**Ethical sensitivity relationship with communication skills in Iranian nursing managers**

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**Abstract**

**Introduction:** The first component of ethics is the moral sensitivity. It is the foundation and cornerstone of the nursing care. The communication skills play key role in the nursing profession to provide best quality of care. This study conducted to examine the relationship between moral sensitivity and communication skills in Iranian nursing managers in 2016.

**Methods**: 60 nursing managers working in Arak, Iran hospitals participated in this cross sectional study by census. Data were collected through demographic sheet, Barton’s communication skills and Han’s moral sensitivity questionnaires and were analyzed using descriptive statistics and t-test, chi-square, ANOVA and fisher’s exact test by spss16.

**Results:** Mean score of ethical sensitivity was 95.61±11.01 and for communicational skills was 62.66±3.53. Mean score of communication skills by moral sensitivity level has meaningful differences (P>0.01). So that most nursing managers with high moral sensitivity scores had excellent communication skills scores. Moral sensitivity scores by all the components of communication skills has meaningful differences (P>0/001).

**Conclusion:** Nursing managers who had high ethical sensitivity has better communication skills. Therefore strengthening ethical sensitivity increases nurse manager’s communication skills and improve the quality of care providing process.

**Keywords:** Moral sensitivity, communication skills, nurse managers

**Introduction:**

Ethics is defined as a set of humanistic qualities that presented in his attitudes and behavior (1). Failure to comply with certain ethical standards has caused great concern in organizations. Moral sensitivity is a feature that enable person to recognize ethical conflicts and awareness of the ethical dimensions in making decisions about others (2). People with moral sensitivity are sensitive to moral phenomena and see everything in ethics window. Nurses are the largest group of health care providers and have important roles on the quality of health care (3). They often encountered in practice with moral dilemmas and the decision is more difficult for them. Nurses’ moral sensitivity impacts on the ethical performance of nurses (4). Nurses should be equipped with abilities and skills to control the pressure and stress of practice. The ethical sensitivity and effective communication skills are of these capabilities (5).

Effective communication is one of the key elements of managers’ success and is inevitable in the individual and organizational life (6). Communication skills are called behaviors that enable persons to communicate with others to get positive and avoiding negative responses (7). Communication skills include three components: listening, verbal and feedback skills. Listening skills are the ability of managers according to the proposal or questions and an understanding of good listening. It has a direct impact on teaching and learning in cognitive processes. It is one of the basic tools for human evolution and acquisition of spiritual values (8). Verbal communication skills include speech and its content (9). This type of communication is thoughts, feelings, desires and what the sender is going to take audience. Feedback communication skills are a process that the recipient of the message declares receiving it and tells how he/she feels the original message (10). Nurses who have high communication skills suffer the workload and stress less than their colleagues and they have higher performance (11). For introduction to good relationship it is essential to establish communication skills and poor communication skills can affect the performance of nurses (12).

Studies have shown that high level of moral sensitivity increases the quality of nursing services (13). Lack of this feature reduces patient satisfaction, effectiveness of the treatment and recovery of patients (14). There are some studies about nurses’ moral sensitivity (15) or their communication skills (16) but no study has been done on the relationship between moral sensitivity and communication skills of nursing managers. This study aimed to determine the relationship between moral sensitivity and communication skills of nursing managers in hospitals in Arak, Iran in 2016.

**Materials and methods:**

This cross-sectional study was conducted for 6 months in 2016. The study population consisted of all nursing managers in hospitals in Arak, Iran (60 persons). Census was conducted. Arak is a big city in Iran. Inclusion criteria are having academic nursing education and official notification of nursing management from the first level to the third level (Head nurses, supervisors and matron).

Data collection tools included demographic questionnaire and Barton’s communication skills questionnaire (17) and Han’s moral sensitivity questionnaire (18). Score of communication skills was obtained by the individual's responses to the 18 questions (6 questions for each component: listening, verbal, feedback). Each question scored by Likert’s scoring scale between absolutely disagree=1 to absolutely agree=5. Communication skill score range is changeable in each component between 6-30 and totally between 18-90. This questionnaire is designed by Burton in 1990 (17). The validity of the questionnaire were approved in the Baghianimoghadam et al (19). The same version was used after the permission of the correspondent author in this study. Its reliability was confirmed by Cronbach's alpha coefficient (0.75). Third part of instrument was Han’s Modified Moral Sensitivity Questionnaire (MMSQ) with 25 questions. Its scoring was same 5 = absolutely agree to 1 = absolutely disagree) (21). Its scoring is changeable between 25-125. The validity of the questionnaire was confirmed in a study Hasanpour et al (20) and after the permission of the correspondent author same version used in this study. Its reliability was determined by Cronbach's alpha coefficient 0.89.

List of all nurse managers in Arak’s hospitals including nursing service managers, supervisors, head nurses in each hospital were obtained. Then they were invited to participate in the study. Questionnaires were completed within 30 minutes. Researcher answered participants’ questions if there is. Data analysis was done by SPSS16. Descriptive statistics were used to description of information and t-test, chi-square, ANOVA and fisher’s exact test used to compare data.

**Moral considerations:**

This study was approved by ethical committee of Shahid Beheshti University of Medical Sciences, Tehran, Iran and Arak’s hospitals. Participants were aware of the purpose and importance of research and their informed consent was obtained. Participants were assured that their questionnaire was confidential and results will be reported generally and anonymous.

**Findings:**

Most participants were women and had a bachelor's degree of nursing and were head nurse (Table 1). Mean score of moral sensitivity was 95.61 ± 11.01 and it was 22.56 ± 3.53 for communication skills. Verbal skills have the highest mean score among the components of the communication skills (22.56 ± 3.53) (Table 2). Also most nurses (56.7% of samples) had high moral sensitivity and 66.7% of them had medium level of communication skills. Among components of communication skills, only 11.7 percent of nurses obtained high level in all three verbal, feedback and listening skills (Table 3). Mean score of moral sensitivity by the level of nurses' communication skills has significantly differences (P < 0.04). So that 20.6 percent of nurses who get great moral sensitivity were at a good level in communication skills (Table 4). There was a statistically difference between mean score of moral sensitivity by feedback and listening skills (P < 0.05), so that 58.8% of nurses who have the medium level of feedback skills has been good moral sensitivity. Also 23.5% of nurses with medium level of listening skills had good moral sensitivity. The mean score of moral sensitivity differences by verbal skills of nurses was statistically significant (P < 0/05), so that 67.6% of nurses with medium level of verbal skills, had good moral sensitivity (Table 4). The mean score of communication skills and ethical sensitivity was statistically significant differences by some demographic characteristics, so that the mean score of moral sensitivity, communication skills, feedback and listening in men significantly more than women (p <0/05 ). Also the mean score of ethical sensitivity, communication skills, feedback, listening, and verbal skills by working position had statistically significant differences. (Tables 5 and 6).

Table 1. Demographic characteristics of nursing managers

|  |  |  |  |
| --- | --- | --- | --- |
| Property | Group | frequency | percentage |
| Sex | Female | 50 | 83.3 |
| Male | 10 | 16.7 |
| Working position | Head of nurses | 36 | 60 |
| Supervisor | 19 | 31.7 |
| Matron | 5 | 8.3 |
| Educational degree | Bachelor | 56 | 93.4 |
| More than bachelor | 4 | 6.7 |
| Hospital | Valiasr | 18 | 30 |
| Amir-al-momenin | 6 | 10 |
| Amirkabir | 11 | 18.3 |
| Khonsari | 10 | 16.7 |
| Taleghani | 3 | 5 |
| Ghods | 12 | 20 |

Table 2. The descriptive statistics of moral sensitivity and communication skills and its components

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SD | Mean | Maximum | Minimum |  |
| 11.01 | 95.61 | 125 | 71 | Moral sensitivity |
| 4.03 | 21.31 | 30 | 15 | Feedback |
| 5.07 | 18.78 | 30 | 9 | listening |
| 3.53 | 22.56 | 30 | 15 | verbal |
| 11.54 | 62.66 | 90 | 44 | Communication Skills |

Table 3. Comparisons of moral sensitivity by communication skills of nurses

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property | Moral sensitivity | | | | | | | test |
|  | weak | | medium | | good | |
|  |  | F | P | F | P | F | P | f= 10.8  p< 0.01 |
| Communication skills | weak | 0 | 0 | 3 | 11.5 | 10 | 29.4 |
| medium | 0 | 0 | 23 | 88.5 | 17 | 50 |
| good | 0 | 0 | 0 | 0 | 7 | 20.6 |
| feedback | weak | 0 | 0 | 8 | 30.8 | 7 | 20.6 | f = 6.4  p < 0.05 |
| medium | 0 | 0 | 18 | 69.2 | 20 | 58.8 |
| good | 0 | 0 | 0 | 0 | 7 | 20.6 |
| listening | weak | 0 | 0 | 11 | 42.3 | 19 | 55.9 | f = 10.4  p < 0.01 |
| medium | 0 | 0 | 15 | 57.7 | 8 | 23.5 |
| good | 0 | 0 | 0 | 0 | 7 | 20.6 |
| verbal | weak | 0 | 0 | 2 | 7.7 | 4 | 11.8 | f = 6.9  p < 0.05 |
| medium | 0 | 0 | 24 | 92.3 | 23 | 67.6 |
| good | 0 | 0 | 0 | 0 | 7 | 20.6 |

F: Frequency, P: Percentage

Table 4. Comparisons of ethical sensitivity scores by demographic characteristics

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property | | Moral sensitivity | | | | | | test | |
|  | group | weak | | medium | | good | | Fisher exact | P value |
|  |  | F | P | F | P | F | P |  |  |
| sex | female | 0 | 0 | 24 | 92.3 | 26 | 76.5 |  |  |
| male | 0 | 0 | 2 | 7.7 | 8 | 23.5 | 2.66 | 0.01 |
| Working position | Head of nurses | 0 | 0 | 20 | 76.9 | 16 | 47.1 | 2.15 | 0.03 |
| supervisor | 0 | 0 | 4 | 15.4 | 15 | 44.1 |  |  |
| matron | 0 | 0 | 2 | 7.7 | 3 | 8.8 |  |  |
| Educational degree | bachelor | 0 | 0 | 25 | 96.2 | 31 | 91.1 |  |
| More than bachelor | 0 | 0 | 1 | 3.8 | 3 | 8.8 | 1.3 | 0.6 |

F: Frequency, P: Percentage

**Discussion:**

In this study the ethical sensitivity of nurse managers were at a moderate level. It isn’t favorable but not frustrating. This finding also was presented in the results of Izadi et al (21)Baghaei et al (22) in Iran, but in the results of Abbaszadeh et al (23) moral sensitivity of nurses in Kerman, Iran was weak. Managers with high moral sensitivity can control and optimize today performance of organization and to ensure organization's position in the tomorrow competitive marketing. Also, if the nursing managers strengthen their moral sensitivity they can ethically communicate with nurses and customers to achieve qualified care providing (24). Moral sensitivity needs to be translated in the practice and behavior (25). When nurses are honest and act with the principles and moral values customers' satisfaction are created it is possible if their managers be a good fugleman and encourage nurses to ethical behavior (26). Organizations that there is common ethical behavior have a better chance of succeeding (14). Abbaszadeh et al (1389) say weak level of nurses' moral sensitivity can be due to the lack of knowledge about ethical issues (23). Studies showed inability to solve the ethical problems and less of fugleman in these situations is one of the basic concerns of health staff (8). Corly said 25% of nurses have requested to resign from their job because of inability to resolve ethical issues (15). Plans to increase nursing managers ethical sensitivity can improve ethical knowledge in hospitals overall and improve quality of care and patients satisfaction. It need to search further and specially.

The medium level of communication skills in nursing managers was consistent with some studies. Borhani et al (27) examined the nurses' communication skills in Kerman. Another study in America showed families of patients in the intensive care unit react to the nurse unpleasant. It expresses ineffective communication. Therefore nurses should evaluate their communication skills and attempt to find ways to problem solving (10).Roter showed that that nurses do not communicate properly with patients and are not aware of the importance of communication skills (28). Managers ability to application of communication skills is important issue that without it nurses, patients and their selves will be isolated. It is necessary to evaluate strategies to improve communication skills.

In the present study, communication skills of nursing managers by ethical sensitivity are different. This finding is consistent of Nasiripour et al (29) and Jabarifar et al (30). Inconsistent results have been reported in some studies. Heshmatifar et al (31) about moral sensitivity barriers in nurses whom worked in Sabzevar showed 60.8% of nurses believed the main barrier for moral sensitivity is unpleasant experiences of previous communication with patients (poor interpersonal relationship). Rostami et al (2013) reported 38% of nurses had good communication skills in Tabriz University of Medical Sciences (32).

There are significant differences in moral sensitivity and communication skills by gender and position. Baghaei (22) showed that the communication skills and ethical sensitivity of men were more than women. Women in this study were largest population, therefore, we cannot judge rightly in this regard. Further studies in controlled groups by this variable may be is valuable.

The limitation of this study was that cultural backgrounds and religious beliefs on moral sensitivity has been effective and is uncontrollable. Also the low number of male nurses, low sample size could affect the generalizability of the results. Nurses in the care of patients need to ethical decision-making. This requires being sensitive to moral issues related to their profession and is necessary familiar to respect the rights of patients. It is suggested future studies on the factors improve communication skills and increase moral sensitivity to achieve best quality of care.

**Conclusion:**

Most nursing managers had high moral sensitivity and medium level of communication skills. Nurses who had high moral sensitivity had good level of communication skills. This finding exited us to further researches about improving these abilities and developing plans to use them in the improving the quality of nursing care.

**Conflict of interest:**

No conflict of interest has been expressed by the authors.

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