

# Ethical Attitude Levels of Surgical Nurses in Nursing Care: A Cross-Sectional Study

## Abstract

**Background:** Surgical nurses have several ethical responsibilities, and it is important to examine the ethical attitudes of nurses to determine the existing ethical attitude level and to minimize possible ethical problems.



**Aim:** This study aimed to determine the ethical attitude levels of surgical nurses in nursing care.

**Methods:** This descriptive and cross-sectional study was carried out with 143 nurses who were working at surgical units of a university hospital between October 15, 2021 and January 17, 2022. Data were collected using the "Ethical Attitude Scale in Nursing Care" instruments. The descriptive statistics, the Mann-Whitney *U*-test, the Kruskal-Wallis H test, and Spearman's correlation test were used for data analysis.

**Results:** Among the nurses, 65% were working in surgical wards, and 72% had received training on ethics as a lesson in educational processes and/or as in-service training. The ethical attitude level of nurses was found to be over the moderate level. Nurses who received training on ethics had statistically significantly higher ethical attitude scores than those who did not ( $U = 1594.000, P = .036$ ). A statistically significant correlation was found between ethical attitude score and clinical experience duration ( $r = .207, P = .013$ ).

**Conclusion:** Among surgical nurses working in many specific surgical units, their ethical attitude levels in nursing care are influenced by having longer clinical experience duration and receiving training on ethics. Therefore, ethics education is beneficial in dealing with ethical problems and should be carried out with different programs during or after nursing education.

**Keywords:** Ethical attitude, nursing care, surgical nursing, surgical units

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## Introduction

Ethics is a concept that seeks to discern between right and wrong, as well as the do's and don'ts of achieving the best for the patient, particularly in areas where medical interventions are applied.<sup>1,2</sup> In nursing, which is founded on basic human values, it is important to give the necessary importance to the concept of ethics in the caregiving process, to form professionalism in the health-care service and to meet the patient's needs by giving adequate care.<sup>3,4</sup> As the issue of ethics is intertwined with all nursing practice, it has special importance in surgical fields.<sup>5</sup>

Surgical nurses have several ethical responsibilities, including preparing patients for surgery, acting as patient advocates during anesthesia administration, protecting patients from injuries and potential dangers, and maintaining patient privacy.<sup>6</sup> In the literature, it is determined that nurses working in surgical units have more ethical dilemmas than nurses working in internal units.<sup>7</sup> In a study, it was determined that nurses who work in the operating room and intensive care units (ICU) had moderate decision-making skills in the face of ethical dilemmas.<sup>8</sup>

In case of ethical dilemmas, nurses are expected to perform their attitudes and behaviors ethically in the right decision-making process, and ethical principles and professional values guide them in this regard.<sup>9</sup> In situations when ethical sensitivity is low or reduced, ethically incompatible care may occur.<sup>10</sup> To be able to recognize and resolve ethical dilemmas, nurses' ethical sensitivities must be improved. In this respect, it is important to examine the ethical attitudes of nurses working in the field of surgery, to

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determine the existing ethical level, and to minimize possible ethical problems. In the literature, studies aiming to determine the ethical attitude levels of nurses working in surgical units using a validated measurement tool in our country are insufficient. It is thought that the data to be obtained will contribute to the literature in terms of determining the current ethical attitude levels of nurses working in surgical fields where ethical issues are important and will contribute to keeping the data on this subject up-to-date.

### Objective

This study was conducted to determine the ethical attitude levels of surgical nurses in nursing care practices.

### Research Questions

- What is the ethical attitude level of surgical nurses in nursing care practices?
- Do nurses' demographic variables affect their ethical attitude level?

## Materials and Methods

### Study Design and Sample

This descriptive and cross-sectional study was carried out adhering to the STROBE guidelines at a university hospital in Eastern Thrace of Turkey. We aimed to reach the study population consisting of a total of 195 nurses who work in surgical units including eleven surgical wards, four ICU, and the operating room. After the exclusion of nurses who did not want to participate in the study, who were on annual leave or on sick leave, the study sample consisted of 143 nurses (73.3%). The inclusion criteria were working at these surgical units and being volunteered to participate in this study.

### Data Collection Tools

Data were collected using the "Nurse Demographics Form" and the "Ethical Attitude Scale in Nursing Care" instruments between October 15, 2021, and January 17, 2022.

### Nurse Demographics Form

This form consisted of six items regarding age, gender, education level, the working unit, duration of the clinical experience, and previous education about ethics.

### Ethical Attitude Scale in Nursing Care

This scale was developed by Özçiftçi<sup>11</sup> in 2020 to determine the ethical attitudes of nurses working in the internal medicine and surgery clinics toward patients during caregiving activities and the Cronbach's alpha value was found as 0.968. It has a five-point Likert type scoring rated as follows: (1) Strongly agree, (2) agree, (3) neutral/uncertain, (4) disagree, and (5) strongly disagree and consists of 34 items collected in one factor. The minimum score is 34 and the maximum score is 170, and the higher scale scores showed higher positive attitudes.<sup>11</sup> The Cronbach's alpha value found as 0.952 in this study.

### Data Collection

Nurses were visited by the researcher at the clinics during their daily working hours and were informed about the aim of the study. Before data collection, the method of the study was explained to the nurses, following, the voluntary nurses were asked to complete these forms individually. The data collection forms were given to the nurses in a separate room to prevent interaction with other nurses and they were allowed to complete them in approximately 15 min.

### Data Analysis

To analyze the normal distribution of the data, the Kolmogorov-Smirnov test was used and non-parametric tests were used for the not normally distributed data. For data analysis, descriptive statistics including frequency, numbers with percentages, mean with standard deviations, the Mann-Whitney *U* test, the Kruskal-Wallis *H* test, and Spearman's correlation test were used. For coding and analyzing the data, the IBM SPSS Statistics software package (ver. 21.0, IBM, Armonk, NY, USA) was used and the  $P < 0.05$  was considered to be significant.

*A post hoc* power analysis was conducted using the G-Power Program (G Power 3.2, Kiel, Germany) with an effect size of 10.69, an alpha level of 0.05, and a sample size of 143; the statistical power was calculated as 1.000.

### Ethical Consideration

The ethical permission was approved by the Medical Faculty Scientific Researches Ethics Committee of the Trakya University (Protocol Number: TÜTF-BAEK 2021/352, Approval Number: 17/10, Date: March 06, 2021), the institutional permission was obtained from the director of the university hospital (Permission Number: 139097), and the scale permission was obtained from the developers through mail. In this study, nurses were informed not to write their names on the data collection forms and it was explained that the data were going to be used only for scientific aims and they were free to leave the study whenever they want. Before the data collection, verbal and written consent was gained from the nurses. All procedures were performed in accordance with the ethical standards and by the Helsinki Declaration.

## Results

Among the surgical nurses in this study, 69.9% ( $n=100$ ) of them were female, 62.2% ( $n=89$ ) had bachelor's degrees, 65% ( $n=93$ ) were working in surgical wards, and 72% ( $n=103$ ) had received training on ethics as a lesson in educational processes and/or as an in-service training. The nurses who received training on ethics had significantly higher ethical attitude scores than those who did not ( $U = 1594.000$ ,  $P = .036$ ) (Table 1).

The mean of the total ethical attitude score was  $154.16 \pm 14.41$ , the mean age of the nurses was  $29.11 \pm 6.31$  years, and the average duration of clinical experience was  $48.16 \pm 64.66$  months. A statistically significant correlation was found between the ethical attitude score and clinical experience duration ( $r = .207$ ,  $P = .013$ ) (Table 2).

## Discussion

Nurses working in the surgical field frequently encounter ethical problems during the care they give to patients and have to make ethical decisions. Nurses must have positive ethical attitudes when making ethical decisions to recognize ethical issues and be attentive to these issues.<sup>12</sup> In this study, the ethical attitude level of the surgical nurses was found to be over the moderate level, which means that their ethical attitude level was positive. In another study from Turkey, Mert Boğa et al.,<sup>13</sup> found that the ethical sensitivity level of the nurses was moderate. Similarly, Temiz et al.,<sup>5</sup> stated that surgery nurses had a moderate level of ethical sensitivity. Basar and Çilingir<sup>14</sup> evaluated the ethical sensitivity of nurses working at the surgical ICU and found a moderate level of ethical sensitivity. Chen et al.,<sup>15</sup> from Guilin in

**Table 1.** Comparison of the Demographic Variables and the Ethical Attitude Scale Scores (n=143)

Variables	n (%)	Ethical attitude scale score				P-test
		mean	SD	Median	Min-Max	
Gender						<i>P</i> =.267
Female	100 (69.9)	154.91	14.11	160.00	110–170	<i>Z</i> =–1.110
Male	43 (30.1)	152.41	15.13	158.00	108–170	<i>U</i> =1898.000
Educational Status						
High school	40 (28.0)	155.32	12.72	159.00	116–170	<i>P</i> =.681
Bachelor	89 (62.2)	154.46	14.29	160.00	108–170	<i>KW</i> =0.770
Postgraduate	14 (9.8)	148.92	19.19	154.50	119–170	<i>df</i> =2
Surgical unit						<i>P</i> =0.405
Surgical ward	93 (65.0)	153.38	14.74	158.00	108–170	<i>Z</i> =–.833
ICU+OR	50 (35.0)	155.60	13.82	160.50	119–170	<i>U</i> =2128.500
Received training on ethics						<i>P</i> =.036*
Yes	103 (72.0)	155.66	13.83	160.00	108–170	<i>Z</i> =–2.098
No	40 (28.0)	150.30	15.33	156.50	110–170	<i>U</i> =1594.000

ICU: Intensive care unit; OR: Operating room; U: Mann–Whitney U test; KW: Kruskal–Wallis H test; \**P*<.05.

China also reported that nurses' ethical sensitivity was at a medium level. Similarly, in a study conducted in Arak, Iran hospitals, the ethical sensitivity level of nurse managers was reported to be moderate.<sup>16</sup> Amiri et al.,<sup>17</sup> determined the moral sensitivity of nurses working in medical wards and reported that it was at the desired level. In the literature, it is reported that ethical sensitivity positively affects the ethical attitude, and the increase in ethical sensitivity improves the ethical attitude.<sup>18</sup> As the ethical views of individuals reflect their level of ethical sensitivity, the results of this study are discussed in accordance with ethical sensitivity.<sup>11,19</sup> Similar to the literature, nurses working in the surgical units have a positive ethical attitude which means that they have ethical sensitivity.

In the study, it was determined that surgical nurses who received training on ethics had a higher ethical attitude than those who did not receive training. In the study conducted by Huang et al.,<sup>20</sup> on nurses working in surgical units, it was determined that receiving education on ethics affects ethical sensitivity positively. In a study conducted by Yorulmaz<sup>21</sup> on nurses working in surgical units in a state hospital, it was concluded that the ethical sensitivity of nurses who received training on ethics at any time in their lives was also

high. Schallenberger et al.,<sup>22</sup> from Brazil evaluated the moral sensitivity among nurses working ICU in a qualitative study design, and ethical education was identified as an important component to be aware of the professional code of ethics. In their study, Palazoğlu and Koç<sup>23</sup> determined the ethical sensitivity level of nurses working in emergency service and reported that receiving education on ethics positively affects ethical sensitivity. In a two-group pre and post-designed study conducted with ICU nurses working at the hospital of Isfahan University of Medical Sciences, the effect of an ethical empowerment program on nurses' ethical decision-making was determined. In the experimental group, nurses who took the ethical workshop had higher levels of ethical sensitivity in making decisions than the control group.<sup>24</sup> Kırca and Özgönül<sup>25</sup> reported that nurses who receive training in ethics have higher ethical attitude levels than nurses who have not received. Similarly, descriptive studies examining the ethical attitudes and sensitivity levels of surgical nurses working in Türkiye found that receiving education on ethics no matter in what form increases moral and ethical sensitivity.<sup>2,19,26,27</sup> As the increase in ethical sensitivity also increases ethical attitude, these results show that training on ethics positively affects the ethical sensitivity and attitude levels of nurses. It is thought that ethics education carried out with different programs during or after nursing education is beneficial in dealing with ethical problems encountered in the professional process and affects nurses positively and therefore increases ethical attitude.

In the study, it was determined that the ethical attitude levels of the nurses working in the surgical units increased positively with the increase in their clinical experience duration. Similar to the results of this study, Temiz et al.<sup>5</sup> reported that the ethical sensitivity level of surgical nurses with more than 10 years of working experience in the profession increased compared to those under it. Another descriptive study conducted with Basar and Çilingir<sup>14</sup> reported that nurses working in the surgical intensive care unit for more than 10 years had

**Table 2.** Correlation of Total Scale Score between Nurses' Age and Professional Experience Duration (n=143)

	Mean	SD	Median	Min-Max	P-test
Total scale score	154.16	14.41	159.00	108–170	
Age (years)	29.11	6.31	27.00	22–53	<i>P</i> =.181 <i>r</i> =.113
Clinical experience (months)	48.16	65.66	18.00	1–360	<i>P</i> =.013* <i>r</i> =.207

SD: Standard deviation; r: Spearman's correlation; \**P*<.05.

higher ethical sensitivity levels than nurses who worked between 2 and 10 years. In a phenomenological study conducted in Iran to investigate operating room nurses' lived experiences of ethical codes, it was identified that by getting experience, nurses manage better interactions with patients using the ethical codes as a guide in making ethical decisions for complex professional situations.<sup>28</sup> Similarly, Dülgerler et al.,<sup>29</sup> found the ethical sensitivity of nurses working in surgical units with 11 or more professional experience to be higher, and Firat et al.,<sup>30</sup> reported that emergency room nurses working for over 20 years had higher ethical sensitivity than nurses working for lower years. Mert Boğa et al.<sup>13</sup> also stated that surgical nurses' ethical sensitivity levels increase in direct proportion to their duration of clinical experience. In their cross-sectional study, Sheikhtaheri et al.,<sup>31</sup> reported that nurses with more than 10 years of experience had higher knowledge regarding the principles of professional ethics and patients' rights. Based on these results, it is thought that the increase in the level of ethical attitudes with the increase in the duration of clinical experience may be because nurses encounter more ethical problems in their profession, seek solutions to them, and have to make ethical decisions.

### Limitations and Strengths

This study has some limitations. One of these limitations is that it is conducted with surgical nurses, and the results cannot be generalized to all clinical nurses. The other limitation was that the scale used in this study is newly developed to determine the ethical attitudes of nurses, therefore, there is limited study in the literature to compare and discuss.

The strength of the study was that it was specific research that focuses on the ethical attitude level of surgical nurses working in many specific surgical units including surgical wards, ICU, and operating rooms. As there are many studies conducted to determine the ethical sensitivity of surgical nurses, the results of this study show the attitude dimension of ethics. It is believed that these results will contribute to literature keeping surgical nurses' attitudes toward ethics.

### Conclusion and Recommendations

In this study, it was found that surgical nurses had a positive ethical attitude in nursing care, and receiving training on ethics and longer clinical experience duration were the effecting factors of developing a positive ethical attitude. According to the results, being educated about ethics and being experienced in clinical surgical nursing are important in gaining positive ethical attitudes.

As a conclusion, it is recommended to carry out ethical education with different programs during or after nursing education for nurses. In addition, conducting qualitative studies to deeply investigate the ethical attitudes and the influencing factors of surgical nurses may be beneficial to promote nurses' ethical behaviors.

**Ethics Committee Approval:** The ethical permission was approved by the Medical Faculty Scientific Researches Ethics Committee of the Trakya University (Protocol Number: TÜTF-BAEK 2021/352, Approval Number: 17/10, Date: 06.09. 2021).

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