

# Determinants of moral sensitivity of midwives and nurses – current state of knowledge

Determinanty wrażliwości moralnej położnych i pielęgniarek – aktualny stan wiedzy

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## STRESZCZENIE

### DETERMINANTY WRAŻLIWOŚCI MORALNEJ POŁOŻNYCH I PIELĘGNIAREK – AKTUALNY STAN WIEDZY

**Wprowadzenie.** Położne i pielęgniarki podczas sprawowania opieki nad pacjentem doświadczają problemów i wyzwań natury etycznej. Sposób radzenia sobie z nimi odgrywa istotną rolę w kształtowaniu charakteru opieki nad pacjentem.

**Cel pracy.** Celem pracy była analiza literatury naukowej dotyczącej wrażliwości moralnej charakteryzującej położne, pielęgniarki oraz odpowiedź na pytanie jakie determinanty na nią wpływają.

**Metoda.** Wykonano krytyczny przegląd piśmiennictwa, z użyciem słów kluczowych: *moral sensitivity, nurses, midwives, work, hospital*. Artykuły zidentyfikowano posługując się 3 bazami danych (*PubMed, CINAHAL Complete* oraz *SCOPUS*). Wyniki zawężono do: artykułów oryginalnych w języku angielskim, opublikowanych w 2011-2021 roku. Analizie poddano 15 artykułów.

**Podsumowanie.** Wrażliwość moralna położnych, pielęgniarek posiada związek z m.in. zmiennymi socjodemograficznymi: wiekiem, wykształceniem, stażem pracy w zawodzie oraz klimatem etycznym szpitala czy podejmowaniem decyzji zgodnych z etyką zawodową. Istotnym zadaniem kadry akademickiej, menadżerskiej szpitali jest więc kształtowanie wrażliwości moralnej i umiejętności podejmowania decyzji, zgodnych z etyką zawodu pielęgniarki, położnej podczas ich kształcenia.

Słowa kluczowe: wrażliwość moralna, położne, pielęgniarki, praca, szpital

## ABSTRACT

### DETERMINANTS OF MORAL SENSITIVITY OF MIDWIVES AND NURSES – CURRENT STATE OF KNOWLEDGE

**Introduction.** Midwives and nurses experience ethical dilemmas during providing patient care. The manner of coping with them plays an important role in shaping the nature of care.

**Aim.** The aim was to analyse the scientific literature on moral sensitivity characterising midwives, nurses and to answer the question of which determinants influence it.

**Method.** A critical review of the literature was performed, using a combination of key words: *moral sensitivity, nurses, midwives, work, hospital*. Articles were identified using three databases (*PubMed, CINAHAL Complete, SCOPUS*). The results were narrowed to original articles in English published between 2011 and 2021. The analysis covered 15 articles.

**Summary.** The moral sensitivity of midwives and nurses exhibits a correlation with sociodemographic variables such as age, education, job seniority, and the hospital's ethical climate and decision-making which is consistent with the principles of professional ethics. An important task of the academic, managerial staff of hospitals is to shape nurses' and midwives' moral sensitivity during their education.

Key words: moral sensitivity, midwives, nurses, work, hospital

## INTRODUCTION

The COVID-19 pandemic has affected both the healthcare system and the mental and physical well-being of nurses and midwives. Depression, post-traumatic stress disorder, fear for the health of one's own family, staff shortages, lack of personal protective equipment, excessive workload and aggressive behaviour on the part of patients and their families are just some of the problems that midwives and nurses have been facing in their clinical work [1-4]. This, in consequence, has naturally led to the emergence of new dilemmas and ethical problems associated with the limited availability of healthcare services or shortages of equipment (e.g. ventilators) and the resulting need to decide which patient should be the first to use it [5,6].

Midwives and nurses, as set out in the Code of Professional Ethics of Nurses and Midwives of the Republic of Poland [7], should provide professional care to the patient in line with the latest scientific knowledge, regardless of his or her background, religion, social status or political views, honouring the prestige and dignity of the profession; mentors should pass on the principles of professional ethics to students in the course of their occupational adaptation. The International Council of Nurses (ICN) Code of Ethics for Nurses Revised also draws attention to the need to educate future nurses and midwives on ethical issues and develop common systems that will support values and principles of ethical conduct in the workplace; this task is to be accomplished by managers and employees [8].

Ethical problems and challenges emerging during the provision of care by midwives and nurses may be related to both the patient and his or her condition or to the suggested and administered treatment [9,10]. When providing therapeutic, diagnostic, preventive or nursing services, it is important that decisions are made in accordance with one's own conscience, moral sensitivity and professional ethics. Through the process of ethical decision-making, a nurse or a midwife implements the most appropriate procedure, i.e. one that is advantageous in the context of a specific event or clinical situation during patient care [11,12]. Thus, it can be concluded that acting ethically is the result of reasoning preceded by analysis and reflection on a given situation [13].

The ethics of the profession, emerging dilemmas and ethical problems as well as the way of coping with them play an important role in shaping the nature of patient care; however, in Poland the issue of moral sensitivity of nurses and midwives and its impact on the care provided, occupational burnout or job satisfaction are rarely addressed as a topic of scientific research.

Moral sensitivity is defined as a certain attention that we devote to the values involved in a conflict and our own role in the event of such a conflict. It is described as the ability to perceive and differentiate ethical problems, shaped and improved during one's education and daily professional practice by means of understanding, acceptance and compliance with the ethical norms [14-16].

Moral sensitivity is a characteristic of a nurse or midwife, allowing her to predict the consequences of actions taken towards the patient [17]. Moral sensitivity is also an attribute necessary for nursing staff to cope with ethical dilemmas or problems encountered in their daily work. This includes contacts with patients and decisions regarding, e.g. their further treatment, where the selected mode of conduct, principles and values are largely dependent on the situation and the involvement of others [18].

Moral sensitivity can be manifested by midwives and nurses as a sincere concern for the well-being of the patient to whom they provide professional, individualised care [19]. Nurses, midwives and other healthcare professionals characterised by increased moral sensitivity are more likely to experience moral stress in situations where they do not follow the relevant system of moral norms or the code of professional ethics [20]. In addition, people with high moral sensitivity are described as sensitive to both mental and physical needs of the patients they care for. Through internal sensitivity, they provide holistic, customised, patient-oriented care with verbal and non-verbal behaviours taken into account [21,22].

Moral sensitivity has been divided into six key dimensions in terms of relations between nurses, midwives and patients. These include: *interpersonal orientation* (refers to building trust in nurse-patient relationships and to the provision of individualised care), *structural moral meaning* (refers to ways of deriving moral meaning of decisions and actions taken, even when they may result in limiting the patient's independent choice), *expressing benevolence* (acting in the best interests of the patient, moral motivation to do "good"), *modifying autonomy* (these are strategies employed to protect the patient from causing harm to him-/herself or other people), *experiencing moral conflict* (identifying a potential or existing moral conflict in order to experience it is necessary to express moral sensitivity. In nurses' actions "experience" refers to both, intuition and feelings, as well as to cognitive perception of safety), and *confidence in medical and nursing knowledge* (the belief that medical and nursing knowledge are necessary to cope with moral conflicts and to resolve them, whereas acting against commonly recognised knowledge can be perceived as unethical) [23-25].

Based on the above assumptions Lützén et al. developed in Sweden (1994) *Moral Sensitivity Questionnaire* (MSQ) [26], which makes it possible to assess the level of one's moral sensitivity. The abbreviated version of MSQ-R (*Moral Sensitivity Questionnaire – Revised*) consists of nine questions relating to three dimensions: the sense of moral burden (four questions), moral competence (three questions) and moral responsibility (two questions). The respondent answers the questions using a 6-point Likert scale from 1 to 6, where 1 means "I definitely agree", and 6 "I definitely disagree". The higher the score, the more manifested the level of moral sensitivity (the minimum value is 9 points, the maximum value is 54 points). The Cronbach's alpha coefficient for the original version of the scale has the value of 0.78 [19]. The MSQ tool has been validated in countries such as Brazil [17], Korea [27], Iran [28], Turkey [29] and China [30].

A review of the literature showed that Poland lacks a tool to assess the moral sensitivity of midwives and nurses. Currently, work is under way on the cultural adaptation and validation of the Polish version of the MSQ-R scale – this should provide the possibility to use a standardised research tool to perform research among Polish nurses and midwives.

## AIM

The primary objective of the review is to analyse the current scientific literature on the moral sensitivity of nurses and midwives. The secondary objective is to answer the question of what determinants affect moral sensitivity.

## MATERIALS AND METHODS

A critical review of the literature was performed, with a combination of keywords: “moral sensitivity”, “nurses”, “midwives”, “work”, “hospital” combined with an AND, OR operator (“moral sensitivity” AND “work” OR “hospital” AND “nurses” OR “midwives”). Articles were searched for and identified using three databases (PubMed, CINAHAL Complete and SCOPUS). Inclusion criteria to the study were: articles published in English, availability of the abstract and full version of the paper, empirical studies, published between 2011 and 2021. The exclusion criteria included records such as: dissertations, letters to the editor, commentaries, books and chapters in books, review papers, meta-analyses, systematic reviews, published in language other than English.

A literature review was conducted independently by two researchers including article titles and abstracts. After obtaining consensus between researchers, the full content of the eligible papers was assessed in accordance with inclusion, and exclusion criteria. The results were analyzed and discussed by them. The number of 15 articles [31-45] that met the inclusion criteria and were relevant to the aim of the study were analysed.

## RESULTS

### Study characteristics

All records included to the analysis (n=15) were original articles [31-47]. Five of the published articles were cross-sectional descriptive study [34,36,37,38,42], four – descriptive correlational [39,40,41,45], one – descriptive cross-sectional, correlational study [31], three – descriptive study [33,35,43], one – face-to-face interview, simple random sampling method [32] and one-group pre- and post-test design study [44].

Analysed articles were published between 2012 and 2021, most of them (n=6) in 2019 [32,35,37,38,41,45], three in 2020 [36,40,41], and one in: 2012 [39], 2013 [43], 2017 [44], 2018 [31] and 2021 [34].

Seven studies were conducted in Turkey [31-33,35,37,38,45], four in Iran [36,39-40], three in Korea [34,43,44] and one in Spain [42].

Research instrument used mostly in the studies (n=12) was Moral Sensitivity Questionnaire (MSQ) or MSQ adapted to the country where the research was performed [31,32,34-38,40, 41,43-45].

In the most publications (n=10), respondents were nurses [31,33-35,37-39,42,43,45]. Detailed characteristic of the articles are presented in the Table 1.

### Determinants of moral sensitivity of midwives and nurses

The review of the literature revealed the main trends in foreign research regarding the moral sensitivity of midwives and nurses. The authors focused on searching for relationship between moral sensitivity and sociodemographic variables [31-37], workplace characteristics and job satisfaction [31,35,37-39], quality of and satisfaction with care [39-41], as well as the decision-making skills that are compliant with professional ethics of nurses and midwives, and to observe its principles [34,43-44], and the ethical climate of the hospital [45]. The results of respective studies are discussed in detail below.

### Moral sensitivity and sociodemographic variables characterising nurses and midwives

A review of the literature shows a correlation between moral sensitivity and sociodemographic variables. The core variables analysed in relation to moral sensitivity and its correlates are age, gender, marital status and level of education of midwives and nurses. Overall, however, the studies remain inconclusive.

In the study by Arslan et al. [31] among paediatric nurses (n=200), who achieved average levels of moral sensitivity in MSQ, a statistically significant difference between age and MSQ scores was found in the autonomy subscale, practice and orientation Nurses, who were 41 years old or more, exhibited higher moral sensitivity than nurses aged 18-30 and 31-40. Similar findings were obtained by Ozdemir et al. [32] who conducted research among 351 nurses and 67 physicians. Correlation was found between age and moral sensitivity. Nurses aged 40 and over had higher moral sensitivity than respondents who were younger. Research by Ertuğ et al. [33] conducted among hospital nurses (n=111) confirmed the above findings. The higher moral sensitivity among senior nurses may be due to personal and professional experience as well as skills gained during work which requires the ability to resolve moral conflicts and ethical dilemmas [31].

Different findings were presented by Lim et al. [34]. No results of significance were yielded at the statistical level with respect to moral sensitivity and age among nurses (n=171) providing care to terminally-ill patients. Kavurmacı et al. [35] also did not find any association between age and sensitivity (n=110) of nurses who worked in an intensive care unit.

Another analysed variable is the gender of the respondents. Research by Arslan et al. [31] did not show any correlation between the moral sensitivity of nurses and their gender (p>0.05). In contrast, a statistically significant relationship between the moral sensitivity and gender of respondents was reported in the study by Ozdemir et al. [32],

## Determinants of moral sensitivity of midwives and nurses – current state of knowledge

■ Tab. 1. Main characteristics of studies included

	Author/s	Year	Aim/s	Country	Method /Research Design	Research Instrument	Sample
1	Jaafarpour et al. [39]	2012	to establish the relationship between: nurses' satisfaction, well – being, psychosocial work environment and moral sensitivity	Iran	descriptive-correlation study	Moral Sensitivity (MS)	120 registered nurses
2	Kim et al. [43]	2013	to explore the application of the nursing code of ethics in clinical situations and assess the moral sensitivity of nurses	South Korea	descriptive survey	Korean version of the MSQ	303 clinical nurses
3	Ertuğ et al. [33]	2014	to determine nurses level of ethical sensitivity, relationship with selected variables	Turkey	descriptive design	Byrd's Nurses Ethical Sensitivity Test"	111 nurses working at the university hospital
4	Yeom et al. [44]	2017	to examine the effects of nursing ethics education on the moral sensitivity, critical thinking disposition	Korea	one-group pre- and post-test design	Korean version of the MSQ	70 undergraduate nursing students
5	Arslan et al. [31]	2018	to determine the ethical experiences, level of moral sensitivity, relationship with selected variables	Turkey	descriptive cross-sectional, correlational study	MSQ	200 paediatric nurses at 3 public hospitals
6	Ozdemir et al [32]	2019	to determine the moral sensitivity of healthcare personnel	Turkey	face-to-face interview simple random sampling method	MSQ	67 physicians, 351 nurses working in a university hospital
7	Kavurmaci et al. [35]	2019	to assess the moral sensitivity of intensive care nurses against ethical dilemmas	Turkey	descriptive study	MSQ	110 nurses working in ICUs
8	Öztürk et al. [37]	2019	to assess the ethical sensitivity of nurses, relationship with selected variables	Turkey	descriptive cross-sectional study	MSQ	78 nurses working in a university hospital
9	Palazoğlu et al. [38]	2019	to determine the relationship between ethical sensitivity in emergency service nurses, burnout and job satisfaction	Turkey	descriptive cross-sectional study	MSQ	236 nurses worked in emergency service
10	Amiri et al. [41]	2019	to determine the relationship between nurses' moral sensitivity and patients' satisfaction	Iran	descriptive correlational study	MSQ	198 nurses, 198 patients in 17 medical wards
11	Cerit et al. [45]	2019	to determine the effects of the hospitals ethical climate on the moral sensitivity of nurses	Turkey	descriptive correlational study	Turkish version of the MSQ	99 nurses
12	Amiri et al. [40]	2020	to determine the relationship between nurses moral sensitivity and the quality of care received by patients	Iran	descriptive correlational study	MSQ	98 nurses, 198 patients in 17 medical wards of university hospitals
13	Suazo et al. [42]	2020	to establish relationships between moral sensitivity, empathy and prosocial behaviour	Spain	descriptive cross-sectional study	Moral Sensitivity Questionnaire-Revised Version (MSQ-R)	338 nurses
14	Hoseini et al. [36]	2020	to compare the moral sensitivity of midwifery, nursing students, nurses and midwives	Iran	descriptive cross-sectional study	MSQ	60 nursing and 50 midwifery students, 100 nurses, 38 midwives
15	Lim et al. [34]	2021	to identify nurses' ethical decision-making process based on moral sensitivity to end-of-life patients	South Korea	descriptive cross-sectional study	Korean version of the MSQ	171 nurses caring for terminal patients

MSQ - Moral Sensitivity Questionnaire

where women exhibited higher moral sensitivity than men. Also, Hoseini et al. [36] showed that female participants obtain higher rates of moral sensitivity than males.

Marital status ( $p=0.542$ ) showed no association with the moral sensitivity of nurses in the study conducted by Öztürk et al. [37]. Kavurmacı et al. [35] found no statistically significant relationship between the level of education and the sensitivity of nurses ( $n=110$ ) working in an intensive care unit. Similarly, Arslan et al. [31] revealed a lack of statistical significance between moral sensitivity and marital status, level of education and being a parent ( $p>0.05$ ).

The results of research by Öztürk et al. [37] showed different levels of moral sensitivity among nurses ( $n=178$ ) depending on their job seniority ( $p=0.024$ ). Higher moral sensitivity was found in nurses with 20 to 28 years of experience, who had 11–12 patients under their care per day and who declared moderate job satisfaction [37]. In the study by Arslan et al. [31], nurses who had worked

for 21 years or more also exhibited higher moral sensitivity than nurses with seniority ranging from 1 to 5 years ( $U=-2.533$ ;  $p=0.011$ ) and 6–12 years ( $U=-2.651$ ;  $p=0.008$ ). In turn, Lim et al. [34] having presented different results of a study on moral sensitivity and seniority in the nursing profession, demonstrated the lack of statistical significance of these variables. The authors emphasise that differences in moral sensitivity depending on job seniority may be related to the acquisition of professional experience over the years, in addition to the development and formation of individual strategies for coping with conflicts, moral dilemmas and other difficult situations encountered in clinical work [31,37].

Level of education ( $p=0.253$ ), age ( $p=0.059$ ), gender ( $p=0.181$ ), family structure ( $p=0.454$ ), income status ( $p=0.359$ ), hospital ward ( $p=0.598$ ), position ( $p=0.947$ ), feeling passionate about work ( $p=0.135$ ), being satisfied with the hospital ward where the respondent is employed ( $p=0.155$ ), undergoing ethics training before ( $p=0.305$ ) and

after graduation ( $p=0.841$ ), having experienced ethical problems in professional settings ( $p=0.499$ ), and keeping up to date with publications on ethics ( $p=0.912$ ) were not related with the respondents' moral sensitivity [37].

### Moral sensitivity versus different work environments and job satisfaction

Respondents in the study by Arslan et al. [31] exhibited a moderate level of moral sensitivity. The vast majority of them (95%), as employees of paediatric wards, declared that they had encountered ethical problems in clinical practice. Accordingly, 61.5% of them reported problems in dealing with children's parents, 27.6% with physicians, and 26.7% with co-workers due to staff shortages, lack of knowledge and training on ethical decision-making, inappropriate ethical attitudes of co-workers, as well as the unavailability of measures for the assessment of ethical situations. In addition, 81.4% of paediatric nurses declared the need for training on ethical issues to be included in nursing teaching programmes [31]. In turn, Öztürk et al. [37] determined that the moral sensitivity of nurses ( $n=178$ ) depends on the daily number of patients under their care (0.007) and the level of job satisfaction (0.012).

ICU nurses in a study by Kavurmacı et al. [35] exhibited moderate moral sensitivity, with more than half of them (60.8%) having experienced ethical dilemmas in their clinical work and 27.5% asking for help in solving them. Based on the results of their research, the authors proposed the introduction of educational programs and specialised training on ethical problems and moral dilemmas as well as on their solution. Their aim would be to increase the moral sensitivity and ability of nurses to cope with ethical dilemmas in their everyday clinical work [35].

Palazoglu et al. [38] presented research on nurses ( $n=236$ ) working in a hospital emergency unit. They found that moral sensitivity negatively correlated with occupational burnout ( $r=-0.158$ ;  $p=0.015$ ). There was also no correlation between moral sensitivity and job satisfaction ( $r=-0.040$ ;  $p=0.537$ ). Respondents, who felt passionate about nursing profession but did not participate in ethics training after graduation, were characterised by higher moral sensitivity than those who did not share such passion but had completed a course in ethics [38].

A moderate level of moral sensitivity was manifested by nurses ( $n=120$ ) working in Iran. The study revealed a statistically significant correlation between aspects of the psychosocial work environment such as relations with colleagues, work motivation, job-related stress, effective cooperation and communication, workplace requirements, professional development and moral sensitivity [39].

Only one article included to the analysis [36] showed differences between moral sensitivity among nursing and midwifery students and nurses, midwives as a separate group of healthcare professionals. Midwifery students' mean score of the moral sensitivity was lower than score obtained by nursing students. Moreover, midwifery students' mean score was higher than mean score of the moral sensitivity obtained by midwives. On the other hand, midwives' mean score of the moral sensitivity was

lower than nurses' mean score. Also, nurses' mean score of the moral sensitivity was lower than nursing students' mean score [36]. The differences between analyzed groups may be associated with their different roles and speciality [36].

### Moral sensitivity versus the quality of and satisfaction with care

Research by Amiri et al. [39] did not show any statistically significant association ( $r=0.04$ ,  $p=0.8$ ) between patient satisfaction with nursing care and the moral sensitivity of nurses. Patients, however, reported considerable dissatisfaction with "the menial nature of nurses' work and the inflexibility of daily care" ( $M=2.69$ ,  $SD=1.22$ ), [39]. No significant relationship was also found between the quality of patient care and the moral sensitivity of nurses ( $r=-0.14$ ,  $p=0.5$ ), [40].

Suazo et al. [42] focused in particular on the moral sensitivity of nurses in the context of the humanisation of nursing care reaching beyond the patient's physical sphere and concentrating on a holistic approach to issues of health and illness as well as on mental well-being. Moral sensitivity not being displayed by nurses, midwives and physicians in clinical practice might negatively impact on the provision of medical care in a professional manner. In addition to specialised education and modern technologies, high-quality care also comprises the ability to reason ethically and make decisions based on one's own moral principles, and then apply them in everyday clinical practice [42].

### Moral sensitivity and observing the code of professional ethics

Kim et al. [43] in South Korea examined the relationship between moral sensitivity and adherence to the code of professional ethics among hospital nurses ( $n=303$ ). Ethical dilemmas during clinical work were reported by 84% of respondents. The results of the study showed a positive, statistically significant correlation between the clinical application of the code of ethics and the moral sensitivity of nurses ( $r=0.336$ ,  $p<0.001$ ). Respondents with high moral sensitivity also demonstrated high rates of application of the code of ethics in clinical practice. Providing nursing staff with regular training aimed at developing ethical decision-making skills as well as shaping moral sensitivity, with both moral principles and one's own system of norms and values taken into account, is, according to the authors, important and necessary [43].

### Moral sensitivity and ethical decision-making

A review of the available literature has shown that moral sensitivity aids in ethical decision-making in clinical practice [34,44].

Analysis of results of the study by Lim et al. [34] showed that moral sensitivity influenced ( $\beta=0.852$ ,  $p<.001$ ) ethical decision-making among nurses ( $n=171$ ) who provided care to terminally-ill patients. Variables that were found to exert a significant impact on moral sensitivity included a history of ethical dilemmas and conflicts experienced in clinical work and participation in training

on nursing ethics. The average moral sensitivity score was  $4.8 \pm 0.5$  on the 7-point Likert scale. The authors further stated that nurses' moral sensitivity can increase as a result of experiencing ethical conflicts and dilemmas in their daily clinical work [34].

Interesting research results were presented by Yeom et al. [44] with respect to the moral sensitivity of nursing students ( $n=70$ ) from Korea and the effects of ethics education (seven 90-minute classes). After the course finished, no changes were observed in the students' average scores on moral sensitivity and critical thinking skills. However, a statistically significant positive correlation between moral sensitivity and critical thinking skills was demonstrated, both before ( $p=0.007$ ) and after the course ( $p=0.001$ ). Following the course, students were characterised by higher moral sensitivity in the subscale of patient-oriented care ( $p=0.018$ ). Living with parents or alone influenced the moral sensitivity of students. Those living alone recorded a higher increase in the level of moral sensitivity after achieving the prescribed learning outcomes as compared to respondents who lived with their parents ( $p=0.021$ ). The results of the research confirm the need to educate prospective nurses and midwives on the ethical aspects of their professions as well as on ethical conduct and decision-making, and to teach them how to apply critical and independent thinking in their future clinical practice [44].

### Moral sensitivity and the ethical climate of the hospital

Correlation between the hospital's ethical climate and the moral sensitivity ( $r=0.565$ ) of nurses was demonstrated [45]. Perceiving the hospital's ethical climate in positive terms increased moral sensitivity. The study involved nurses ( $n=99$ ) from a university hospital in Turkey. It should be noted, however, that the ethical climate in this case was assessed as higher than moderate and moral sensitivity above average. The authors point out that general awareness of the above-average moral sensitivity of nurses may be important and treated as an indicator of the tendency of staff to behave ethically at work. It is therefore necessary to strive to improve the ethical climate in order to increase and develop the moral sensitivity of employees and to prevent unethical behaviours through the ability to make decisions compliant with professional ethics [45].

### DISCUSSION

The review of the literature showed six areas of research relating to assessment of the moral sensitivity determinants among nurses and midwives, such as: (1) sociodemographic variables characterising nurses and midwives; (2) different work environments and job satisfaction; (3) the quality of and satisfaction with care; (4) the code of professional ethics; (5) ethical decision-making; (6) the ethical climate of the hospital.

According to the literature, differences in the level of moral sensitivity among males and females may result from the fact that women, in comparison to men, tend to more often follow the values and ethical norms of their profession [46]. As reported by Fernández-Feito et al. [46],

female nursing students attached greater importance to professional values than their male peers.

The scientific research highlighted the need for developing [38,43] or reevaluating [33] educational programmes and continuing education curricula to increase professional autonomy, ethical sensitivity and resolve the ethical issues, as well as to improve nurses' moral sensitivity [35,38]. Moreover, practical courses on the decision-making processes in hospitals should be developed [31]. The ethics education and clinical ethics supporting services are important for improving nurses' ethical decision-making [34]. Arslan et al. [31] recommended to include ethics training in bachelor degree programmes and postgraduate training. In contrast, Suazo et al. [42] pointed out that emotional education and training programs would empower nurses to be more sensitive to individual needs of patient. Nurses should resolve properly a conflict between professional and personal values in their careers, as well as the moral tension [40].

Also, there is a necessity to create innovative teaching methods for undergraduate nursing ethics education programs [44]. Jaafarpour et al. [39] stated that supporting nurses may have a positive effect on their approach to personal well-being. Moreover, ethical concerns and sensitivity should be adapted during nurses work life to provide a high quality healthcare [37]. Ozdemir et al. [32] suggested to implement in-service training and awareness courses on ethics among healthcare professionals and Hoseini et al. [36] proposed in-service trainings before and after employing for the position as a nurse.



As well managers of the hospitals should create an ethical climate that will allow nurses to use their ethical decision-making skills, moral sensitivity [45]. Policy makers should resolve the challenges that nurses faced and educate them to allow to ensure holistic, patient-focused care [41].

### CONCLUSIONS

An analysis of the available literature has shown that the moral sensitivity of nurses and midwives forms part of holistic patient care and can influence ethical nursing decision-making as well as the ability to differentiate and solve ethical dilemmas. The focus should also be placed on educating future nurses and midwives as well as members of medical staff, and management of healthcare institutions and hospitals on issues related to the professional ethics of nurses and midwives in order to improve the quality of care, reduce the incidence of occupational burnout and departures from the profession, and acquire the ability to perceive the patient holistically. Although some studies did not identify any link between moral sensitivity and prior ethical education, it is worth looking at this issue. Perhaps an important factor are the methods used to provide education in the field of professional ethics and the issues covered as part of such education. Certainly, the development of moral sensitivity and decision-making skills compliant with the ethical principles of the professions of nurse and midwife at the graduate and postgraduate stages of education are important for the quality of care, but also for job satisfaction.

Also, with regard to lack of articles presenting moral sensitivity of midwives – as a separate group of professionals and relations with different variables (such as socio-demographic variables) it is recommended to assess their moral sensitivity in larger population group, in different wards and hospital settings.

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