Exploring moral sensitivity among Thai psychiatric nurses


Abstract

Purpose: To explore meanings and components of moral sensitivity of Thai psychiatric nurses in caring for psychiatric patients.

Methods: Qualitative study was used. Five psychiatric nurses working in psychiatric hospitals and drug dependent treatment center participated in the individual in-depth interview using semi-structured interview. Each participant was interviewed two times with tape-recording, lasted 60-90 minutes and transcribed verbatim. The interview transcriptions were analyzed using content analysis approach. Trustworthiness of the study was established. Ethical considerations were maintained throughout the study.

Results: Meanings of moral sensitivity described by the participants included nurses’ self evaluation on their recognition; interpretive process wherein the individual recognizes; ability to see situations; realization or awareness of the existence of ethical problems; interpretation and identification of the situation whether it is good or bad, should or should not be done; and ability to identify that the situation involves an ethical problem and action in a way that takes into account others’ feelings and needs. Components of moral sensitivity were categorized into three domains: (1) moral awareness, (2) benevolent motive, and (3) spontaneous moral perception.

Conclusion: Exploring moral sensitivity may enhance psychiatric nurses’ abilities to communicate the ethical dimensions of their work with health care professionals and patients. The knowledge gained from this study could be used to provide educational training program that promotes ethical issue recognition and ethical decision in clinical practice which is essential to nursing professional development.

Keywords: moral sensitivity; psychiatric nurses

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Introduction

Nursing is a discipline and a profession that centers on caring and promoting well-being of persons. Psychiatric nursing, also called mental health nursing, is a branch of the nursing profession. Psychiatric-mental health nurses are providers of direct mental health care services who care for persons who have or who are at risk of mental disorders in a variety of settings. Psychiatric nurses care for persons of all ages with mental illness or distress, such as schizophrenia, bipolar disorder, psychosis, depression or dementia (Boyd & Nihart, 1998). Like other health services, psychiatric nursing must be based on ethics, especially concerning the rights and autonomy of patients (Akabayashi, Brian, Ichiro, Tadashi & Akiko, 2004).

In psychiatric nursing, there are various ethical issues that nurses may face daily. Such issues that challenge psychiatric nurses in their everyday practice are perceived as a second order problem. Duties of psychiatric nurses may cause ethical problems that they must contemplate a decision-making and cannot avoid (Aiken & Catalano, 1994). They need to be sensitive to ethical issues that relate to their responsibility to respect and advocate for their clients’ rights in decision making, and to manage ethical problems and dilemmas effectively in clinical practice.

Psychiatric nurses must have moral sensitivity and skills that provide a broad perspective and knowledge to know their own values and beliefs and those of others to support ability to make ethical nursing practice decisions (Fry, 1994). Thus, without moral sensitivity it is difficult to see what kind of moral issues are involved in everyday life. Moral sensitivity in psychiatric nursing can be explained as the values involved in a conflict situation and self-awareness of one’s own roles and responsibilities in the situation (Lutzen, Dahlquist, Eriksson & Norberg, 2006). There are many studies which relates to moral sensitivity. Most of the studies have been based in other fields and those may not fit with the Thai psychiatric nurses. Therefore, understanding the meaning and components of moral sensitivity within Thai context is needed.

Purpose

The purpose of this study was to explore meanings and components of moral sensitivity of Thai psychiatric nurses in caring for psychiatric patients.

Methods

Research design

A qualitative design was used in this study. It was conducted in psychiatric hospitals and a drug dependent treatment center in Southern Thailand. The study involved in-depth individual interviews and intended to uncover opinions about
moral sensitivity important to psychiatric nurses and their patients. Content analysis was conducted to analyze the meanings and components of moral sensitivity in caring for psychiatric patients in the interview transcriptions.

**Descriptions of participants**

Five psychiatric nurses were the participants in this study. They were purposively selected and met the inclusion criteria of having experience of moral sensitivity and working in psychiatric settings in the southern part of Thailand. Of the five participants, three nurses practiced in psychiatric hospitals, and two practiced in a drug dependent treatment center. Two were men and three were women. Their ages ranged were 39 to 41. Each participant had more than 17 years of experience in caring for psychiatric patients.

**Data collection**

Participants were contacted by the researcher to determine mutually convenient dates, times and places for the in-depth interview with semi-structured guidelines. The interview guide consisted of one part for obtaining demographic data and one part of open-ended questions about moral sensitivity centering on the nurses’ experience of the ethical problems, the kind of challenges involved in maintaining the patients’ problem, decision making and knowledge of ethics and morals for exploring the component of moral sensitivity.

All interviews were conducted individually in a small conference room in which privacy was assured. Each participant was first asked to give their own opinions on the meaning of moral sensitivity and what includes in the practice of the nurse. Each was also asked to describe key components of moral sensitivity and characteristics of nurses he or she thought were sensitive to ethics and had moral sensitivity. Each interview was recorded and lasted as long as the participant had information to share, usually 45 to 90 minutes. Each participant was interviewed two times. This study design was approved by the Ethics Committee of the hospital and all respondents were informed about the study before the first interview, each consented to be interviewed, and was assured they could withdraw their consent at any time during the interview.

**Data analysis**

Interview tape-recordswere transcribed verbatim. Qualitative content analysis approach was used to analyze and categorize textual data from each interview transcription. The researcher then searched for important normative issues raised in the text, as well as structures and patterns that displayed relevant moral sensitivity. The components found across the participants’ responses were labeled using their own words. All data were sorted into three components (Table 1) with sample quotations. Trustworthiness of the study was established following the criteria of Lincoln and Guba (1985).
Results

Findings from in-depth interviews revealed various meanings of moral sensitivity described by the participants. The meanings included nurses’ self evaluation on their recognition and interpretive process wherein the individual recognizes, the ability to see situations, a realization or awareness of the existence of ethical problems, interpretations and identification of the situation, whether it is good or bad, what should or should not be done. It also involved the ability to identify the situation related to ethical problem and actions that takes into account for others’ feelings and needs.

Components of moral sensitivity were categorized into three domains. They were: (1) moral awareness; (2) benevolent motive; (3) spontaneous moral perception. Examples of quotations related to each theme are presented in table 1.

Table 1

<table>
<thead>
<tr>
<th>Components</th>
<th>Nurses’ sample quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Moral awareness</td>
<td>Nurse 1</td>
</tr>
<tr>
<td></td>
<td>“Nurses must be aware of their professional codes of ethics related to patients’ rights”</td>
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<tr>
<td></td>
<td>Nurse 2</td>
</tr>
<tr>
<td></td>
<td>“Nurses must be aware of the event or ethical situation occurring with patients”</td>
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<td></td>
<td>Nurse 3</td>
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<tr>
<td></td>
<td>“Nurses aware of the patients’ feelings”</td>
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<td></td>
<td>Nurse 4</td>
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<tr>
<td></td>
<td>“Nurses need to be aware of their work that have affected and relatives to patients.”</td>
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<tr>
<td></td>
<td>Nurse 5</td>
</tr>
<tr>
<td></td>
<td>“Be aware of the situation and solve problems that occur.”</td>
</tr>
</tbody>
</table>
Table 1 (continue)

<table>
<thead>
<tr>
<th>Components</th>
<th>Nurses’ sample quotes</th>
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</table>
| 2. Benevolent motive | Nurse 2  
“A great motivation to solve the problem or occurring situation.”  
Nurse 3  
“The motivation is intended to solve the problem or respond of the patients’ need.”  
Nurse 4  
“Nurses must have a great motivation to provide good clinical practice based on the principles of right”  
Nurse 5  
“Nurses must have motivation on situation to decide for the patient.” |
| 3. Spontaneous moral perception | Nurse 1  
“Nurses who can realize the conflict of ethical issues, whereas others cannot”  
Nurse 2  
“Nurse has perception that the problem occur.”  
Nurse 3  
“Nurses need to be recognizing that patient as a part of care.”  
Nurse 4  
“Nurse recognizes the story that the patient told.”  
Nurse 5  
“Nurse’s ability to recognition the situation.” |

**Moral awareness**

Moral awareness was identified as one components of moral sensitivity. It is nurses’ recognition of good or bad thing when caring for patients. Examples of participants’ words included “Nurses need to be aware of the ethical situations that occur” (Nurse 1). “Nurses must be aware of the event or ethical situation occurring in patients” (Nurse 2). These nurses focused on moral awareness. They are also aware of the events and relationships in the situation. It is being aware of all their patients who may be affected by the situation and how they would be affected. “Nurses need to increase awareness about the ethical issues that arise with patients” and “Nurses to be aware of patients”, said by Nurse 4.
Benevolent motive

The participants discussed benevolent motive as one component of moral sensitivity. It is defined as willingness to do what one knows to be right. It is a central motivating factor in the nurses’ own accounts of situations in which decisions were made on behalf of the patient and nurses’ expressed aim to do what is ‘good’ for the patient. Examples of participants’ words consist of “Great motivations solve the problem or occurring situation” (Nurse 2). Nurse 3 also described “The motivation is intended to solve the problem or respond of the patients’ need”. “Nurses must have great motivation to provide good nursing practice based on the principles of right and must have great motivation to solve ethical issues or dilemmas” and “Nurses who have moral sensitivity must have a good motivation”, said by Nurse 4. The nurses expressed that when they face the ethical situation they required benevolent motive. These nurses expressed on benevolent motive.

Spontaneous moral perception

Spontaneous moral perception as recognition of the ethical dimensions within an ethical situation, ability to see, or observations of the situations and the capability to bring out ethical issues from situation. Participants maintained that: “Nurses who can realize the conflict of ethical issues, whereas others cannot” and “Nurses percept of the problem automatically” (Nurse 1). Nurse 4 said always be alert to feelings and perceptions that may have an impact on patients. “Nurse’s ability to recognize the problem includes the perception of their feeling and the patient’s feeling” explained by Nurses 5. This point brings to light the importance of moral perception when it comes to the formation of appropriate moral responses. “Nurse must recognize ethical situations or issues that arise” (Nurse 5). This statement shows that she perceives situations as moral situations, and she perceives their moral character accurately.

Discussion

The data from nurses’ assertions contain their views on moral sensitivity. The findings from psychiatric nurses integrated into the meaning and the three components of moral sensitivity. These data and other studies indicated that moral sensitivity involves the ability to identify that a situation contains an ethical problem and refers to the ability to act in a way that takes into account others’ feelings and needs (Rest, Bebeau & Volker, 1986; Lovecky, 2009). It also congruent with Rest (1986)’s ideas indicating that moral sensitivity has to do with the ability to empathize and have an awareness of how our actions affect others.

Data from this study of five psychiatric nurses in Thailand have been categorized as follows: (1) moral awareness; (2) benevolence motive; (3) spontaneous moral perception. The three main components of moral sensitivity are to acquire
information about the ethical problem or ethical situation, to organize information, and to interpret the information (Narvaez, Endicott, Bock & Mitchell, 2001). It reflects that nursing is a moral as well as an intellectual activity where psychiatric nurses find, create and own their true selves by learning to negotiate relationships with their patients (Starratt, 2007).

**Moral awareness**

In this study, participants stated that nurses who have moral sensitivity must engage in an interpretive process wherein he or she recognizes that a moral problem exists in a situation. Consistent with Rest (1986), the collective moral sensitivity component involves two subcomponents, moral awareness and empathetic concern. Moral awareness is something of an interpretive process wherein an individual recognizes that a moral problem exists in a situation or that a moral standard or principle is relevant to some set of circumstances (Rest, 1986). Butterfield, Trevino, and Weaver (2000) suppose that moral awareness occurs when someone realizes that his/her response to a known issue could concern the interests, welfare, or expectations of the self or others which may conflict with one or more ethical standards or norms. Rest and Narvaez (1994) states moral sensitivity 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.

**Benevolence motive**

From the interviews, benevolence motive is explained as a central motivating factor in the nurses’ own accounts of situations in which decisions were made on behalf of the patient. This seems to conceptualize the nurses’ expression of their aims to do what is ‘good’ for the patient in responding to his or her vulnerability (Tarrier, Barrowclough, Ward, Donaldson & Burns, 2002). In benevolence motive, affect and cognition could be interconnected by seeing a desired goal or result which implies that one has some kind of cognitive representation of the outcome, and desiring specify that one has a positive affect towards it (Rest, 1986). Benevolence motive, as conscious purpose and showing principles, could be seen as a part of self presentation, which notifies others of the quality of the individual (Feather, 2002). Thus, benevolence motives’ connection to one’s identity, both patient and nurse, should give value preferences motivational force effecting behavior.

**Spontaneous moral perception**

Spontaneous moral perception is one’s ability to see, and give meaning to, the ‘morally relevant characteristics’ of observations, situations, interactions, and experiences (Lutzen & Nor-din, 1995; Nortvedt, 1998). It reflects that moral sensitivity is a complex component, utilizing aspects of perception and interpretation. Narvaez (1996) determines that moral perception incorporates elements of attraction,
empathy, attentiveness and mood. Moral perception represents the discernment of the morally salient qualities in particular situations. Moral perceptions are argued to be necessary to moral reasoning the deliberation of what is the right thing to do. Whereas a person’s judgment about what the moral course of action is the result of a conscious deliberation, the basis for that process is the perception of aspects of one’s situation, which is different for each person. Moral perceptions are furthermore particular in nature. In situation spontaneous moral perception can lead to moral action outside the operation of judgment entirely and more generally, perception involves moral capacities not encompassed by moral judgment. Moral perception involves multifarious moral and psychological process.

Limitations

The findings of this study may not reflect all nurses in Thailand. Only five nurses in Southern Thailand were interviewed in this study. However, concepts discussed by the participants may have transferability to certain other settings (Lincoln & Guba, 1985). The sample of participants may be both a limitation and strength. The somewhat homogeneous nature of the sample may be seen as a limitation, but their commonalities make them appropriate participants for a phenomenological study (Creswell, 1998; Moustakas, 1994). On the other hand, the participants’ lives and deeds are the strength, and an examination of the lives of these participants and their answers to the questions indicates their actions are consistent with their comments.

Conclusion and Future Research

The findings from in-depth interviews with psychiatric nurses in psychiatric hospital and drug dependent treatment center, in southern Thailand reveal three components of moral sensitivity: moral awareness, benevolent motive, and spontaneous moral perception. Along with literature review, they can be used to develop instruments measuring moral sensitivity of Thai psychiatric nurses. The knowledge gained from this study could be used to provide education that promotes recognition of ethical issues and ethical decision-making in clinical practice which is essential to professional development.

References


