Original Article

Determining ethical sensitivity of a group of military physicians

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ABSTRACT

Objective: Military physicians must face a constant competition between their professional ethics and their organizational ethics more than their civilian counterparts. The objective of this study was to measure the sensitivity of the Military Physicians regarding the ethics-related situations which they come across during patient care and treatment.

Methodology: A group of physicians were selected who joined the Turkish Army for compulsory military service in December 2008. They were applied the "Moral Sensitivity Questionnaire", which was formed by Kim Lutzen.

Results: It was found that the physicians, who read the publications concerning ethics, agreed more with the "Structuring moral meaning" compared to the physicians who did not read such publications. It was also found that the physicians who came across ethical problems agreed more with following the "rules" approach.

Conclusion: The physicians had high levels of autonomy with respect to patient care and treatment. Their aim was to provide benevolence for their patients; that they valued patient participation in patient care and treatment; and that they refrained from conflict and acted in collaboration.

KEY WORDS: Physician, Military, Healthcare Services, Ethical Sensitivity.

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INTRODUCTION

Ethical problems are a source of tension for health professionals. Military physicians must face a constant competition between their professional ethics and their organizational ethics more than their civilian counterparts.[1] Misunderstandings or conflicts may result from differing perceptions of ethical problems. If true collaboration is to be achieved, it is important to understand the perspectives of others, particularly when difficult decisions must be made.[2] Ethical sensitivity has recently become a significant area of interest for the professionals.[3] Ethical sensitivity covers the emotions and behavior of the professionals against the ignorance and vulnerability of the people as they receive care and treatment.[4] Ethical sensitivity is a composition of consciousness on many ethical dimensions such as moral burden, peace, responsibility and the importance attached to the ethical dimensions.[5] Today the notion of ethical sensitivity is studied both from a philosophical and

conceptual perspective and a social and political perspective[6], and it has become a problematic issue because the ethical problems are perceived differently.[2]

It is very difficult to make a decision on vital issues in the healthcare institutions.[2] Among the factors influencing the ethical actions amongst the healthcare staff are value perspective, working environment, information and experience, roles and relations with the patients.[7] The ethical conflicts are mainly experienced amongst the patients, community, healthcare professionals and health managers due to patient and health professional relations, patient rights and responsibilities, confidentiality, resource allocation, health plan regulations.[8,9] The managers of the healthcare institutions have a definitive role with respect to the ethical behaviour of the staff.[6] The conflict between the physician and the health board management on marketing policies in healthcare institutions has impacted on the development of the health ethics committees.[10] Among the issues of the ethics committees are the use of individual autonomy, telling the truth to the patient, importance of confidentiality, helping people while considering the balance of benefits and harms. Not risking the patient's condition in risky situations, equal distribution of resources and costs and the ethic codes of the professional associations provide guidance in those cases.[11,12]

When the physicians come across ethical problems, they use rational and irrational approaches. Rational approaches; are deontology which enables decision making, consequentiality which shows the benefits of the methods used, ethical principles which are used for making moral decisions, and the meritorious conduct consistent with the character of the decision maker. Irrational approaches are; submission consistent with the moral structure of the healthcare institution, following the example of another colleague, implementing what one thinks is right, trusting intuitions, continuing habits for similar conditions.[13] The physicians are sometimes in a position where they have to make vital decisions regarding their patients considering not only the scientific aspect of medicine but also the value analysis and the legal understanding.[14] While rational approaches are taken as the basis making decisions in order to respect autonomy, to be of assistance, not to hurt and to be fair, the irrational approaches should also be taken into consideration.[11] The recent studies on work ethics show that ethical sensitivity, ethical justice and behavioural activities are face to face with ethical conflict.[3]

METHODOLOGY

The "Moral Sensitivity Questionnaire", which was formed by Kim Lutzen[15] and validated for Turkey, was applied to the group of physicians, who applied for military service in December 2008. No sampling was chosen for the study as the aim was the entire universe (n = 179). The number of the completed questionnaires was 148 (82%). Fivefold Likert type scale was used in the questionnaire. The moral sensitivity questionnaire consists of 30 items and 6 subtypes. Those are;

* Autonomy is reflected in views that the principle of patient autonomy, meaning self-choice, must be respected (category: autonomy).
* Expressing benevolence refers to actions that are motivated by doing that which is believed to be 'good' or in the best interest of the patient (category: benevolence).
* Structuring moral meaning refers to making sense of a patient's limited autonomy by finding that actions are meaningful, that is, they neither harm nor threaten the patient's integrity (category: meaning).
* Experiencing moral conflict (category: conflict).Conflict means the conflicts experienced in terms of ethical sensitivity.
* Following the 'rules' refers to actions that are instructed by routines and ward policies (category: rules).
* Relational orientation is reflected in the health care professional's concern for how actions will affect the relationship with the patient (category: relation).

The hypotheses tested in the study are:

The opinions of the young physicians on ethical sensitivity dimensions differ based on; Age, marital status, where he works (institution), institution seniority duration, whether he is devoted to his profession, whether he took lectures on occupational ethics, whether he reads the publications on ethics, whether there is an ethics committee in his institution, if there is an ethics committee, whether he works there, whether he faces ethical problems.

SPSS for Windows program was used for analyzing the data gathered from the questionnaires and testing the hypotheses. Fivefold Likert type scale was used in order to measure to what extent the physicians who participated in the survey agree with each statement. Based on the responses given by the physicians, the scores for the moral sensitivity questionnaire dimensions vary between "1=I don't agree" and "5= I agree". If the question is left without any

responses, it was evaluated as "no comment" as indicated in the questionnaire form and not included in the calculation. In the analysis, the arithmetic average of the scores given by the participants to the dimensions was calculated and statistical evaluations were made. T-test, Mann-Whitney U (MWU) test, Kruskal-Wallis test were used in the study.

RESULTS

Illustrative information on independent variables are given in Table-I. About 54.1% of the physicians reported that they have come across ethical problems while 45.9% of them have not faced any ethical problem yet. Among those physicians who have faced ethical problems, 42.8% solved the problem on his/her own, 25.0% through an external help, 22.6% could not solve the problem at all and 9.6% of them solved it through other methods.

Ethical sensitivity of physicians has been measured in the study and results given in Table-II. Dimensional medians were autonomy 3.84, benevolence 3.83, structuring moral meaning 4.27, conflict 2.64, following the "rules" practice 3.66, and orientation 4.40.

The opinions of the physicians on ethical sensitivity dimensions according to some independent variables are also given in Table-II. When the opinions of the physicians about the dimensions are observed in terms of age, marital status, where they work, their professional seniority duration, and their professional devotion, no significant difference has been found in scores attributed to various dimensions.

Physicians' opinions on ethical sensitivity dimensions, according to whether they have taken occupational ethics lectures and whether they read publications on ethics are shown below in Table-III. No significant difference has been found in scores attributed to various dimensions.

Likewise, when their opinions were observed according to whether they read ethical publications; we found a statistically significant difference only in structuring moral meaning (p=0,000, t=4,057). Those who read ethical publications agree with the structuring moral meaning more than those who do not read them.

When the opinions of physicians on ethical dimensions were observed according to whether they have faced ethical conflicts, a statistical significant difference has been found only in scores attributed to the practice dimension (Table-IV) (p=0,048, t=1,995).

Those physicians who have faced ethical conflicts agree with the practice dimension more than those who have not faced them.

DISCUSSION

Modern health care abounds with potentially ethically conflicting situations for physicians. Examples include treatment possibilities with

Table-I: Illustrative information on independent variables.

Independent Variables		*n*	*%*
Age	≤31 Years	67	45.2
	>31 Years	81	54.8
Marital Status	Single	53	35.8
	Married	95	64.2
Place of work	Public Hospital	96	64.8
	Other	52	35.2
Seniority duration in an institution	£6 Years	83	56.1
	>6 Years	65	44.9
Do you perform your profession with devotion?	Yes	128	87.1
	No	19	12.9
Have you ever taken a Professional Ethics Lecture?	Taken	112	76.7
	Never taken	34	24.3
Do you follow Publications on Ethics?	Yes	92	63.4
	No	53	36.6
Is there an Ethics Committee in the Workplace?	Yes	67	45.6
	No	79	54.4
If there is an Ethics Committee, have you taken part in it?	Yes	9	12.5
	No	63	87.5
Have you ever come across Ethical Conflicts?	Yes	79	54.1
	No	67	45.9
How was a particular Ethical Conflict solved, if any?	On my own	36	42.8
	Through help	21	25.0
	Could not solve	19	22.6
	Other	8	9.6

Table-II: Opinions by the Physicians on Ethical Sensitivity Dimensions, according to some independent variables.

Ethical Sensitivity of Physicians		*Age*		*Marital status*		*Workplace*		*Seniority duration*		*Professional devotion*		*Is there an Ethics Committee*	
		≤31 Years	*>31 Years*	*Single*	*Married*	*Public Hospital*	*Others*	*≤6 Years*	*>6 Years*	*Yes*	*No*	*Yes*	*No*
Autonomy	avr.	3.84	3.84	3.82	3.83	3.88	3.80	3.85	3.81	3.84	3.77	3.82	3.85
	s.d.	0.50	0.56	0.52	0.53	0.53	0.55	0.51	0.56	0.54	0.48	0.49	0.57
	p*	0.987		0.974		0.609		0.624		0.936		0.751	
Benevolence meaning	avr.	3.81	3.63	3.84	3.84	3.71	3.73	3.78	3.64	3.73	3.44	3.72	3.61
	s.d.	0.60	0.72	0.59	0.70	0.69	0.64	0.63	0.72	0.66	0.70	0.66	0.68
	p*	0.103	0.089	0.861	0.204	0.233	0.915						
Structuring moral meaning	avr.	4.27	4.28	4.28	4.26	4.26	4.30	4.30	4.25	4.27	4.38	4.28	4.27
	s.d.	0.47	0.46	0.43	0.48	0.50	0.40	0.49	0.43	0.47	0.39	0.48	0.46
	p*	0.856		0.848		0.618		0.515		0.515		0.832	
Conflict	avr.	2.63	2.65	2.63	2.63	2.64	2.65	2.73	2.54	2.63	2.96	2.55	2.71
	s.d.	0.82	0.85	0.85	0.83	0.85	0.70	0.88	0.76	0.83	0.77	0.73	0.91
	p*	0.900	0.962	0.554	0.191	0.203	0.269						
Following the 'rules'	avr.	3.60	3.72	3.61	3.70	3.70	3.60	3.59	3.75	3.65	3.78	3.60	3.72
	s.d.	0.56	0.59	0.57	0.57	0.57	0.61	0.58	0.57	0.58	0.62	0.60	0.56
	p*	0.252		0.352		0.354		0.111		0.421		0.256	
Relational orientation	avr.	4.42	4.39	4.46	4.36	4.41	4.31	4.42	4.39	4.42	4.19	4.50	4.34
	s.d.	0.52	0.49	0.47	0.52	0.50	0.51	0.53	0.47	0.50	0.55	0.41	0.55
	p*	0.774		0.286		0.975		0.732		0.221		0.067	

* Significance (t) test between two median amounts

increasing costs leading to the necessity of rationing, the growth of health care organizations, and increasing emphasis on patient autonomy and patient right. Physicians claim to experience distress due to such developments. The extent, however, to which physicians actually experience having to make ethically problematic choices and treatment decisions in their clinical work is largely unknown. Experiencing ethically problematic situations might indicate ethical sensitivity, the capability for ethical reasoning, and explicitly held ethical values.[16]

Previous studies have shown that ethical sensitivity is an important component of the decision making process.[16] Weaver et al studied 200 ethics-related articles and books on nursing, medicine, psychology, dentistry, clinic impact, religion, education, law, accounting, journalism, politics, social sciences and women studies from 1970 to 2006. It was found that the attitudes regarding ethical sensitivity included moral perception, effectiveness and loyalty.[4]

In this study we conducted a survey to investigate ethical sensitivity of physicians. The participation score average of physicians as of the dimensions in the questionnaire is as follows: autonomy 3.83, benevolence 3.72, structuring moral meaning 4.27, conflict 2.63, practice 3.66, and orientation 4.4. It was

Table-III: Opinions by the Physicians on Ethical Sensitivity Dimensions.

Ethical Sensitivity of Physicians	*Professional Ethics Lecture*	*avr.*	*s.d.*	*p*	*Publications on Ethics*	*avr.*	*s.d.*	*p**
Autonomy	Taken	3.86	0.52	0.294**	Yes	3.87	0.52	0.353
	Not taken	3.74	0.59		No	3.78	0.59	
Benevolence	Taken	3.70	0.66	0.581*	Yes	3.76	0.66	0.323
	Not taken	3.48	0.69		No	3.64	0.69	
Structuring moral meaning	Taken	4.28	0.47	0.952**	Yes	4.39	0.47	0.000
	Not taken	4.27	0.45		No	4.07	0.45	
Conflict	Taken	2.69	0.85	0.132*	Yes	2.67	0.85	0.677
	Not taken	2.43	0.74		No	2.60	0.74	
Following the 'rules'	Taken	3.68	0.57	0.457*	Yes	3.67	0.57	0.892
	Not taken	3.59	0.61		No	3.66	0.61	
Relational orientation	Taken	4.40	0.52	0.945**	Yes	4.42	0.52	0.395
	Not taken	4.43	0.45		No	4.35	0.45	

* Significance (t) test between two median amounts. ** Mann-Whitney U (MWU) Test.

Table-IV: Opinions by the Physicians on Ethical Sensitivity Dimensions, Concerning Ethical Conflicts

Ethical Sensitivity of Physicians	*Have you ever come across any Ethical Conflicts?*	*avr.*	*s.d.*	*p**
Autonomy	Yes	3.81	0.55	0.647
	No	3.85	0.52	
Benevolence	Yes	3.82	0.63	0.054
	No	3.60	0.70	
Structuring moral meaning	Yes	4.27	0.45	0.878
	No	4.28	0.49	
Conflict	Yes	2.72	0.80	0.157
	No	2.52	0.85	
Following the 'rules'	Yes	3.76	0.58	0.048
	No	3.56	0.57	
Relational orientation	Yes	4.36	0.52	0.366
	No	4.44	0.48	

* Significance (t) test between two median amounts

found that the physicians, who read the publications concerning ethics, agreed more with the structuring moral meaning compared to the physicians who did not read such publications. It was also found that the physicians who came across ethical problems agreed more with the practice approach. It was found that the physicians had high levels of autonomy with respect to patient care and treatment; that their aim was to provide benevolence for their patients; that they valued patient participation in patient care and treatment; and that they refrained from conflict and acted in collaboration.

We would suggest that the institutions which are rendering medical care must be developed in terms of medical technology, the healthcare staff must also be informed about ethics, patient-healthcare staff communication, patient rights and the implementation of ethical rules. Specific regulations must be put in place.

Lectures on ethics must be organized for medical students and for those studying medical care because ethics lectures will enable the students to be more capable in communications, respect, decision-making and communication across occupations. There must be an ethics committee in hospitals with regard to relationships among staff, patients and society. Such studies have been regarded to be beneficial to implement in other professional groups as well, who take part in health sector.

CONCLUSION

The findings of this study suggest that, age, marital status, seniority duration, type of workplace, professional devotion, establishing ethics committee may not influence ways of dealing with moral problems in military physicians. This in turn indicates homogeneity in the profession (in military physicians.). It would be of interest to carry out a comparative study of military physicians from different countries in order to investigate the influence of cultural and social factors. It would also be of interest to do a qualitative study, such as in-depth interviews, focused on how individual military physicians reason when confronted with moral dilemmas. In interviews, other factors may be identified, which could further develop the concept of moral sensitivity and, in turn, the psychometric dimension of the Moral Sensitivity Questionnaire.

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