university students who want to be nurses. You want to talk about the values that they have? They don't have any [ICU], there is something which must be there, something, but there is very little, very little indeed. We are in a society where we need to educate them about these values. (Lecturer)*

*The students who we are preparing nowadays have fewer values... This frightens me, because it is not that they are going to care well or badly, it's that they're not going to notice – whether they want to or not – whether they do it well or badly, because their sensitivity doesn't exist. (Lecturer)*

*I ask how we rectify the lack of sensitivity, how, how? How are we to rectify this absence of values, which we cannot generalize on, there are people who are very educated in the values, and whose values are even greater than those which are appearing in this discussion, but the vast majority don't have values. (Lecturer)*

#### **● DISCUSSION**

Based on the results, it is possible to identify that the nurses meet in their work context situations which are full of ethical problems. Ethical problems are concrete and defined issues of the care practice, perceived as the cause of conflict in the ambit of values and ethical duties, which allow various courses of action to be resolved. In order to confront these conflicts, the nurses need to recognize the situation as problematic and develop the abilities of moral sensitivity and interpretation of the situation, as well as to have ethical reasoning and the ability to implement an action<sup>(8)</sup>.

In this context, this study's results indicate that the participants have a restricted view regarding the concept of moral sensitivity, as they refer to it as something individual that each person has, as being the values and beliefs, and as something that some nurses develop, and others do not. At no point did the nurses refer to moral sensitivity as something linked to the relational aspects, that is, they do not mention the influence of their action as a nurse on the patient's well-being.

The concept of moral sensitivity used most in the literature at the moment is defined as "a contextual and intuitive understanding of a person's vulnerability and insight into the ethical consequences of decisions made on this person's behalf"<sup>(9:474)</sup>. In 2006, this concept was broadened, involving more dimensions than cognitive capacity, and came to include sensations and feelings, moral knowledge and skills<sup>(4)</sup>.

One study<sup>(4)</sup> validates the present study's findings, in describing that sensitivity is not just an issue of feeling, that is, trusting your own emotions for identifying a moral conflict, but is – rather – a personal component, acquired through each one's experience, which allows one to perceive the moral meaning of a specified situation. Authors<sup>(9)</sup> mention that moral sensitivity may be understood as a type of emotional response, being a personal component which is necessary when one deals with ethical problems.

This study's results corroborate the literature, as they describe that an individual's moral sensitivity goes through a process of development and change in a continuous way, progressing in accordance with the production of one's life<sup>(10)</sup>. In this regard, it is possible to say that everybody has moral sensitivity, to the extent that this is understood as a personal capacity to deal with ethical conflict, in particular

situations, and in the interpersonal relationships between patients and nurses<sup>(9)</sup>. Moral sensitivity is a broad concept and goes far beyond simply following an institution's rules and norms; it allows one to describe people as having an innate sense of what is right and wrong, and that they take on a set of ethical stances in their routine relationships<sup>(11)</sup>.

Regarding the professional dimension, the participants reported liking their work. One study<sup>(12)</sup> indicates that love and a passion for what one does are responsible for liking the work, associating the memories of one's service with positive feelings. It is important that the work should allow one to have positive feelings, favoring the nurses' actualization and personal growth.

The nurse works among and with the various subjects involved in the care, which allows one to meet tensions and conflicts of values. One study<sup>(13)</sup> corroborates the results, in stating that there can be conflicts between the nurses' values and the set of norms and values of the institution in which they work, or with family members, who have different values. These situations cause ethical problems for the nurses, sometimes causing these to compromise their moral integrity.

When necessary, the nurses refused to provide attendance, when they understand that they should not do so; they also accept their professional responsibilities. For this, the nurse needs to have professional skill to mobilize and articulate knowledges and values, integrating knowledges in the daily process<sup>(14)</sup>. Having sensitivity includes the capacity to take ethical decisions with intelligence and compassion when faced with a situation of uncertainty in the care.

One study<sup>(11)</sup> points out that having nurses with high moral sensitivity is important in contexts in which there may be pressure to 'turn a blind eye' or ignore poor care practices, that is, where there is the normalization of bad behaviors, the professionals become accustomed to this and cease to oppose the bad practices in the services. Nurses with low moral sensitivity negatively affect the work environment, when anti-ethical behavior can become normalized<sup>(11)</sup>.

In relation to the dimension of the relationship with the patient, moral sensitivity demands that the nurse should be able to interpret and have awareness of the behaviors and indicators that the patient expresses verbally or nonverbally, so as to determine and understand the patient's needs<sup>(15)</sup>. These needs may be physical, emotional or spiritual, and need to be taken into account if one wishes to provide excellent healthcare.

According to one study<sup>(1)</sup>, moral sensitivity requires a relationship with at least one other person, it being the case that for there to exist an efficient ethical relationship between nurses and patients, it is necessary for both to have mutual understanding. It is this mutual understanding that will ensure that the decisions taken by the nurses will be understood by the families in a positive way.

The participants emphasized the need for respecting the patient's privacy. One review study<sup>(16)</sup> validates these results, in describing that confidential information – issues of privacy and confidentiality – are one of the ethical problems experienced most frequently by the nurses in the health services. However, one of the nurse's most important roles is the defense of the patient<sup>(17)</sup>.

The importance of ethical education during the undergraduate training was another of this study's findings; the central question being how to develop the moral sensitivity in the student nurses. Recent studies indicate that ethical education is important in order to develop the students' moral sensitivity<sup>(6,10,18)</sup>. This is because moral sensitivity is a fundamental premise for comprehending ethical problems which occur in the health services, and appropriately resolving these problems in an ethical way.

One study<sup>(10)</sup> suggests that ethical knowledge prepares the terrain for moral sensitivity in a professional context, while moral sensitivity allows this knowledge to be implemented in the practice. That is to say, if a student nurse has high moral sensitivity, he can better distinguish the ethical problems which occur in his work, thus having a positive effect on the work environment, which will be more sensitive in terms of ethics.

According to another study<sup>(18)</sup>, ethical education increases the quality of the attendance to the patient and contributes to the professionalization of nursing. Ethical education needs to promote values, beliefs and ethical guidance, so as to promote the capacity for autonomous ethical decision-making<sup>(19)</sup>.

The literature mentions that having moral sensitivity is an important characteristic for student nurses, as they are the future professionals who will face ethical situations in different contexts of the work<sup>(6)</sup>. The results of this study reflect this concern, in recognizing ethical education as an essential part of the education and practice of nursing.

Moral sensitivity may be promoted through ethical education, consisting of educational methods, such as: formal classes, conferences, seminars, analysis of cases, group discussions, and dramatization, among others<sup>(19-20)</sup>. Teaching needs to consider ways of helping/supporting the transition from the role of student to the role of nurse, emphasizing how to deal with ethical problems which can result in moral suffering<sup>(20)</sup>.

This study has some limitations relating to the small number of nurses participating at a single point of data collection. Due to this, it is premature to make any type of generalization from the data regarding the factors related to nurses' moral sensitivity; this issue needs to be evaluated better in future research.

## ● CONCLUSION

In this study it was clear that the nurses who participated were unaware of the concept of moral sensitivity adopted in the current literature; on the other hand, they report categories which are related to, and which influence, in some way, the nurses' moral sensitivity, as essential elements which involve the professional dimension, the relationship with the patient, and ethical education. This study suggests a framework for future research aiming to explore how we can promote moral sensitivity in nurses in different contexts of practice.

This study is useful to demonstrate that discussions on moral sensitivity are fundamental, as is further research in this area. In addition to this, it emphasizes the importance of education and the raising of students' ethical awareness during the undergraduate training, so that they may have a broadened view of the concept of moral sensitivity. This study's implication for practice is significant, in that moral sensitivity is an integral part of the process of ethical decision-making in the services and of the provision of excellent care.

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