Nurse Managers' Moral Self Concept and Ethical Sensitivity

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Purpose. This descriptive study was designed to find out the relationship between moral self concept and ethical sensitivity of nurse managers.

Methods. Study data were collected from Aug 6, 2001 to Aug 24, 2001. Study subjects were 283 nurse managers working in university hospitals. Moral self concept was measured with questionnaire developed by Chung (1965) and ethical sensitivity was measured with the questionnaire developed by the researchers.

Results. 1. The score for degree of nurse managers' moral self concept was shown to be an average of 3.06 out of 4.00, which is relatively high. The score for degree of nurse managers' ethical sensitivity was shown to be an average of 2.84 out of 4.00 2. Analysis of correlation between moral self concept and ethical sensitivity showed a statistically significant positive correlation (r= .34, *p*=.00). 3. In general characteristics, a variable that caused significant difference in moral self concept was the total period of experience as a nurse (F=3.52, *p*=.02). A variable that caused significant difference in ethical sensitivity was the current working department (F=3.91, *p*=.01). 4. Nurse administrator's moral self concept was significantly related to ethical sensitivity (r= .34, *p*= .00).

Conclusion. It is important to intensify individual moral self concept in order to improve ethical sensitivity of nurse managers. Also, it is recommended that investigate variables affected moral self concept and develop a nursing education program to promote moral self concept in nurse administrators.

Key Words: Nurse managers; Moral self concept; Ethical sensitivity

INTRODUCTION

Changes in nursing concepts and health requirements, increased roles of nurses, increases in number of nursing clients, and changes in values of nurses themselves give rise to a variety of ethical conflicts that nurses must personally face in certain ethical situations, and these conflicts require high standard of ethics to resolve (Lee & Bang, 1984). Therefore, nurses must be able to justify their reasons to select an action and disregard other choices even though the selected action may not be a sat-

isfactory solution for a difficult problem. Even though there is neither absolute nor perfect answer, a choice with better and more advantages must be selected, and for such choice to be made, serious ethical considerations and judgment must be indicated. For this to be possible, nurses must be sensitive to ethical concepts, and education at nursing scenes must concentrate on conducting ethical activity. However, a program for increasing ethical sensitivity cannot be completed with short-term education or training. Thus, such program will require searching for a new method to change nurses' beliefs or values.

Greipp (1992) reported that self-consciousness of indi-

vidual nurses functioned as an important factor deciding their behavior and attitude in nursing environments. Since the human beings decide on direction of their action based on their self-consciousness which also has considerable influences putting the decision into practice, self-consciousness of nurses will first have to be enhanced in order to promote nurses' ethical sensitivity. Self-consciousness is classified in different ways of various scholars. Out of these various categories, moral self concept tells about an individual's moral conformity, more specifically how an individual feels and thinks about ethical issues within themselves such as moral values, awareness of good and evil in their human qualities. As with general self-consciousness, individual moral-self concept is formed and changed in the social process of interacting with others, and it could be said that development of moral self concept is the process of adjusting oneself to others' moral requirements and expectations when interacting with others (Han, 1997). Formation of moral self concept does not occur easily by its own, but in a hard way through continuous internal struggle. Thus moral education or ethical education requires the role of educator to be performed with serious effort, and education system for forming moral self concept will need to be efficiently and diversely developed in schools, organizations and communities.

On the other hand modern developments in medical technology has brought about changes in health management sector which provoked the nurses in management sections to focus on ethical issues regarding usage of human and financial resources. Furthermore, nurse managers' leadership which aid establishment and management of ethical environment has a direct influence on quality of moral reasoning and ethical decision-making. Nurse administration sector has different ethical importance from clinical nursing sector, however references on practical description of ethical problems and conflicts that nurse managers face in clinical situations could not be found except a national article by Kim, Park, Son and Han (2002) and about 3 international articles (Borawski, 1995; Cammunas, 1994a, 1994b).

This research attempted to describe degree of moral self concept and ethical sensitivity in nurse managers currently working in nurse administration sector, and find about the relationship between these two concepts. Thus this research would like to extend the depth of research on nursing ethics.

1. Objectives

This research attempts to describe the degree of nurse managers' moral self concept and ethical sensitivity, and identify the relationship between those two concepts. The findings from this study will provide basic data that increases nurse managers' ethical awareness.

For this purpose, we established following specific objectives;

1) To investigate degrees of moral self concept that nurse managers have.

2) To investigate degrees of ethical sensitivity that nurse managers have.

3) To determine the relationship between moral self concept and ethical sensitivity of nurse managers.

4) To compare the difference between moral self concept and ethical sensitivity of nurse managers in terms of general characteristics.

2. Definition of terms

1) Nurse managers

In this research, nurse managers refer to head nurses and nurse directors employed in general hospitals with at least 500 or more beds.

2) Moral self concept

Moral self concept refers to how an individual feels and thinks about ethical issues within themselves such as moral values, awareness of good and evil in their human qualities (Han, 1997). In this research, the higher score indicates, the higher moral-self concept is.

3) Ethical sensitivity

Ethical sensitivity refers to the ability to analyse the others' verbal and non-verbal behavior, define what the partner wants or needs in a ethical way and respond appropriately to the others (Kim & Lee, 1997). In this research, the higher score indicates, the higher ethical sensitivity is.

METHODS

1. Research design

This research is a descriptive correlational study that investigates degree of nurse managers' moral self concept and ethical sensitivity, and examines the relationship between these two concepts.

2. Subjects and collection of data

Three hundred and thirty-four subjects were randomly

selected from a pool of nurse managers employed in 9 selected general hospitals in great Seoul metropolitan region with at least 500 or more beds. After explaining the purpose of the research to the nursing departments and getting their consent, structured questionnaires were distributed to nurse managers and collected through each hospital's nursing units. Data collection period was 19 days from August 6th to August 24th 2001. 283 questionnaires were collected, recording 84.7% response rate.

3. Instruments
1) Moral-Self concept

For 'moral self concept' measurement tool, only the moral section from 'Self-consciousness examination paper which consists of 5-section' was used. The reason being that compared to other sections of the paper such as 'physical self concept', 'personality self concept ', 'domestic self concept' and 'social self concept', the moral self concept tells about individual's moral conformity, thus making possible the measurement of how individuals feel and think about their ethical side. This tool had a total of 18 questions, consisting of 9 positive questions and 9 negative questions. 'Not at all' response counted as one point, 'generally not true' response counted as two points, 'generally true' response counted as three points, 'definitely true' response counted as four points. Points from negative questions were inversely calculated and then added together with points from positive questions, giving a total score. Internal reliability of this section was Cronbach's =.74.

2) Ethical sensitivity

Research tool used in this research was a questionnaire based on results from researches by Borawski (1995) and Camunas (1994a, 1994b). Through checking-up the validity of contents by two researchers, researchers adjusted and edited the contents into a 14-item questionnaire consisting of 8 positive questions and 6 negative questions. 'Not at all' response counted as one point, 'generally not true' response counted as two points, 'generally true' response counted as three points, 'definitely true' response counted as four points. Points from negative questions were inversely calculated and then added together with points from positive questions, giving a total score. Internal reliability of this section was Cronbach's =.71.

4. Data analysis

Collected data were statistically analyzed using SPSS Win 10.0 Software, and descriptive statistics were used for general characteristics of nurse managers. The nurse manager's differentiation between moral self concept and ethical sensitivity on these general characteristics were analyzed through t-test and ANOVA. For post hoc test, Sheffe examination was performed. For correlation between research variables, Pearson Correlation Coefficient was calculated.

RESULTS

1. General characteristics

For general characteristics, sociodemographic characteristics of the subjects were investigated. Most common age group of the nurse managers was 35- 40 group with 111 subjects (39.2%). Most common period of experience as a nurse manager was between 10 and 15 years with 110 subjects (38.9%). Most common total period of experience as a nurse was between 15 and 20 years with 110 subjects (38.9%). Majority of subjects - 240 subjects (84.8%) - were head nurse. Commonest work-

Table 1. General characteristics of subjects (N = 283)

Characteristics	Category	Frequency	%
Age	< 35 years	32	11.3
	35- 40 years	111	39.2
	40- 45 years	92	32.5
	45 years	48	17.0
Career of management	< 10 years	79	27.9
	10- 15 years	110	38.9
	15- 20 years	55	19.4
	20 years	39	13.8
Clinical practice career	< 10 years	20	7.1
	10- 15 years	74	26.1
	15- 20 years	110	38.9
	20 years	79	27.9
Current position	Head nurse	240	84.8
	Nurse director	43	15.2
Current working place	medical ward	61	21.6
	surgical ward	68	24.0
	special unit (OR, ICU)	95	33.6
	etc†.	59	20.8
Educational level	Diploma	43	15.2
	BSN	123	43.5
	Graduate	117	41.3
Religion	Christian	117	41.3
	catholic	95	33.6
	etc.	71	25.1

†nursing administration/education department

ing department were special unit, surgical ward, medical ward and others (from the commonest to less common), and education backgrounds were 4-year university for 123 subjects (43.5%), postgraduate education for 117 subjects (41.3%) and 3-year university for 43 subjects (15.2%). Religions of the nurse managers were Christianity, catholic and others from the commonest to less common (Table 1).

2. Degree of nurse managers' moral self concept

The result was that degree of nurse managers' moral self concept was relatively high with an average score of 3.06 out of 4. The range of nurse managers' moral self concept was from 1.88 to 3.71. The item of the highest score was "I have no sense of honor and dignity". The item of the lowest score was "I want to be more reliable person when other people think of me"(Table 2).

Table 2. Mean score of moral-self concept for nurse managers (N = 283)

Item	Mean	SD
1. I am not able to correct what I'm doing which I know is wrong.	2.84	.54
2. I think I usually do good things.	3.10	.40
3. I am gratified with my moral behavior.	3.11	.46
4. I am not the person holding strong moral thinking and attitude.	3.18	.55
5. I am the person keeping up politeness and dignity.	3.01	.47
6. I should restrain telling a lie which is not my will.	2.70	.78
7. I always seem to think of saving my face with all things I do.	3.07	.59
8. I stick to doing things which I have to keep up my dignity with. There is no need to ask somebody about it.	2.99	.51
9. I do not think that I am doing things which may hurt my honor.	3.12	.50
10. I do not do wrong doing.	3.29	.66
11. Sometimes, I rely upon a foul means for surpassing others.	3.55	.56
12. I am bad man.	3.65	.51
13. I have no sense of honor and dignity.	3.71	.50
14. I am honest man.	3.31	.51
15. I want to be more reliable person when other people think of me.	1.88	.59
16. I am person who keep up my dignity well.	3.02	.39
17. I am the person with dignity and manners.	3.01	.37
18. It is always followed by all kinds of trouble if we try to do right things.	2.45	.65
Total	3.06	.47

Table 3. Mean score of ethical sensitivity for nurse managers (N = 283)

Item	Mean	SD
1. Do you think that nurse can be inspired with courage if you are concerned about ethical matters as a manager?	3.14	.57
2. Do you think that other people will react cynically if you raise a question about ethical matters as a manager?	3.15	.56
3. Do you worry that other people will think of you as having an unrealistic thought if you raise a question about ethical matters as a manager?	3.21	.61
4. Do you think that other people will think of it as a trifle matters if you raise a question about ethical matters as a manager?	3.02	.59
5. Do you feel that you have to reach an understanding between a criterion of structure and one of yours in order to achieve ultimate purpose of structure?	2.45	.66
6. Do you think the bigger size of structure is the harder to apply ethical standard to?	2.46	.73
7. Do you think that the responsibility of action is on individuals if structure make a standard and then it is applied to?	2.82	.62
8. Have you ever experienced that you take a holiday more than allowance?	3.86	.44
9. Do you report to high-ranking officials when you violate ethical policy?	3.25	.63
10. Do you think that you have stronger ethical standard than others have?	2.86	.57
11. Do you think that your high-ranking officials have stronger ethical standard than you have?	2.64	.62
12. Do you think that we have to follow documentary regulations when final decision have to be made in order to settle ethical matters?	3.14	.56
13. Do you think that all administration representatives should make a decision on all cases in order that many people can benefit?	3.20	.58
14. Do you think that ethical matters have to be considered in execution of ones duty?	3.32	.52
Total	3.04	.59

3. Degree of nurse managers' ethical sensitivity

The result was that degree of nurse managers' ethical sensitivity was shown to be 3.04 out of 4.

The range of nurse managers' ethical sensitivity was from 2.45 to 3.86. The item of the highest score was "Have you ever experienced that you take a holiday more than allowance?". The item of the lowest score was "Do you feel that you have to reach an understanding between a criterion of structure and one of yours in order to achieve ultimate purpose of structure?"(Table 3).

4. Correlation between moral self concept and ethical sensitivity

Correlation between moral self concept and ethical sensitivity was analysed using Pearson correlation coefficient. Analysis showed statistically significant positive correlation (r=2.81, *p*=.04).

5. Comparison of nurse managers' moral self concept and ethical sensitivity by general characteristics

In general characteristics, a variable that caused significant difference in moral self concept was the total period of experience as a nurse (F=3.52, *p*=.02). Post hoc test showed that the scores for a group with nursing experience of 20 years or more and a group with between 10 and 15 years of experience are higher than the score for a group with less than 10 years of nursing experience. A variable that caused significant difference in ethical sensitivity was the current working department (F=3.91, *p*=.01). Post hoc test showed that those working in medical wards and other units (nursing administration/education department) showed higher scores than those working in special unit (OR, ICU) (Table 4).

6. Degree of moral self concept and ethical sensitivity when making ethical decisions

Subjects were divided into two groups based upon the answer of the question (yes or no) "Do you have difficulty when making an ethical decision?". One group who responsed 'yes' was 253 (89.7%). While, the other group who responsed 'no' was 29 (10.3%). Analyzing the degree of moral self concept showed that the group having no difficulty when making an ethical decision score higher than the group having difficulty with ethical decisions,

Table 4. Comparison of moral-self concept and ethical sensitivity according to general characteristics (N=283)

characteristics	category	Moral self concept			ethical sensitivity		
		Mean± SD	F or t (p)	Scheffe	Mean± SD	F or t (p)	Scheffe
Age	< 35 years	54.38± 4.58	.86 (.46)		42.75± 3.45	.19 (.90)	
	35- 40 years	54.92± 3.98			42.52± 3.18		
	40- 45 years	54.88± 3.89			42.36± 3.84		
	45 years	55.79± 4.74			42.75± 3.03		
career of management	10 years	55.35± 4.55	1.15 (.33)		42.73± 3.58	.77 (.51)	
	10- 15 years	54.64± 3.55			42.34± 3.33		
	15- 20 years	54.60± 4.02			42.21± 3.39		
	20 years	55.82± 4.99			43.12± 3.25		
Clinical practice Career	1. < 10 years	52.75± 4.20	2.81 (.04)	2 > 1	42.80± 3.41	.82 (.48)	
	2. 10- 15 years	55.45± 3.93		4 > 1	42.68± 3.16		
	3. 15- 20 years	54.74± 4.05			42.15± 3.70		
	4. 20 years	55.49± 4.35			42.87± 3.18		
Current position	head nurse	54.98± 4.06	- .59 (.56)		42.38± 3.39	- 1.89 (.06)	
	nurse director	55.39± 4.53			43.46± 3.40		
Current Working Place	1. medical ward	55.49± 4.31	.54 (.66)		43.21± 3.43	3.91 (.01)	1 > 3
	2. surgical ward	54.97± 4.27			42.37± 3.24		4 > 3
	3. special unit (OR, ICU)	54.63± 4.07			41.70± 3.24		
	4. etc†.	55.08± 4.09			43.32± 3.56		
educational level	Diploma	54.86± 3.89	.61 (.54)		42.60± 3.33	.02 (.98)	
	BSN	55.30± 4.10			42.54± 3.65		
	graduate	54.72± 4.32			42.49± 3.16		
Religion	Chritian	55.38± 4.51	.88 (.42)		42.72± 3.49	2.48 (.09)	
	catholic	54.83± 3.98			42.87± 3.16		
	etc.	54.59± 3.80			41.75± 3.50		

†nursing administration/education department

Table 5. The difference of moral self concept and ethical sensitivity for difficulty in ethical decision making between two groups (N = 283)

Variable	difficulty in ethical decision making		t	p
	yes (n = 253)	no (n = 29)		
	Mean± SD	Mean± SD		
Moral self concept	54.78± 4.12	56.69± 4.10	- 2.37	.02
Ethical sensitivity	42.42± 3.36	43.52± 3.67	- 1.65	.10

and this difference was statistically significant (t=-2.37, p=.02). On the other hand, analyzing the degree of ethical sensitivity showed that a group having no difficulty with ethical decision scored higher in degree of ethical sensitivity compared with those having difficulty with ethical decision. However, there was no statistically significant difference between them (t=-1.65, p=.10) (Table 5).

DISCUSSION

Results of this research have shown that degree of nurse managers' moral self concept is relatively high with an average score of 3.06 out of 4.00. Previous research measuring nurses' moral self concept could not be discovered, thus comparisons had to be made with other analogous research. These results were similar to results from a research by Kim and Kim (1999) on nurses' moral development, which showed an average score of 3.23. However, compared with scores from other previous research, such as the one by Cho and Kang (1984) on nursing students which showed an average self-consciousness score of 3.86, and another one by Son (1996) on 376 clinical nurses which showed average self-consciousness score of 3.78, the score from this research are quite low.

Score for the degree of nurse managers' ethical sensitivity was shown to be 2.84 out of 4.00. This score could not be compared with other research results because there was no previous research done using ethical sensitivity concept either internationally or nationally. However, looking at some related analogous research, a research by Kim and Kim (1999) showed average score for nurses' ethical values was 3.78, and another research by Park (2000) showed that average scores for 1st and 2nd year nursing students' ethical values were 3.48 and 3.24 respectively.

In general characteristics, a variable that caused significant difference in moral self concept was the total period of experience as a nurse (F=3.52, p=.02). Post hoc test showed that the scores for a group with nursing experience of 20 years or more and a group with between 10 and 15 years of experience were higher than the score for a group with less than 10 years of nursing experience. This is considered as being supported by Han (1997)'s assertion that moral self concept is formed by major interactions with others in connection to moral socializing process. As career progresses in an environment where there are a lot of interactions with people in various situations, one accumulates various experiences by facing ethical problems and making difficult decisions. This way, there are more opportunities for influencing one's values and beliefs. Thus it is deduced that moral self concept develops as time passes and experiences accumulate.

In general characteristics, a variable that caused significant difference in ethical sensitivity was the current working department (F=3.91, p=.01). Post hoc test showed that those working in medical wards and other units (nursing administration/education department) had higher scores than those working in special units (OR, ICU). Because of characteristics of medical wards there is more frequent contact with patients and care-givers, and thus more situations requiring ethical decisions in medical wards than in special units or other units. These are considered to be reasons for such difference.

Dividing the subjects into two groups (a group that had difficulty in making ethical decisions and a group that did not have difficulty in making ethical decisions), differentiation of degree in moral self concept showed a statistically significant difference between two groups (t=-2.37, p=.02). Since moral self concept becomes prominent in issues related to moral behavior and moral problems with behavior trait (Han, 1997), it is thought that people with high degree of moral self concept have no real difficulty when making ethical decisions.

Correlation between moral self concept and ethical sensitivity was a statistically significant, positive correlation (r=.34, p=.00). This indicates that people who thought about ethics themselves are more sensitive to ethical behavior response when making ethical decision. Thus promoting moral self concept through personal effort or education would increase ethical sensitivity which would lead to behavioral expression of the ethical knowledge.

CONCLUSIONS AND SUGGESTIONS

This descriptive study was designed to find out the relationship between moral self concept and ethical sensitivity of nurse managers. Study subjects were 283 nurse managers working in general hospitals. Moral self concept was measured with questionnaire developed by Chung (1965) and ethical sensitivity was measured with the questionnaire developed by the researchers.

The results were summarized as follows;

1. The score for degree of nurse managers' moral self concept was shown to be an average of 3.06 out of 4.00, which is relatively high. The score for degree of nurse managers' ethical sensitivity was shown to be an average of 3.04 out of 4.00.

2. Analysis of correlation between moral self concept and ethical sensitivity with Pearson correlation coefficient showed a statistically significant positive correlation (r=.34, p=.00).

3. In general characteristics, a variable that caused significant difference in moral self concept was the total period of experience as a nurse (F=2.81, p=.04). A variable that caused significant difference in ethical sensitivity was the current working department (F=3.91, p=.01).

Considering these results, nurse managers' degrees of moral self concept and ethical sensitivity are of relatively high standard, although there were differences according to the period of nursing experience for moral self, and according to the working department for ethical sensitivity. It was also found out that in administrative work, those with high degree of moral self had no difficulty when making ethical decisions, and they also had high ethical sensitivity. Thus, to increase ethical sensitivity of nurse managers individual moral self concept will need to be actively strengthened.

Researchers would like to make following suggestions based on the above results of this research.

1) We suggest a research on variables that can influence nursing managers' establishment of moral self concept.

2) We suggest developing a training program to promote moral self concept in nurse managers.

3) We suggest using the ethical-sensitivity measuring tool in this research nurses working in various fields and checking the validity of the tool.

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