**Nurses' Caring Behavior and its Correlation with Moral Sensitivity**

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**Abstract**

Different and contradictory results have been reported for nurses' caring behavior and moral sensitivity. The present study aimed to examinethe correlation between nurses' caring behavior and moral sensitivity. The research was descriptive and a correlational study; and data were collected using nurses' moral sensitivity and caring behavior questionnaires. A total of 250 nurses, who worked in clinical wards of Yasuj teaching hospitals in 2018, were selected by a systematic random sampling. Nurses participated with informed consent. The confidentiality of information was emphasized; and the study was approved through the Ethics Committee.Seventy-four percent of nurses had moderate moral sensitivity (50-74). Nurses' moral sensitivity and caring behavior mean score were reportedto be 59.5±11.1 (range: 31-87) and 110.99±17.99 (range: 69-94), respectively. Pearson test showed a positive correlation betweennurses' caring behavior and moral sensitivity at a 99% level (p = 0.001). Nurses' caring behavior was positively correlated with their moral sensitivity, so that nurses with higher moral sensitivity had more favorable caring behavior.

The moral sensitivity and caring behavior nurses' are moderate and good respectively. Furthermore, there was a positive correlation between moral sensitivity and caring behavior in nurses, so that nurses provided better caring behavior as moral sensitivity increased.

**Keywords**: behavior, care, Morals, Nurse

**Introduction**

Nurses' actions have two behavioral and ethical dimensions that are interdependent. Caring, the core of nursing profession, is the primary nursing practice. Various definitions of caring have been presented by nursing theorists due to its abstract nature and the inability to accurately describe it (1). For instance, Leiningerintroduces care as a unique natural instinct in human society(2).According to Watson, caring has an ethical dimension under which the human value system guides the nursing staff practice. It is believed that nurses' care behavior has two aspects of expressive and operational activities. Expressive activities are supportive actions by nurses such as honesty, trust, hope and empathy that affect the human mood. Operational activities provide real services to meet basic living needs such as comfort and pain relief (3). Nursing practices are not only limited to technical knowledge and skill, but are also ethical efforts to judge and ethical decision-making in clinical places(4).

Due to the nature of nursing profession and the professional relationship between nurses and patients (5, 6),the awareness of principles of professional ethics and moral sensitivity for safe care is increasingly emphasized (7). Moral sensitivity is thus the first stage of ethical decision-making in nursing (8, 9). Moral sensitivity is a mental concept that emphasizes the nurses' understanding of ethical consequences of caring decisions (10). The moral sensitivity is also an ability to resolve ethical conflicts in personal and professional life (11, 12), and it not only guides nurses towardsethical decision-making in facing ethical dilemmas and challenges(13), but also improves quality of their professional performance (14). Results of studies indicate that moral sensitivity is associated with professional competence, high qualitycare (15), and professional responsibility and accountability (16) all of which are based on holistic care approach to respond to patients' physical, psychological, social, and spiritual needs (17).

On the one hand, increasing health-related changes, such as new technology and methods of caring raise new ethical issues in the process of providing patient care, and thus an appropriate ethical approach can underlie the nurses' professional development and secure nursing care (18, 19). On the other hand, the non-compliance with ethical standards has adverse consequences for quality of caring (20). The existing literature review reported variable levels of nurses' moral sensitivity, so that they weremoderate in some studies (7, 21-23) and high in other studies (12, 14, 24, 25). The differences may be due to different social and cultural contexts as an effective factor in promoting the nurses' moral sensitivity (26).

Based on results of published studies and available evidences, first, few studies have been conducted on the correlation between nurses' ethical sensitivity and caring behavior. Second, contradictory results have been reported in this field. Nurses' caring behavior, especially expressive activities, can be influenced by social, cultural, belief and value systems, and even economic factors. Therefore, according to different cultural and social contexts of Iranian nurses and the possible impact on their caring behavior, the present study was based on two main questions: First: Howare the nurses' moral sensitivity and caring behavior in the present study? Second question: Is there any correlation between caring behavior and nurse’smoral sensitivity? Therefore, the present study aimed to determine the correlation between caringnurses' behavior and moral sensitivity.

**Materials and Methods**

**Type of study and number of samples**: Thepresent study wasa correlational study. The statistical population consisted of nurses who worked in clinical wards of three teaching hospitals in Yasuj, 2018. The number of nurses for participating in the study was estimated at 250 based on the statistical formula (n=. Nurses were selected througha systematic random sampling method. Based on number of nurses in each hospital, 100 ones were selected from ShahidBeheshti Hospital, 100 from Imam Sajjad Hospital, and 50 from Social welfare Hospital. Working in clinical wards, having at least a year of work experience, not working in a profession other than nursing, and willingness to participate in the study were considered as the inclusion criteria. Unwillingness to participate in the study and non-completion of questionnaires were considered as the exclusion criteria and sample loss.

**Tools**: Data were collected usingnurse’s moralsensitivity and caring behavior questionnaires. The moral sensitivity questionnaire was designed by Lutzenin 1994. The questionnaire had 25 questions that were scored on a five-point Likert scale. Scores 4 and 3 referred to strongly agree and agree, scores 2, 1 and 0 were disagree, strongly disagree, and I have no idea, respectively. The total score of questionnaire was 0-100, the score of 0-50 was low moral sensitivity, 51-75 moderate moral sensitivity, and 76-100 high moral sensitivity. The validity of questionnaire was reported in Persian version with a Cronbach's alpha coefficient of 0.81 (6) and its reliability was again verified by researchers. The 24-item Caring Behavior Inventory (CBI-24), which was based on Watson's theory and designed by Wolf, was utilized to evaluate nurses' caring behavior. Scoring questions was based on a six-point Likert scale (1–6) and the score 6 meant strongly agree and score 1 referred to strongly disagree. Scores of questionnaire ranged from24-144. Higher scores represented better nursing care behavior. The questionnaire had been previously used by Iranian researchers (27, 28).

**Ethical considerations**: The voluntary participation in the research, no need to write full names in the questionnaires, and the confidentiality of collected data was emphasized. Theresearch was also approved by the Ethics Committee of Yasuj University of Medical Sciences and data was collected after coordinating with hospital officials, explaining study goals, and informed consent of nurses who worked in morning, evening, and night shifts based on identified samples in systematic sampling.

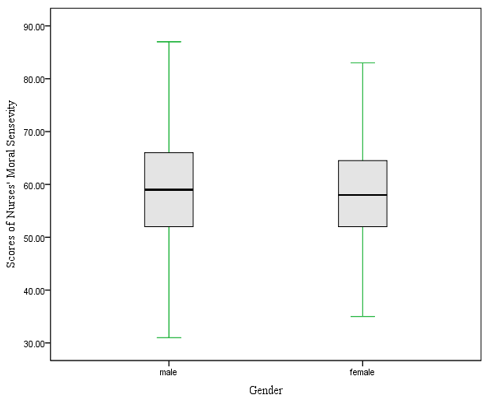
**Data analysis**: The collected data was analyzed by SPSS version 19 according to descriptive statistics and Pearson correlation test due to compliance of nurses' ethical sensitivity scores and caring behavior with normal distribution at 99% and 95% confidence intervals.

**Results**

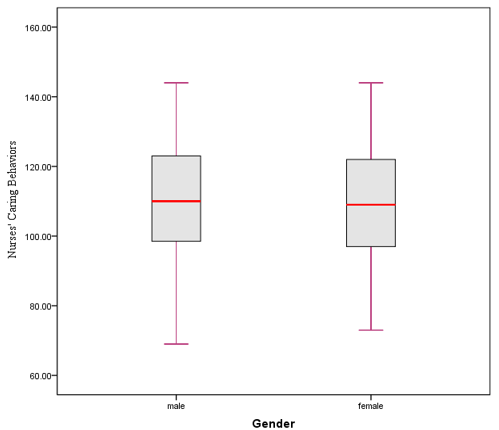
In the present study, 55 male nurses (22%) and 195 female nurses (78%) participated with an overall mean age of 32.6± 4.9 (range: 22-48 years), mean work experience of 67.6±34.4 (range: 7-300months), and mean working hours of 44.4±7.6 hours per week (range: 32-70 hours) (Table 1). The findings indicated that 70.4% of nurses had moderate (50-74) and 18% had low (0-49) moral sensitivity. Mean moral sensitivity of 59.5±11.1 (range: 31-87,and Quartiles25,50, 75; was reported52, 58 and 65, respectively). There was no significant difference in moral sensitivity for male and female nurses (Graph 1). Furthermore, mean scores of nurses' caring behavior were 110.99±17.99 (range: 69-144, andQuartiles25,50, 75;was reported 97, 109 and 122, respectively). There was no significant difference in the caring behavior for male and female nurses (Graph 2). Pearson test indicated a positive correlation between nurses' care behavior and their moral sensitivity at a 99% level (p= 0.001, r= 0.4). In other words, nurses, who had higher moral sensitivity, had better caring behavior.

**Table1:**Nurses’Demographic Data

|  |  |  |
| --- | --- | --- |
| **Age** | Mean + Standard Deviation | 32.6 ± 4.9 |
| **Gender** N (%) | Male  Female | 55(22)  195(78) |
| **Marital Status**N (%) | Single  Married | 113(45.2)  137(54.8) |
| **Education:**  N (%) | Associate Degree  Bachelors Science  Master Science | 22(8.8)  214(85.6)  14(5.6) |
| **Clinical Setting**  N (%) | Medicine  Surgery  Emergency  Pediatric/Nursery  Intensive Cares  Gynecology/Obstetric | 48(19.2)  52(20.8)  59(23.6)  39(15.6)  42(16.8)  10(4) |



**Graph 1:** Box Plot for Nurses’ Moral Sensevity



**Graph 2.** Box Plot for Nurses’ Caring Behaviors by gender

**Discussion**

According to questions of the present study, the results indicated that, first, nurses' moral sensitivity and caring behavior were moderate and good respectively; and second, the two concepts had a positive correlation with each other. Comparison of nurses' moral sensitivity with other studies indicated that the result were consistent with findings of some studies (7, 21, 24, 29), but inconsistent with results of other studies (12, 15). On the other hand, the nurses' caring behavior of the present study also also confirmed results of other author. (30-32), but it was inconsistent with results of other studies (33, 34). To explain theinconsistency ofresults of the studies, these inconsistencies might be due to different research methodology, demographic characteristics of nurses, research environment, and applied questionnaires. Furthermore, based on the available documentation, the ability to careis closely related to values, and nurses' professional knowledge construct, and work experiences (3). Despite the emphasis on evidence for relationshipbetween professional ethics and social and cultural context and even belief systems (26), the cultural coordinates of nursing care are not well defined, so that nurses'caring behavior may be different from patients' perceptions of care (35).

The present study also indicated that nurses' caring behavior had a positive correlation with their moral sensitivity. In other words, nurses with higher moral sensitivity reported greater caring behavior. As stated in the introduction of paper, there was no study on the correlation between nurses' caring behavior and moral sensitivity, but published studies reported the correlation between nurses'moral sensitivity and clinical self-efficacy (12), patients' rights (33, 36), patient satisfaction, quality of care (37), and nursing attitudes towards death (38, 39); That the results wereconsistent with findings of the present study. According to the explanation ofthis findingand the moral sensitivity of nursesin the present study, nurses consider the importance of moral sensitivity in the high-quality comprehensive care because theyare always confronted with moral issues such as the need to make ethical decisions, fairness in providing services, paying attention to human needs and observing patient rights, and patient communication problems (30) that lead to inappropriate caring behavior in the case of moral insensitivity or disability toidentify ethical challenges (19). Therefore, nurses need to be sensitive to ethical issues related to their caring behavior, so that their caring behavior can be quantitatively and qualitatively responsive to patient and family needs (41, 42).

**Research limitation**

Despite the fact that the random sampling nurses wasa strength of the present study, there were also some limitations that should be taken into consideration inthe generalization of results. The applied tools areamong limitations of the present study. Despite the fact that the present study sought to use a valid questionnaire, careful consideration should be given, on the one hand,in generalizing results due to the abstract and subjective nature of studied concepts, and on the other hand, the self-report and impact of nurses' mental conditions in responding toquestions. In particular, review of existing studies indicates that different questionnaires have been introduced and used to assess caring behavior. For instance, the questionnaires byThe Caring Behaviors Inventory CBI-42 items(a 4-point Likert scale)(43),The Caring Behaviors Inventory CBI-24(a six point Likert scale)(44),The Caring Behaviors Inventory CBI-24items(a 5-point Likert scale)(45) andThe Caring Behaviors Inventory CBI-42(a six point Likert scale)(27). Therefore, in addition to the attention generalization of findings, the evaluation of concepts such as moral sensitivity and caring behavior requires a uniform toolthat has been validated in different cultures.

**Conclusion**

In the present study, the moral sensitivity and caring behavior nurses' moderate and good respectively. Furthermore, there was a positive correlation between moral sensitivity and caring behavior in nurses, so that nurses provided better caring behavior asmoral sensitivity increased.

**Acknowledgments**

The authors are grateful for all nurses who participated in the present study.

**Conflict of Interest:** The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding:** The author(s) received no financial support for the research, authorship, and/or publication of this article.

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