

Article

Effect of ethics seminar on moral sensitivity and ethical behavior of clinical nurses

Chunbok Lee¹, Sunman Kim², Kwisoon Choe¹ and Sunghee Kim^{1,*}

¹ Department of Nursing, Chung-Ang University, 84 Heukseok-ro, Dongjak-gu, Seoul 06974, Korea; lcbpk@cau.ac.kr (C.L); kwisoonchoe@cau.ac.kr (K.C.); sung1024@cau.ac.kr (S.K.)

² Chung-Ang University Hospital, 102 Heukseok-ro Dongjak-gu, Seoul 06973, Korea; ksm0517@caumc.or.kr

* Correspondence: sung1024@cau.ac.kr; Tel.: +82-2-820-5985

Abstract: While nursing is an ethical profession, unethical behavior among nurses is increasing worldwide. This study examined the effects of an ethics seminar on nurses' moral sensitivity and ethical behavior. A total of 37 nurses (17 experimental, 20 control) were recruited. The ethics seminar was held over a 6-month period from May to October, 2018, and comprised six sessions held once a month for two hours. Moral sensitivity and unethical behavior were measured at the start and end of the seminar. Moral sensitivity and unethical behavior showed a negative correlation ($r = -.455$, $p < 0.01$). After the ethics seminar, the experimental group's moral sensitivity was significantly increased ($t = -1.039$, $p = 0.314$). The mean scores of unethical behavior at pre and post-test in the experimental group were 12.59 and 9.47, respectively. This was a statistically significant difference ($t = 3.118$, $p = 0.004$). There was no statistically significant difference in the mean score in both moral sensitivity and unethical behavior in the control group. We conclude that ethics seminars can enhance moral sensitivity and reduce the risk of unethical behavior among nurses. Regular ethics seminars and training must be provided to nurses as a matter of policy.

Keywords: ethics seminar; moral sensitivity; unethical behavior; nurse

1. Introduction

Nursing is one of the most trusted professions in the world and is held to a high standard [1]. Ironically, unethical behavior among nurses in healthcare institutions is currently a far-reaching global issue. For example, in one study conducted in the United States, all 27 nurses who took part in the study had witnessed unethical behavior by nurses, and most had been involved in or were unsure if they had participated in unethical behavior [2]. In African countries, such as Nigeria, unethical behavior among nurses, such as lateness to work, theft, and the misappropriation of funds has recently received much disapproving attention [3]. Iranian nurses also reported witnessing destructive and unethical behavior by their fellow nurses [2,4]. In South Korea, a nurse committed suicide because she had suffered from widespread bullying by senior nurses in a hospital; senior nurses harass juniors through spreading malicious rumors, holding back critical work-related information, and assigning harsh work [5]. Unethical behavior such as workplace bullying affects professionalism in health care [6]. Most importantly, nurses' unethical behavior seriously harm patients as well as themselves.

The ideal solution is to prevent nurses from engaging in unethical behavior. This might be accomplished by enhancing nurses' ethical or moral sensitivity in the hospital. Moral sensitivity and ethical sensitivity are used interchangeably in the context of professional judgment and action [7]; thus, the authors will use moral sensitivity in the same sense as ethical sensitivity in this study.

Moral sensitivity, according to Rest and Narvaez's four component model, is "the awareness of how our actions affect other people. It involves being aware of different possible lines of action and how each line of action could affect the parties concerned. ... it involves empathy and role-taking skills" [8, pp. 23–24]. Moral sensitivity is an awareness of the ethical implications of nursing actions,

and this is an essential condition that leads to ethical behavior [7]. When a nurse lacks moral sensitivity, it becomes impossible to recognize the unethical problems that occur in nursing practice. It is therefore crucial to provide nurses with ethics education during their professional training to enhance their ethical sensitivity [9].

To provide nurses in South Korea with ethics education, the Korean Nursing Association, which promulgated the first Code of Ethics for Korean Nurses in 1972, has designated nursing ethics as an essential subject for continuing education since 2018. Ethics education can increase moral sensitivity, which in turn leads to ethical behavior based on ethical knowledge [10]. Clearly, ethics education increases moral sensitivity [11,12], but there are little previous studies that confirmed the education effect for nurses instead of nursing students. In addition, while nursing ethics and/or bioethics courses are included in university nursing curricula, current ethics programs designed to strengthen the ethical competence of South Korean nurses in clinical practice are inadequate. This study therefore aimed to identify the effects of a nursing ethics seminar on the moral sensitivity and ethical behavior of nurses working in a hospital setting.

2. Methods

2.1 Research Design

This study used a quasi-experimental (two-group pretest-posttest) design to examine the effects of an ethics seminar on the moral sensitivity and ethical behavior of clinical nurses.

2.2 Participants

Inclusion criteria for participants were as follows: nurses currently working in hospitals, who fully understood the study's purpose and methods, and voluntarily consented to participate in the study. The authors did not limit the sex, age, religion, experience, or working department of potential participants. There were thus no other exclusion criteria.

An a priori G*Power 3.1 analysis revealed that to determine the effect size of the intervention on two variables and a power of .95, a sample size of 44 would be needed (22 persons in each group). Finally, 37 clinical nurses participated in this study, 17 of them in the experimental group, and 20 in the control group.

2.3 Instruments

2.3.1 Moral Sensitivity Questionnaire

The authors used the Moral Sensitivity Questionnaire developed by Lützén et al [13] to measure nurses' moral sensitivity. This scale is composed of nine items in three dimensions: four items on the sense of moral burden, three items on moral competence, and two items on moral responsibility. Each item is rated on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), and the total score thus ranges from 9 to 54 points. The higher the score, the higher the moral sensitivity. In Lützén et al.'s study [13], the validity of the nine items was confirmed through factor analysis. In this study, Cronbach's alpha was 0.73.

2.3.2 Wrongdoing List

Unethical behavior was measured using a list of wrongdoings nurses might perform developed by King to determine the reporting of wrongdoing among nurses [14]. This list consisted of eight items comprising situations depicting intended unethical behavior and unintended unethical behavior. The total score ranged from 8 to 40, with each item rated from 1 (*must report*) to 5 (*never report*) for a given situation. The higher the score, the greater the risk of unethical behavior. Cronbach's alpha was 0.70 for King's study [14], and 0.72 in this study.

2.4 Data Collection

The study was conducted in accordance with the Declaration of Helsinki and was approved by the Institutional Review Board of Chung-Ang University Hospital (1041078-201803). The authors posted notices of recruitment for research participants on the hospital bulletin board, but most participants were recruited through snowball sampling, that is, some participants introduced their acquaintances to the study. As participants were recruited, they were divided into a control group and an experimental group.

The authors made certain that participants understood the purpose and procedure of this study, and explained that they could withdraw at any time if they no longer wished to participate. All participants completed a written consent form with a questionnaire on general characteristics, All participants completed a written consent form and a general characteristics questionnaire, and responded to the study instruments twice, at the start of the first session and again at the end of the final session.

All participants were female; 17 of the 37 participants comprised the experimental group. The authors informed the 20 participants in the control group that they would provide the same ethics seminar as the experimental group if they wished to participate in it after over the research was concluded.

The ethics seminar consisted of six sessions each lasting two hours, held once a month from May to October, 2018. The seminar's contents consisted of nursing ethics, moral thinking, relational ethics, advanced care planning, and ethical issues faced by nurses in daily practice (Table 1).

Table 1. Topics for Ethics Seminar

Session	Topics	Contents	Data collection
1	What is nursing ethics?	What is nursing ethics? Why should a nurse be ethical? What is bioethics? Why should nurses know bioethics?	Respond to the questionnaire: Moral sensitivity, unethical behavior of nurses
2	What is moral thinking?	"Moral thinking is the process of rational reasoning about the contents of the value judgment of right and wrong" (lecture by a professor of ethics philosophy)	
3	Relational ethics in nursing organizations	Discussion of ethical and unethical situations experienced by nurses in nursing organizations	
4	Act on Decisions on Life-Sustaining Treatment for Patients in Hospice and Palliative Care or at the End of Life (Act No. 14013)	"Advanced care planning" (lecture by a professor of nursing)	
5	A novice nurse's ethical awareness vs. an experienced nurse's ethical awareness	A nurse with less than one year of working experience and a nurse with ten years of experience present their concerns regarding ethical issues, and participants share their impressions of the presentation.	
6	What does ethical nursing practice mean to me?	Participants shared their experience and thoughts on ethical nursing practice at the hospital.	Second response to the questionnaire.

2.5 Data Analysis

SPSS Statistics 25.0 (IBM Corp., Armonk, NY) was used for the data analysis. The authors analyzed the general characteristics of the participants in terms of frequencies, percentages, means, and standard deviations. As a result of the Kolmogorov-Smirnov and Shapiro-Wilk tests, t-test was used to compare differences between the two groups because the dependent variable was normally distributed. The correlations between variables were analyzed using Pearson correlation analysis. The effect of ethical seminars on moral sensitivity and unethical behavior was analyzed using paired t-test. For all analyses, $p < .05$ was considered statistically significant with a 95 % confidence interval. Internal consistency reliability was assessed using Cronbach's alpha.

3. Results

3.1. Homogeneity of Demographic Characteristics between the Groups

The demographic characteristics of the participants and the homogeneity test on the demographic characteristics are presented in Table 2. The moral sensitivity was 36.65 (SD 3.59) in the experimental group and 38.20 (SD 6.00) in the control group. The unethical behavior was 12.59 (SD 3.62) in the experimental group and 10.55 (SD 2.74) in the control group. There were no statistically significant differences in the demographic characteristics, moral sensitivity, and unethical behavior, thereby indicating sufficient homogeneity.

Table 2. Homogeneity of Demographic Characteristics, Moral Sensitivity, and Unethical Behavior

General Characteristics	Experimental Group (n = 17)	Control Group (n = 20)	χ^2 or t	p
Age	Under 30	11(64.7%)	.087	1.000
	30 or above	6(35.3%)		
Duration of working experience (years)	Under 3 years	3(17.6%)	.048	1.000 ^a
	3–10 years	9(52.9%)		
	10 or above	5(29.4%)		
Experience of ethics education	No	14(82.4%)	4.220	.082
	Yes	3(17.6%)		
Moral sensitivity		36.65(3.59)	-.927	.339 ^b
Unethical behavior		12.59(3.62)	1.945	.067 ^b

^a Fisher's exact test; ^b t-test

3.2 Relationship between Moral Sensitivity and Unethical Behavior

Moral sensitivity and unethical behavior showed a negative correlation ($r = -.455$, $p < 0.01$) (Table 3).

Table 3. Correlations among the variables (N=37) at post-test

Variables	Moral sensitivity	Non-ethical behavior
Moral sensitivity	1	
Unethical behavior	-.455**	1

3.3 Comparison of Moral Sensitivity and Unethical Behavior between the Groups

As a paired t-test, the mean scores of moral sensitivity at pre and post-test in the experimental group were 36.65 and 38.29, respectively. After the ethics seminar, the experimental group's moral sensitivity was significantly increased ($t = -1.039$, $p = 0.314$). The mean scores of unethical behavior at pre and post-test in the experimental group were 12.59 and 9.47, respectively. This was a statistically significant difference ($t = 3.118$, $p = 0.004$). There was no statistically significant difference in the mean score in both moral sensitivity and unethical behavior in the control group (Table 4).

Table 4. Difference between pre-and posttest in ethical seminar

Variables	Group	pre test		post test		Mean difference	<i>t</i>	<i>p</i>	Effect size
		Mean	SD	Mean	SD				
Moral sensitivity	Experimental	36.65	3.587	38.29	5.687	-1.647	-1.039	0.314	0.252 ^a
	Control	38.20	5.996	38.50	6.354	-0.300	-0.160	0.874	0.036
Unethical behaviors	Experimental	12.59	3.624	9.47	1.663	3.118	3.363	0.004	0.816
	Control	10.55	2.743	11.15	4.295	-0.600	-0.657	0.519	0.147

^a Cohen's d

4. Discussion

This study identified the effects of an ethics seminar on the moral sensitivity and ethical behavior of clinical nurses. As a result, the moral sensitivity score increased and unethical behavior score decreased among nurses attending ethics seminar. Although there have been several studies on the effects of education on nursing college students' ethical awareness [15,16], the authors could not find previous studies to report the effects of ethics seminars or education for nurses. Thus, we could not directly compare the results of this study with those of previous studies but will discuss the significance of this study's findings.

Since 2019, the Korean Nurses Association has required nurses to submit a certificate of at least two hours of continuing ethics education to retain their license. The Korea Institute of Nursing Education Evaluation also suggested "the ability to recognize legal and ethical responsibility" as a core competency for nurses. Therefore, most nursing students in Korea are taking courses such as nursing ethics and bioethics. However, clinical nurses have limited opportunities to attend ethics education or seminars, except for receiving ethics education once a year as part of continuing education. Since nurses do not find adequate answers to ethical challenges, they tend to avoid responsibility or adopt self-defensive behaviors while being indifferent [9].

Given that nurses directly or indirectly deal with issues pertaining to the dignity and rights of human beings, nurses should above all have moral thinking, values for the dignity of life, and a high level of morality. Ethics education is an essential tool for fostering morally sensitive and ethical nurses [17] because moral sensitivity can be improved through repeated ethical education [18].

After attending the ethics seminar, the experimental group's moral sensitivity score increased. In a previous study [15], ethics education for nursing college students effectively increased moral sensitivity. In this study, the ethics seminar was held only once a month; thus, this may be enough to

increase moral sensitivity. Moral sensitivity can be enhanced through experience or continuous ethics training [12,19,20]. After all, continuous and repeated ethics training can increase nurses' moral sensitivity and help nurses discover and recognize ethical problems in clinical situations.

Interestingly, after attending the ethics seminar, the scores of participants' unethical behavior decreased significantly. This finding implies that ethics seminars can lower the risk of unethical behavior among clinical nurses. Just as higher moral sensitivity strengthened moral judgment and decreased unethical nursing practices [21] lowered unethical behavior suggests enhanced moral sensitivity. Therefore, an ethics seminar of the type used in this study may be an opportunity for participants to reflect on unethical behavior by contemplating ethical issues encountered in clinical situations.

Nurses are often exposed to the risk of engaging in unethical behavior in nursing practice. Due to their heavy workload, nurses are likely to be somewhat indifferent to certain unethical behaviors, such as non-compliance with work standards or behaviors that violate professional ethics [22]. Nurses' moral sensitivity can be enhanced through communication with others [23]. Dialogue or discussion through ethics seminars may be a good channel for communication to solve ethical challenges. It is difficult for nurses to find self-reflection opportunities because it is challenging to share ethical issues with their colleagues. Sometimes, they are reluctant to acknowledge that they are involved in ethical problems [24]. Therefore, nurses can share their opinions through regular ethics seminars on various ethical situations, which leads to empathy for other people's situations [25]. Nurses should participate in ethical education courses and seminars continuously to consider ethical values and ethical decision-making as part of their profession and to deal with ethical questions raised in the ever-changing medical and social environment [9,18].

This study has some limitations. Since this study was conducted on clinical nurses in one hospital, the generalizability of the study's results is limited. The authors did not consider sex as a variable by including male nurses, or including participants from different departments. We only identified the presence or absence of ethics education without considering the amount of ethics education. Thus determining the causal effect of ethical education experience on moral sensitivity and unethical behavior was limited.

5. Conclusion

The results of this study are meaningful in that they demonstrate the effects of an ethics seminar in helping nurses grow into moral professionals. Through this study, it was confirmed that an ethics seminar can reduce the possibility of unethical behavior among nurses. Hospital administrative department are, in terms of policy, required to provide regular ethics seminars and ethics training to nurses. In the future, administrators need to confirm and compare the effectiveness of ethics seminars according to the type of hospital, the number of participants, and seminar topics in various educational ways. Also, since the individual nurses' personality affects ethical sensitivity or behavior, it is necessary to investigate the personality types of nurses. Above all, long-term follow-up studies on the positive effects of ethics seminars are needed. This study's initiatives will expand the discussion regarding efforts that can be made at the institutional and individual level to strengthen nurses' ethical competence.

Author Contributions: Conceptualization, C.L, S.K and K.C.; methodology, S.K. and K.C.; formal analysis, S.K. and S.K.; writing: original draft preparation, S.K., K.C., and S.K.; writing: review and editing, S.K and C.L. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Acknowledgments: The authors are most grateful to the participants for their participation in this study.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. International Council of Nurses. International Council of Nurses launches consultation to revise code of ethics for nurses. Available online: <https://www.icn.ch/news/international-council-nurses-launches-consultation-revise-code-ethics-nurses> (accessed November 24, 2020).
2. Bullock, M.L. Not Playing Fair: Deviant Emotional Intelligence, Dark Traits, and Unethical Behavior in the Nursing Profession. Doctoral dissertation, Northcentral University, 2019.
3. Fagbenro, D.A. Role ambiguity and organizational justice as predictors of unethical behavior among nurses. *J Client-Centered Nurs Care* **2019**, *5*(2), 81–86.
4. Vagharseyyedin, S.A. Nurses' perspectives on workplace mistreatment: A qualitative study. *Nurs & Health Sci* **2016**, *18*(1), 70–78.
5. The Korea Times. (2019. 9. 6). Nurse died over heavy workload, bullying. Available online: https://www.koreatimes.co.kr/www/nation/2019/09/119_275206.html#:~:text=Its%20survey%20showed%2018.8%20percent,nation's%20average%20workers'%201.5%20percent (accessed March 25, 2020).
6. Armmer, F.; Ball, C. Perceptions of horizontal violence in staff nurses and intent to leave. *Work* **2015**, *51*(1), 91–97. doi:10.3233/WOR-152015.
7. Milliken, A. Nurse ethical sensitivity: An integrative review. *Nurs Ethics* **2016**, *25*(3), 278–303. <https://doi.org/10.1177/0969733016646155>
8. Rest, J.R.; Narvaez, D. *Moral Development in the Professions: Psychology and Applied Ethics*, 1st ed.; Hillsdale, NJ, USA: Lawrence Erlbaum Associates, Inc., 1994.
9. Nora, C.R.; Zoboli, E.L.; Vieira, M. Ethical problems experienced by nurses in primary health care: Integrative literature review. *Rev Gaúcha Enferm* **2015**, *36*(1):112–121. doi 10.1590/1983-1447.2015.01.48809
10. Borhani, F.; Keshtgar, M.; Abbaszadeh, A. Moral self-concept and moral sensitivity in Iranian nurses. *J Med Ethics Hist Med* **2015**, *8*: 4.
11. Lau, C.L. A step forward: Ethics education matters! *J Bus Ethics* **2010**, *92*(4), 565–584.
12. Yeom, H.A.; Ahn, S.H.; Kim, S.J. Effects of ethics education on moral sensitivity of nursing students. *Nurs Ethics* **2017**, *24*(6), 644–652. <https://doi.org/10.1177/0969733015622060>
13. Lützén, K.; Dahlqvist, V.; Eriksson, S.; Norberg, A. Developing the concept of moral sensitivity in health care practice. *Nurs Ethics* **2006**, *13*(2), 187–196.
14. King, G. Perceptions of intentional wrongdoing and peer reporting behavior among registered nurses. *J Bus Ethics* **2001**, *34*(1), 1–13.
15. Lee H.L.; Huang S.H.; Huang C.M. Evaluating the effect of three teaching strategies on student nurses' moral sensitivity. *Nurs Ethics* **2016**, *24*(6):732–743.
16. Jeong, G.S. The influencing factor of consciousness of biomedical ethics, moral sensitivity and critical thinking disposition on the Code of Nurses Ethics of nursing student. *J Korea Acad Industr Coop Soc* **2017**, *18*(11), 544–555.
17. Jeong, G.S. The effect of biomedical ethics education program for nursing students freshman. *J Korean Acad Soc Nurs Educ* **2016**, *21*(3), 376–386.
18. Robinson, E.M.; Lee, S.M.; Zollfrank, A.; Jurchak, M.; Frost, M.; Grace, P. Enhancing moral agency: Clinical ethics residency for nurses. *Hastings Cent Rep* **2014**, *44*(5), 12–20. Available online: <http://lps3.www.jstor.org.proxy.cau.ac.kr/stable/44159045>.
19. Moreira, D.A.; Ferraz, C.M.L.C.; Costa, I.P.D.; Amaral, J.M.; Lima, T.T.; Brito, M.J.M. Professional practice of nurses and influences on moral sensitivity. *Rev Gaúcha Enferm* **2020**, *41*:e20190080. doi.org/10.1590/1983-1447.2019.20190080
20. Park M.; Kjervik D.; Crandell J.; Oermann M.H. The relationship of ethics education to moral sensitivity and moral reasoning skills of nursing students. *Nurs Ethics* **2012**, *19*(4), 568–580. <https://doi.org/10.1177/0969733011433922>
21. Elham A.; Hossein E.; Hossein N.A.; Maryam V.; Mohamad A. J. The relationship between nurses' moral sensitivity and patients' satisfaction with the care received in the medical wards. *J Caring Sci* **2020**, *9*(2), 98–103. 10.34172/JCS.2020.015
22. Oh Y.J.; Gastmans C. Moral distress experienced by nurses: A quantitative literature review. *Nurs Ethics* **2015**, *22*(1), 15–31.
23. Schallenger C.D.; Tomaschewski-Barlem J.G.; Barlem E.L.D.; Rocha L.P.; Dalmolin G.D.L.; Pereira L.A. Moral sensitivity components identified among nurses from Intensive Care Units. *Rev Bras Enferm* **2019**, *72*, 2–8. doi: 10.1590/0034-7167-2017-0202.

24. Kim, M.S. Influence of moral sensitivity and ethical values on biomedical ethics awareness of nursing students. *J Korean Acad Soc Nurs* **2015**, 21(3), 382–392. <https://doi.org/10.5977/jkasne.2015.21.3.382>
25. Jo H.K.; Kim S.A. Moral sensitivity, empathy and perceived ethical climate of psychiatric nurses working in the national mental hospitals. *J Korean Acad Psychiatr Ment Health Nurs* **2017**, 26(2), 204-215. <https://doi.org/10.12934/jkpmhn.2017.26.2.204>