

## ASSESSMENT OF CRITICAL CARE NURSES' ADHERENCE TO ETHICAL CODES AND ITS RELATION TO SPIRITUAL WELL-BEING AND MORAL SENSITIVITY

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### ABSTRACT

**Background:** Adherence to ethical standards is a vital component of nursing care and is influenced by various circumstances. Identifying such aspects can improve ethical performance. **Objective:** This study examined critical care nurses' compliance with ethical rules and their impact on spiritual well-being (SWB) and moral sensitivity (MS). **Study Design:** The research was primarily descriptive and correlational. **Setting:** The study was conducted at Bahria Town International Hospital Lahore. **Duration of Study:** This study was conducted from May 1, 2023, to December 10, 2023. **Methods:** Data were compiled on the individuals' demographics and three essential questionnaires: the adherence to ethical norms questionnaire, the moral sensitivity questionnaire (MSQ), and the spiritual well-being scale (SWBS). The study included 51 nurses, with the bulk of participants being female (76.4%), single (64.7%), without kids (72.54%), possessing a diploma in nursing (84.3%), and graduates of public universities (66.9%). **Results:** The mean score of adherence to ethical codes was  $64.06 \pm 7.11$ , indicating a satisfactory level of commitment to ethical principles. The mean SWB score was  $91.67 \pm 10.54$ , with 74.5% (n=38) falling into the moderate category. The mean scores for existential and religious health were  $44.85 \pm 6.73$  and  $47.72 \pm 5.53$ , respectively. The mean MS score was  $135.63 \pm 10.53$ , with most subjects falling into the moderate category. Multivariate regression analysis revealed a significant correlation between SWB, MS, and ethical code adherence among nurses ( $P < 0.05$ ). **Conclusion:** Critical care nurses demonstrated a solid commitment to ethical standards. MS and SWB also improved their commitment to ethical rules. Nursing managers may use these findings to promote MS and SWB among nurses, leading to better ethical performance.

**Keywords:** Critical Care, Ethics, Moral Sensitivity, Nursing, Spiritual Well-Being

### INTRODUCTION

The purpose of nursing ethics is to determine the best practice for giving nursing care. (1). To give patients the best treatment available during clinical choice-making, nurses should actively and consistently comply with the nursing profession's standards of ethics. (2). To choose the best choices for their patients when presented with situations demanding clinical and moral decision-making, nurses are required to operate by professional rules of ethics at work (3).

In critical care units, ethical problems are more prevalent (4), and moral anxiety is a significant concern for critical care nurses (5). It seems that a nurse's commitment to respecting ethical standards in treating patients and their ethical conduct is influenced by certain spiritual and ethical elements (6). Moral sensitivity (MS) constitutes one such element. MS is a quality that helps nurses understand ethical challenges, comprehend the circumstances sensibly and cognitively, find the right course of action, and finally make the best choices based on moral considerations (7). A study carried out in Korea by Kim et al. revealed a positive and significant correlation between nurses' adherence to ethical standards and their moral sensitivity (8). There were no investigations on the association between these two factors in Pakistan.

Spiritual well-being (SWB) is defined differently in different communities and may impact adherence to ethical rules. Spirituality in working environments should be recognised as an essential component of healthcare service (9). Nurses' SWB could impact their commitment to ethical principles, as moral concepts are valued across all religions.

Most research on spirituality and ethics in nursing has focused on the present state of affairs, with little attention given to the association

between these ideas and nurses' behaviour. A literature analysis revealed no research on the correlation between MS and SWB and ethical adherence. The current study intended to assess critical care nurses' adherence to ethical codes and their correlation with MS and SWB.

### METHODOLOGY

This descriptive and correlational study was conducted in the medicine and critical care unit of Bahria Town International Hospital, Lahore, adhering to the STROBE criteria. The study took place from May 1, 2023, to December 10, 2023. A total of 60 nurses were initially recruited, with the final sample size being 51 nurses after excluding nine incomplete questionnaires.

Participants were selected based on specific inclusion criteria: a minimum of four months of experience working in adult critical care units and holding a bachelor's degree or higher qualifications. Nurses who refused to participate or had incomplete questionnaires were excluded from the study.

Data collection involved three essential questionnaires. The Adherence to Ethical Norms Questionnaire is based on the "Professional Code of Ethics for Nurses" portion of the Pakistani nursing code of ethics (Code of Ethics – PNMCM) and has been validated for content accuracy and reliability. The Moral Sensitivity Questionnaire (MSQ), developed by Lützn et al., has been validated and utilised internationally, including in Pakistan. The Spiritual Well-Being Scale (SWBS), created by Paloutzian and Ellison in 1982, has established reliability and validity across various countries.

The researcher administered the questionnaires during various work shifts to ensure comprehensive coverage. The adherence to ethical codes questionnaire was completed as a self-report by the nurses and

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their supervising in-charge nurses. The mean of these two scores was recorded as the nurse's adherence to ethical codes.

Ethical approval was obtained from the institutional review board, and informed consent was secured from all participants before data collection.

Data analysis was conducted using SPSS version 21. The Kolmogorov-Smirnov test confirmed the data's normal distribution. Pearson's correlation coefficient assessed the correlation between quantitative variables, while simple linear regression evaluated linear relationships between continuous variables. An independent t-test was employed to compare mean scores between two groups, and a one-way ANOVA was used to compare mean scores across three groups. Statistical significance was determined at a p-value of less than 0.05 for all tests.

This comprehensive approach thoroughly analysed the correlation between critical care nurses' compliance with ethical standards and their spiritual well-being and moral sensitivity, providing valuable insights for nursing management.

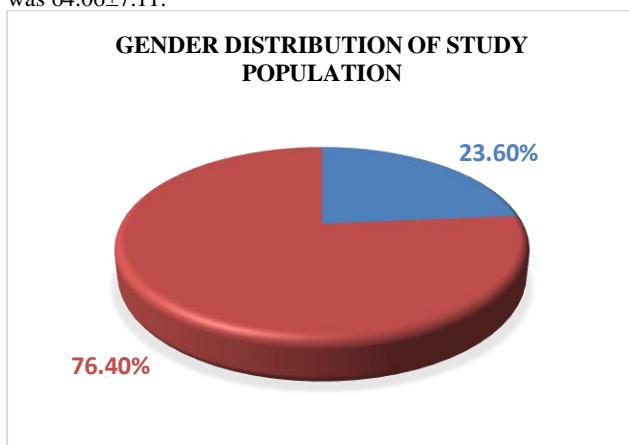
## RESULTS

The study included 51 nurses with a mean age of 30.74±6.63 years, ranging from 24 to 50 years, and a mean work experience of 6.23±5.54 years, ranging from 4 months to 25 years. The majority of participants were female (76.4%), single (64.7%), without children (72.54%), held a bachelor's degree (84.3%), and were graduates of public universities (66.9%). (Table 1).

**Table 1: Findings of critical care nurses' adherence to ethical codes about demographics**

Variables		N (%) N=51	Mean ±SD	P value
Gender	Male	12 (23.6)	86.76±9.94	0.52
	Female	39 (76.4)	86.63±10.53	
Marital status	Single	33 (64.7)	86.71 ±10.43	0.75
	Married	18 (35.3)	86.15±10.37	
Education status	Bachelor	43 (84.3)	86.83 ±10.51	0.19
	Master	8 (15.7)	82.43±7.42	
Number of children	None	37 (72.54)	86.75 ±10.11	0.41
	1	6 (11.7)	84.32 ±10.75	
	≥2	8 (15.6)	85.75 ±10.42	

A satisfactory level of commitment to ethical principles was suggested by their mean score of adherence to moral codes, which was 64.06±7.11.



**Figure 1: Showing gender distribution among the study population**

The mean SWB score for nurses was 91.67±10.54, with the bulk (n=38, or 74.5%) falling into the moderate category. The mean scores for existential health and religion were 44.85±6.73 and 47.72±5.53, respectively. The subject's mean MS score was 135.63± 10.53, most in the moderate category (76.4%, n= 39). The outcomes of Pearson's correlation test revealed a significant and positive correlation between following ethical codes and overall SWB score (P<0.05).

**Table 2: The spiritual well-being of critical care nurses and their adherence to ethical rules are correlated using Pearson analysis.**

Variable	Spiritual well being	Religious health	Existential health
Adherence to ethical codes	r: 0.27	r=0.19	r: 0.29
	P>0.001	P=0.003	P>0.001

According to Pearson's correlation analysis, MS and nurses' adherence to ethical rules are significantly positively correlated (r=0.28). Additionally, a significant positive association was found between the mean score of nurses' adherence to ethical codes and several dimensions, such as the application of moral principles, respect for the patient's autonomy, and legal compliance (P<0.05).

**Table 3: The mean score of critical care nurses' adherence towards ethical guidelines and their moral sensitivity employing a Pearson correlation**

Moral sensitivity	Correlation coefficient	P value
Employing moral principles	0.18	0.002
Benevolence	0.13	0.035
Respect for patient's autonomy	0.27	P<0.001
Understanding patient communication abilities	0.07	0.30
Legal compliance	0.22	P<0.001
Ethical conflict experience	-0.14	0.04
Moral sensitivity total score	0.28	P<0.001

There is a significant negative association (r=-0.14) (P=0.04) between the experience of ethical conflicts. There was no significant correlation with knowledge of patient communication abilities (P>0.05) (Table 3). Pearson's correlation test revealed a significant positive association between moral sensitivity and spiritual health (r=0.42).

The multivariate regression analysis revealed a significant correlation between SWB, MS, and ethical code adherence among nurses (P<0.05) (Table 4).

Keeping the MS constant, a 1-unit shift in the SWB score affected adherence to ethical principles score by 0.096. Keeping constant SWB resulted in a 0.166 rise in a score of adherence to ethical principles for each 1-unit shift in the MS value. Adherence to ethical codes is thus more affected by MS (β=0.22) as compared to SWB (β=0.161).

**Table 4: The relationship between moral sensitivity, spiritual well-being, and adherence to ethical codes determined by multiple regression analysis**

Variable	Unstandardised coefficients	Standardised coefficients	R Square	R	P-value
	(B)	β	0.097	0.32	0.02
Spiritual well-being	0.096	0.161			
Moral sensitivity	0.166	0.22			

## DISCUSSION

Nurses in critical care units demonstrated high adherence to moral principles. Other studies conducted in the world have revealed that nurses operate ethically and follow ethical codes when providing care (10). Other investigations have indicated moderate (11) to poor adherence (12) To moral standards.

Recent research suggests that nurses' ethical conduct has improved, possibly due to hospitals prioritising patient rights and improving morality through the Department of Health recognition programs. Observing ethical rules is especially important in critical care units when patients are critically ill or unconscious, making them more susceptible than in other settings. (13). Knowing ethical rules is not enough; individuals must be sufficiently compassionate to practice them. (14).

The study found that the nurses who participated had moderate SWB scores. Critical care nurses also exhibited moderate levels of SWB, according to other researches (15). SWB comprises a dynamic and collaborative method that fosters acceptance, pleasant emotions, ethics, and positive relationships with an Almighty force, others, and oneself (16).

The study found that participating nurses exhibited moderate levels of MS, consistent with previous findings. (17). Other investigations carried out on critical care nurses in China and Turkey revealed moderate levels of MS. (10, 18). Several investigations carried out in Iran also found that nurses exhibited moderate MS (15, 19). MS empowers nurses to achieve practical and ethical performance. Additionally, nurses should be aware of moral difficulties in their employment setting. MS allows nurses to take responsibility for ethical decisions for their patients (10). MS is influenced by various things, such as childhood, lifestyle and culture, belief system, schooling, and experience, and manifests differently in each individual (20).

The current investigation found a significant positive relationship between MS and SWB. Two more research found a similar favourable association (21, 22). SWB had demonstrated a significant positive correlation with adherence to ethical principles. SWB was a significant predictor of ethical performance, resulting in an average improvement of 0.16 units in adherence to ethical rules (95% CI: 0.079-0.22). The findings of an Iranian investigation revealed an association between the SWB & ethical conduct (15). Another study found a significant association between spiritual intelligence and adherence to moral standards among nurses (15).

Spirituality and morality are intrinsically connected and valued both ethically and aesthetically (23). Corporations are increasingly engaged in human dimensions, including spirituality, which plays a significant role in morals and values, particularly in monotheist faiths. This is significant because people have a natural predisposition to prioritise positive qualities. Recently, there has been increased focus on spirituality and its impact on all aspects of life(24). Research indicates an association between spirituality, social obligation, and ethical challenges in enterprises (25).

The study found a strong connection between MS and ethical code adherence. MS predicts nurses' adherence to ethical guidelines, with each unit's rise in MS resulting in an average boost of 0.32 units in adherence scores. The MS score describes 7% of the variation in the moral performance score. This finding aligns with an investigation that examined the connection between MS and patient rights in critical care settings (26). A study found that ethical behaviour had a significant favourable correlation with SWB and MS (27). MS is the first concept in personal morality that helps individuals visualise ethical behaviour when faced with ethical challenges.

While the multivariate regression evaluation in the Ghasemi et al. research revealed that spiritual health and MS together predicted 4.9%

of the variation in behaviour, SWB was more effective when predicting ethical conduct (22). In contrast to spiritual health, moral sensitivity had a more substantial impact on ICU nurses' adherence to ethical guidelines in the current study.

Our study had many limitations, like its small sample size and the fact that its participants were nurses employed by private hospitals, which prevents the findings from being applicable to public hospitals. This study only looked at the association between a small number of factors in critical care units; as a result, it is advised that future research investigate the relationship between a greater number of factors.

## CONCLUSION

The findings demonstrated a significant positive association between MS and SWB and adherence to ethical principles. Given the importance of nurses' ethical performance, particularly in critical care settings, it implies that strengthening their SWB and MS enhances their moral conduct. Thus, management must take the appropriate steps to provide nurses with the training they need to strengthen their SWB and MS so that they may also increase their commitment to the code of ethics. Furthermore, in light of the study's findings, nursing educators need to emphasise the importance of helping students grow their SWB and MS, mainly through the use of concealed curricula.

## DECLARATIONS

### Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

### Ethics approval and consent to participate

Approved by the department Concerned.

### Consent for publication

Approved

### Funding

Not applicable

## CONFLICT OF INTEREST

The authors declared absence of conflict of interest.

## AUTHOR CONTRIBUTION

### ADEEL

*Conception of Study, Development of Research Methodology Design, Study Design., Review of manuscript, final approval of manuscript.*

### ARISH ASGHAR

*Study Design, Review of Literature.*

### FATIMAFIAZ

*Conception of Study, Final approval of manuscript.*

### AMINA LATIF

*Manuscript revisions, critical input.*

### IQRA HAIDER

*Coordination of collaborative efforts.*

### SUMAIRA BIBI

*Manuscript drafting.*

### QASIR

*Manuscript revisions, critical input.*



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