ORİJİNAL ARAŞTIRMA ORIGINAL RESEARCH

DOI: 10.5336/nurses.2022-90963

The Effect of Moral Sensitivity Levels of Intensive Care Nurses on Their Attitudes Towards Death: A Descriptive Study

Yoğun Bakım Hemşirelerinin Etik Duyarlılık Düzeylerinin Ölüme Karşı Tutumları Üzerine Etkisi: Tanımlayıcı Araştırma

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This study was presented as an oral presentation at the 3rd International 9th National Congress of Intensive Care Nurses, November 9-12, 2022, Antalya, Türkiye.

ABSTRACT Objective: This study was conducted descriptively to determine the effect of ethical sensitivity levels of intensive care nurses on their attitudes towards death and to examine the influencing factors. **Material and Methods:** This study was carried out with the participation of 171 intensive care nurses between March 2017 and July 2017 in 4 hospitals affiliated to the Health Directorate in Samsun city center. The data were collected using the nurses' characteristics form prepared by the researcher, the "Moral Sensitivity Questionnaire (MSQ)" and the "Death Attitudes Profile (DAP)". The data were evaluated using frequency, mean, standard deviation, the Mann-Whitney U test, Kruskal-Wallis test, independent samples t-test, one-way analysis of variance and Spearman correlation analysis. **Results:** While the nurses' MSQ total mean score value was 77.5±18.8, the total mean score of DAP was 115.1±20.2. The study found that the difference between the MSQ mean score and the variables of gender, education level, satisfaction with their unit and holding an intensive care certificate was statistically significant. The difference between the DAP mean score and the variable of the unit worked in was found to be statistically significant ($p<0.05$). A weak negative significant correlation was found between the mean scores of MSQ and DAP ($r=-0.200$, $p<0.05$). **Conclusion:** The results showed that the moral sensitivity levels of the nurses and their attitudes towards death were moderate. It was determined that a positive attitude towards death could be developed with an increase in moral sensitivity. It is recommended that nurses serving in critical areas such as intensive care be given training at frequent intervals on ethics and death.

Keywords: Ethical sensitivity; nurse; attitude towards death

ÖZET Amaç: Bu araştırma, yoğun bakım hemşirelerinin etik duyarlılık düzeylerinin ölüme karşı tutumlarına etkisini belirlemek ve etkileyen faktörleri incelemek amacıyla tanımlayıcı olarak yapılmıştır. **Gereç ve Yöntemler:** Araştırma, Samsun il merkezinde yer alan Sağlık Müdürlüğüne bağlı 4 hastanede Mart 2017-Temmuz 2017 tarihleri arasında 171 yoğun bakım hemşiresinin katılımıyla gerçekleştirilmiştir. Veriler, araştırmacı tarafından hazırlanan tanıtıcı özellikler formu, "Ahlaki Duyarlılık Anketi (ADA)" ve "Ölüme Karşı Tutum Ölçeği (ÖKTÖ)" kullanılarak gerçekleştirilmiştir. Verilerin değerlendirilmesinde frekans, ortalama, standart sapma, Mann-Whitney U testi, Kruskal-Wallis testi, bağımsız örnekler t-testi, tek yönlü varyans analizi, Spearman korelasyon analizi kullanılmıştır. **Bulgular:** Hemşirelerin ADA toplam ortalama puan değeri 77,5±18,8 iken ÖKTÖ toplam puan ortalaması 115,1±20,2'dir. ADA puan ortalaması ile cinsiyet, eğitim durumu, çalıştığı birimden memnuniyet ve yoğun bakım sertifikası alma değişkenleri arasındaki farkın istatistiksel olarak anlamlı olduğu belirlenmiştir. ÖKTÖ puan ortalaması ile çalışılan birim değişkeni arasındaki fark istatistiksel olarak anlamlı bulunmuştur ($p<0,05$). ADA ve ÖKTÖ puan ortalamaları arasında zayıf düzeyde negatif yönlü anlamlı korelasyon belirlenmiştir ($r=-0,200$, $p<0,05$). **Sonuç:** Araştırma sonucunda, hemşirelerin ahlaki duyarlılık düzeyleri ve ölüme karşı tutumları orta düzeyde bulunmuştur. Ahlaki duyarlılık arttıkça ölüme karşı olumlu tutum geliştirilebileceği belirlenmiştir. Yoğun bakım gibi kritik alanlarda hizmet veren hemşirelere sık periyotlarla etik ve ölüme ilişkin eğitimlerin verilmesi önerilmektedir.

Anahtar Kelimeler: Etik duyarlılık; hemşire; ölüme karşı tutum

The phenomenon of death, which is frequently encountered in intensive care units, confronts healthcare professionals with many ethical dilemmas.[1] Ethics reveals its impact in health care systems in the problems arising at the point of the separation between life and death.[2] It is expected that intensive care nurses have developed ethical sensibilities to identify and define ethical problems and to make ethical decisions.[3] Ethical sensitivity is also defined as the awareness of one's existing responsibilities, the

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Peer review under responsibility of Turkiye Klinikleri Journal of Nursing Sciences.

Received: 29 Apr 2022 ***Received in revised form:*** 13 Sep 2022 ***Accepted:*** 14 Sep 2022 ***Available online:*** 26 Sep 2022

ability to prevent ethical dilemmas and to clarify problems in situations full of contradictions, or as moral values.[3-5]

Adopting ethics in learned professions and taking it as a roadmap in care-treatment ensures that the patient whose death is approaching is given holistic care, prevents death from being seen as a taboo, enables sick individuals to express themselves and participate in the care, avoids health professionals from considering death as a failure and shows that death is a natural process for the society.[2]

In the modern world, death is mostly experienced in hospitals and with the development of technology, the perception became that deaths should not occur and it is an enemy that must be defeated.[7] It is observed that health professionals can't accept their own mortality, don't know what to talk to with patients whose death is approaching and their relatives, don't want to care for dying patients, and are moving away from patients and relatives when they have to provide care.[6]

Intensive care nurses frequently encounter death and provide care to the dying individual. This affects the intensive care nurses' attitudes towards death. Factors such as the duration of the hospitalization of the patient, the frequency of applications to the intensive care, the role of the patient's family, the way the patient copes with death and the subconscious of health professionals can be listed among the variables that affect the intensive care nurses' attitudes towards death.[1] The attitude of health professionals towards avoidance makes sick individuals feel worthless, abandoned and their integrity and autonomy violated.[6]

Therefore, the concepts of ethical sensitivity in intensive care nurses and their attitude towards death should be examined.

MATERIAL AND METHODS

SETTING

This research was carried out to determine the effect of the ethical sensitivity levels on the attitudes towards death of intensive care nurses who were working in the hospitals in the Samsun city center affiliated to the Samsun Provincial Health Directorate between March 2017 and July 2017.

PARTICIPANT

The population of the study consisted of 244 nurses who were working between March 2017 and July 2017 in the adult intensive care units of six health institutions in the Samsun city center, affiliated to the Samsun Provincial Health Directorate. Without sample selection, the study was conducted with 171 nurses, who had been actively working in the intensive care unit for at least 6 months, and who voluntarily agreed to participate in the study.

DATA COLLECTION

The data were collected through the nurses' characteristics form, including information about the nurses' socio-demographic and professional characteristics and the concept of death and ethics, the Moral Sensitivity Questionnaire (MSQ) and the Death Attitudes Profile (DAP).

NURSES' CHARACTERISTICS FORM

This form was prepared by the researcher in line with the literature.[6-9] The form was consisted of 12 questions in total: 8 about the sociodemographic and professional characteristics of the nurses (gender, age, marital status, unit, etc.), 4 about their thoughts on the concept of death (frequency of self-reflection about death, whether they experienced a loss of life before or received death education, etc.).

MSQ

The MSQ, developed by Kim Lutzen, was applied in the Karolinska Nursing Institute in Stockholm, Sweden in 1994 to determine the ethical sensitivity of nurses and physicians working in psychiatry clinics first, and then it was applied in other clinics. Turkish validity and reliability study was done by Tosun in 2005.[10] The MSQ is 7-point Likert type consisting of 30 items, where the participant was asked to rate the expressions in the questionnaire between 1 point, "I totally agree" and 7 points, "I do not agree at all". 1 point indicated a high sensitivity in fully agreeing while 7 points indicated a low sensitivity in not agreeing at all. The lowest score possible was 30, while the highest was 210. A low score indicated high sensi-

tivity in terms of ethics, while a high score indicated the opposite. MSQ consisted of 6 sub-dimensions: autonomy, utility, holistic approach, conflict, application, and orientation.[10] The Cronbach alpha value was determined as 0.845 in this study.

DAP-REVISED

The DAP is a scale which measures the attitudes towards death based on the view that death exists. It was developed by Wong et al. in 1994. Its Turkish validity and reliability study was conducted by Işık et al. in 2009.[11] DAP consists of 26 items. It is a 7-point Likert-type scale between "strongly agree" and "strongly disagree". The scale includes reverse items (2, 3, 6, 7, 9, 12, 13, 14, 15, 17, 18, 20, 21 and 25.). As the total score obtained from the scale increased, it was considered a more positive attitude towards death.[11] DAP has five dimensions: fear of death, avoidance of death, acceptance of death as neutral, acceptance of approach and acceptance of escape. A score can be obtained for each dimension as well as a total scale score.[11] In the reliable validity study, the scale was reduced to three sub-dimensions: neutral acceptance and approach acceptance, acceptance of escape and fear of death and avoidance of death. The evaluations in this study were based on this grouping. In the study by Işık et al., The DAP Cronbach alpha value was found as 0.81 (neutral acceptance and acceptance of approach; 0.82, acceptance of escape; 0.72 and fear of death and avoidance of death; 0.70).[11] In this study, the DAP Cronbach alpha value was found as 0.846 (neutral acceptance and acceptance of approach; 0.89, acceptance of escape; 0.782 and fear of death and avoidance of death; 0.807).

ETHICAL APPROVAL

Ethical approval was given by the Ondokuz Mayıs of Medicine Ethics Committee (date: January 27, 2017, no: B.30.2.ODM.0.20.08/6671175). In addition, written permission was obtained from the relevant institutions and participants. The study was conducted in accordance with the Principles of the Declaration of Helsinki.

DATA ANALYSIS

The data were evaluated using the SPSS 23 software (IBM Inc., Chicago, Illinois, USA). The conformity of the data to normal distribution was decided by the Shapiro-Wilk test and examining the skewness and kurtosis values. The nonparametric methods Mann-Whitney U and the Kruskal-Wallis tests were used to compare the introductory information with the values of the MSQ Scale which were not normally distributed. For the DAP-Revised Scale, parametric t-test for independent samples and one-way analysis of variance were used. The relationship between scale scores was analyzed using Spearman rank correlation, and the significance level was taken as $p<0.05$.

RESULTS

Table 1 shows the MSQ and DAP total and sub-dimension mean scores of nurses and the correlation analysis between scales. While the nurses' MSQ total mean score was found as 77.5±18.8, the DAP total mean was found as 115.1±20.2. A significant negative correlation was found between the DAP and MSQ total scores ($r=-0.200$, $p<0.05$) (Table 1).

The mean age of the nurses participating in the study was 32.7±6.4, 82.5% were female and 53.2% were undergraduates. 90.1% of the nurses stated they were working in the internal units, 38% had been working in the unit for 0-2 years, 51.5% had been working for 9 years or more, 85.4% were satisfied with their unit and 56.1% held an intensive care certificate (Table 2). Considering the distribution of the MSQ and DAP total score values according to the socio-demographic and professional characteristics of the nurses; a statistically significant difference was found between the MSQ total score and gender, educational status, satisfaction with their unit and whether they held an intensive care certificate ($p<0.05$). The DAP mean score showed that it was only affected by the unit worked in variable and the

TABLE 1: MSQ and DAP scales total score averages and the relation between the scales.

Scales	$\bar{X}$±SD	Minimum-Maximum
MSQ total	77.5±18.8	30-210
DAP total	115.1±20.2	26-182
	DAP total	
MSQ total	r: -0.200	p<0.05

MSQ: Moral Sensitivity Questionnaire; DAP: Death Attitudes Profile; SD: Standard deviation.

difference was statistically significant ($p<0.05$). Accordingly, the DAP total mean score values of the nurses working in surgical units were found to be higher than the other groups (Table 2).

44.4% of the nurses stated that when they were given the responsibility to report the death, they would accept it a normal event and say it and 70.2% felt sad when they encountered death. 71.3% reported

TABLE 2: Comparison of MSQ and DAP scores of nurses by sociodemographic and occupational characteristics.

Characteristics	% (n)	MSQ	DAP
Gender			
Female	82.5 (141)	74.5 (43-161)	114.4±21.1
Male	17.5 (30)	80.5 (56-125)	118.6±15.7
		U=1611.0	t=-1.0 p=0.299
		p=0.046	
Age			
18-27	23.4 (40)	78.5 (49-125)	120.2±17.8
28-37	48.0 (82)	74 (48-161)	114.3±15.8
38 and above	28.7 (49)	73 (43-159)	112.4±27.2
		χ^2=3.9 p=0.145	F=1.8 p=0.167
Educational status			
Medical vocational high school	9.4 (16)	75.5 (53-99)[ab]	122.6±23.8
Associate	25.1 (43)	84 (55-161)[a]	111.5±21
Bachelor	53.2 (91)	74 (43-159)[b]	115.6±18.6
Master-PhD	12.3 (21)	66 (45-93)[b]	114.4±22.4
		χ^2=12.1 p=0.007	F=1.2 p=0.304
Unit worked in			
Medical units	90.1 (154)	75 (43-161)	113.9±20.6
Surgical units	9.9 (17)	73 (56-125)	125.6±13.4
		U=1194.0 p=0.580	t=-2.3 p=0.023
Years worked in unit			
0-2	38.0 (65)	75 (49-124)	115.5±18.9
3-5	25.7 (44)	77 (48-159)	114.1±23.1
6-8	20.5 (35)	75.5 (48-161)	116.3±15.2
9 and above	15.8 (27)	68 (43-113)	114.3±24.7
		χ^2=3.5 p=0.323	F=0.1 p=0.962
Total working years			
0-2	7.0 (12)	82 (49-102)	122.5±13.5
3-5	13.5 (23)	80 (56-125)	119.6±15.2
6-8	28.1 (48)	73.5 (43-126)	117.1±15.7
9 and above	51.5 (88)	74 (45-161)	111.8±23.7
		χ^2=5.2 p=0.156	F=1.9 p=0.138
Satisfaction with working in their unit			
Yes	85.4 (146)	73.5 (43-161)	114.5±20.9
No	14.6 (25)	86.5 (54-126)	118.5±16.1
		U=1006.0 p=0.001	t=-0.9 p=0.369
Intensive care certificate			
Yes	56.1 (96)	73 (43-161)	113.1±21.8
No	43.9 (75)	78.5 (48-159)	117.6±17.9
		U=2743.0 p=0.011	t=-1.4 p=0.153

a-b: There is no difference between groups with the same letter; MSQ: Moral Sensitivity Questionnaire; DAP: Death Attitudes Profile; U: Mann-Whitney U test statistics; t: Independent samples t-test statistics, χ^2: Chi-square test statistics, F: One way variation analysis test statistics; mean±standard deviation.

TABLE 3: The distribution of the frequency, MSQ and DAP scores according to the characteristics of the nurses regarding the concept of death.

Characteristics	% (n)	MSQ	DAP
When given the responsibility to report a death			
I tell it accepting it a normal event	44.4 (76)	75 (45-161)	113.6±23.7
I can't decide how to say it	43.9 (75)	76.5 (48-123)	115.7±16.8
I withdraw myself	11.7 (20)	72 (43-111)	118.8±17.9
		χ^2=1.5 p=0.478	F=0.6 p=0.562
The emotion felt when faced with death			
Desperation	19.9 (34)	77.5 (45-126)[a]	116.1±23.5
Fear	9.9 (17)	73.5 (48-124)[b]	114.7±26
Sadness	70.2 (120)	75 (43-161)[ab]	114.9±18.5
		χ^2=52.4 p=0.001	F=0.1 p=0.946
Reaction when faced with death			
I think about my own death	4.7 (8)	72 (43-101)[a]	121.1±22.7
Depends on the age and illness of the patient	71.3 (122)	75 (48-161)[ab]	116.6±18.4
I got used to it as I face it often	24.0 (41)	76 (45-109)[b]	109.4±24.2
		χ^2=14.304 p=0.001	F=2.4 p=0.097
Considering the post-mortem care training			
Satisfactory	20.5 (35)	72 (45-99)	109.9±25.3
Unsatisfactory	38.6 (66)	77 (43-161)	116.9±20.6
Partially sufficient	40.9 (70)	76 (55-125)	116±16.6
		χ^2=3.4 p=0.182	F=1.5 p=0.228

a-b: There is no difference between groups with the same letter; MSQ: Moral Sensitivity Questionnaire; DAP: Death Attitudes Profile; χ^2: Chi-square test statistics; F: One way variation analysis test statistics; mean±standard deviation.

that their reaction changed according to the age and illness of the patient. When asked whether they received training about death, 40.9% of the nurses stated that they considered their training on post-mortem care partially sufficient. The analysis of the distribution of the MSQ and DAP scores according to the characteristics of nurses regarding the concept of death evinced that the difference between the score value of the MSQ total and the variables of emotion and reaction when faced with death was found to be statistically significant ($p<0.05$) (Table 3). According to this; the MSQ total score values of the nurses who felt "fear" when faced with death and said "I think about my own death" were found to be lower than the other groups. There was no statistically significant difference between the mean score of the DAP total and the variables about the concept of death ($p>0.05$) (Table 3).

DISCUSSION

As a result of this study, the intensive care nurses' total score average from the MSQ was found as 77.5±18.8 (Table 1). Considering the scale evaluation, the study evinced that these nurses had moderate ethical sensitivity. A study conducted in China found that nurses had high levels of ethical sensitivity, while studies in Brazil and Iran found moderate levels.[12-15] Jamshidian et al. reported moderate ethical sensitivity levels of nurses working in critical care areas.[16] Further studies conducted in intensive care also reported that the ethical sensitivity levels of nurses were moderate.[3,4] The result of this research is similar to the literature.[5,10,17,18] The total score average of the nurses' DAP was 115.1±20.2 (Table 1). According to the scale, the nurses' attitudes towards death were moderate. Other studies conducted with intensive care nurses also found similar results.[19,20] The result of this study was found to be consistent with the results of previous research.[21,22]

Considering the relationship between the scales, a weak negative correlation was found between the DAP and MSQ Scales. Considering the calculation of the MSQ Scale (high score indicates low ethical sensitivity), it is possible to state that as the ethical

sensitivity increased, a positive attitude towards death was displayed. The study by Kim et al. conducted with paramedic students reported a weak significant positive relationship between bioethical awareness and the perception of death.[22] Similar to the result of this study, the studies by Çevik found that nurses with a high fear of death had a less positive attitude in the care of patients whose death was near.[23] The MSQ total score showed that female nurses, master's and doctorate graduate nurses, those satisfied with the unit they work in and who held an intensive care certificate had higher moral sensitivity levels (Table 2) ($p<0.05$). Although there are studies indicating that there is no relationship between ethical sensitivity and gender, similar to this study, Borhani et al. found higher ethical sensitivity levels in female nurses.[10,24,25] As the education level increased so did the importance given to ethics education, this, in turn, resulted in a higher ethical sensitivity. The study by Palazoğlu and Koç conducted with emergency nurses found higher ethical sensitivity in those who were satisfied with their unit.[26] The relevant results obtained in this study are in line with the literature.

It was determined that the attitude towards death was affected only by the variable of the unit worked in and that the nurses working in surgical units had a better attitude towards death ($p<0.05$). The study by A'la et al. evinced that the intensive care nurses displayed a more positive attitude towards death and the patient whose death was approaching compared to the emergency room nurses.[27] Menekli and Fadılıoğlu reported that nurses working in internal units found death to be a more difficult process to be accepted compared to nurses working in surgical units.[28] Ay and Öz reported that nurses working in the adult intensive care unit developed more negative attitudes towards death.[29] Dunn et al. reported in their study conducted with surgical and oncology nurses that those more exposed to dying patients displayed positive attitudes.[30] Çevik stated that the attitude of nurses working in oncology clinics and surgical intensive care clinics towards caring for a dying individual was more positive than other clinics.[23] There are also studies in the literature indicating that the unit worked in affected the attitude towards dying patients.[31,32] The existence of different results in the literature was possibly due to the effect the current patient and course of disease in the unit worked in, the frequency of facing death, the working conditions of the unit and the professionalism and personal characteristics of the nurses had on their attitudes towards death. The fact that surgical units are specialized areas, the shorter hospitalization of surgical patients in intensive care compared to internal patients and the high patient circulation in surgical units possibly resulted with a better attitude towards death in the nurses working in surgical units.

The moral sensitivity levels of those who felt fear and who reflected on their own death when faced with death were found to be significantly higher (Table 3). When the individual experiences severe fear and despair, they tend to avoid events as much as possible. In their study with nursing students, Choo and Kim reported a significant relationship between the attitude towards death and death anxiety. Faced with the phenomenon of death, a nurse can empathize and feel fear by reflecting on their own death.[33] The high moral sensitivity of these nurses can be explained by their ability for empathy. This study evinced that the characteristics in question regarding death did not have any effect on the attitude towards death. Although there was no statistically significant difference, we found that nurses who withdrew from reporting death had a worse attitude towards death (Table 3). In Çevik's research, nurses stated that, while providing care to the dying patient, they felt incompetent about the concept of death while answering the questions of the patient and relatives and about the care to be given in the last days of life, and did not know what to talk about death.[23] Intensive care nurses who frequently face death develop attitudes towards death by reflecting on the concept of death.[34] While nurses who care for dying patients witness the phenomenon of death, they also face the reality of their own mortality.[35] Nurses who do not accept the reality of their own mortality and cannot cope with it develop negative feelings and thoughts about death and avoids talking about and reflecting on it.[1] It is possible to state that nurses who accept that death is a natural process and their own mortality can develop a more positive attitude towards death and transfer it to their professional life.

LIMITATION

This research is limited to the sample studied, it may vary according to geographical and belief-oriented factors. Results can not be generalized.

CONCLUSION

The results of this study found the moral sensitivity levels of nurses and their attitudes towards death to be moderate. A weak negative significant correlation was found between the average scores of the DAP and the MSQ. As a result of this research, it is recommended to conduct more frequent training on ethics and death in specialized units such as intensive care. In addition, while evaluating nurses' attitudes and ethical approaches towards death, their professional and individual characteristics should be taken into account. We are recommended that ethical and death-related issues in nursing education should be spread throughout the entire education process.

Source of Finance

This study was supported by Ondokuz Mayıs University with the project number PYO.SBF.1904.17.011.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Ebru Kaya, Afitap Özdelikara;* ***Design:*** *Ebru Kaya, Afitap Özdelikara;* ***Control/Supervision:*** *Ebru Kaya, Afitap Özdelikara;* ***Data Collection and/or Processing:*** *Ebru Kaya;* ***Analysis and/or Interpretation:*** *Ebru Kaya, Afitap Özdelikara;* ***Literature Review:*** *Ebru Kaya, Afitap Özdelikara;* ***Writing the Article:*** *Ebru Kaya, Afitap Özdelikara;* ***Critical Review:*** *Afitap Özdelikara;* ***References and Fundings:*** *Ebru Kaya;* ***Materials:*** *Ebru Kaya.*

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