

Nurses' Moral Sensitivity and Observance of Patient Privacy: A Cross-Sectional Study

Hemşirelerin Ahlaki Duyarlılıkları ve Hasta Mahremiyetini Gözetmeleri: Kesitsel Bir Çalışma

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This study was presented as an oral presentation at 3rd National Nursing Management Congress, September 09-11, 2023, İstanbul, Türkiye.

ABSTRACT Patient privacy and moral sensitivity are two important variables in nursing care settings. This research was conducted as a descriptive, cross-sectional and correlational study to determine the relationship between nurses' ethical sensitivity and patient privacy. The research was completed with 304 nurses at a public university hospital in İstanbul between April-June 2023. Nurse Information Form, Moral Sensitivity Questionnaire (MSQ), Patient Privacy Scale (PPS) were used to collect the data. Data were evaluated at 95% confidence interval with significance at $p<0.05$. All statistical calculations were performed with SPSS software version 26. The structural equation model was created using AMOS 24 package program. In this study, the mean total score of the MSQ was 83.1 ± 22.2 and the mean total score of the PPS was 4.51 ± 0.49 . No difference was found between the level of moral sensitivity and observance of patient privacy according to the sociodemographic characteristics of the nurses. It was determined that nurses' observance of patient privacy increased with increasing moral sensitivity level. In the structural equation model, it was determined that the level of moral sensitivity of nurses was an effective factor in ensuring patient privacy ($\beta_2=-0.407$, $p<0.001$, $t=-6.246$). As a result, based on these findings, it was determined that the level of moral sensitivity of nurses was a factor in ensuring patient privacy.

Keywords: Nursing; ethics; patient privacy; moral sensitivity

ÖZET Hemşirelik bakım ortamlarında, hasta mahremiyeti ve ahlaki duyarlılık önemli iki değişkendir. Bu çalışma, hemşirelerin etik duyarlılıkları ile hasta mahremiyeti arasındaki ilişkiyi ortaya koymak amacıyla kesitsel, tanımlayıcı ve ilişki arayıcı bir araştırma olarak yapılmıştır. Araştırma, İstanbul ilinde bulunan bir kamu üniversite hastanesinde Nisan-Haziran 2023 tarihleri arasında 304 hemşire ile yapıldı. Veriler, Hemşire Bilgi Formu, Ahlaki Duyarlılık Anketi (ADA), Hasta Mahremiyeti Ölçeği (HMÖ) ile toplandı. Verilerin değerlendirilmesinde, %95 güven aralığı ve $p<0,05$ anlamlılık düzeyi kabul edildi. İstatistiksel hesaplamalar ise SPSS yazılımı versiyon 26 ile yapıldı. Yapısal eşitlik modeli AMOS 24 paket programı kullanılarak oluşturuldu. Bu çalışmada, ADA toplam puan ortalaması $83,1\pm 22,2$ HMÖ ortalaması $4,51\pm 0,49$ idi. Hemşirelerin sosyodemografik özelliklerine göre ahlaki duyarlılık düzeyinde ve hasta mahremiyetini gözetmelerinde istatistiksel olarak anlamlı bir farklılık bulunmadı. Hemşirelerin ahlaki duyarlılık düzeyinin artmasıyla hasta mahremiyetini gözetmelerinin arttığı belirlendi. Kurulan yapısal eşitlik modelinin yol katsayıları incelendiğinde, hemşirelerin ahlaki duyarlılık düzeyinin hasta mahremiyetinin sağlanmasında etkili bir faktör olduğu ($\beta_2=-0,407$, $p<0,001$, $t=-6,246$) saptandı. Sonuç olarak bu bulgulardan hareketle, hemşirelerin ahlaki duyarlılık düzeyinin hasta mahremiyetinin sağlanmasında bir faktör olduğu belirlendi.

Anahtar Kelimeler: Hemşirelik; etik; hasta mahremiyeti; ahlaki duyarlılık

TO CITE THIS ARTICLE:

Toğluk Yiğitoğlu E, Afşar Doğrusöz L, Polat Ş. Nurses' moral sensitivity and observance of patient privacy: A cross-sectional study. Türkiye Klinikleri J Med Ethics. 2024;32(1):47-55.

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Peer review under responsibility of Türkiye Klinikleri Journal of Medical Ethics, Law and History.

Received: 11 Sep 2023

Accepted: 22 Oct 2023

Available online: 26 Oct 2023

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Health is one of the areas of human service that requires the most diligence and which imposes ethical responsibility on the healthcare profession. Because individuals who apply to healthcare facilities are in a position where help is needed, sensitive, easily manipulable and exploitable.¹ Because of the importance of the issue, many international declarations or regulations and national legislation of many countries have sought to safeguard this right.²⁻⁵

The International Council of Nurses defines privacy as “Privacy is the principle of non-interference in one’s personal matters, information or physical body.”² The Turkish Nurses Association has stated that privacy and confidentiality are among the ethical principles and responsibilities of nurses.⁴ Patient right, which is the reflection of human rights in health services, includes the right to privacy.³ Patient privacy makes it necessary to ensure the protection of the patient’s physical and moral values as well as the confidentiality of information about the patient’s health.⁶ Privacy in care practices has physical, social, psychological and cognitive aspects.⁷ The absence of direct intervention on the patient’s body is an example of physical privacy; the patient’s control over the parties, frequency and duration of interpersonal relationships is an example of social privacy. Psychological privacy is the process of controlling one’s cognition, mood, shaping values and protecting individual identity. Cognitive privacy is about controlling the extent to which information about oneself is accessed by others.⁵ In a study conducted, it was found that the average level of privacy knowledge of patients was 73.9%, the average evaluation of privacy was 81.6%; patients thought that their privacy was taken care of by institutional staff.⁶ Another study indicates that patients have a high level of privacy awareness, are forced to identify and perceive privacy violations in medical intervention processes, and are more likely to experience privacy breaches, especially in state hospitals, emergency, intensive care and surgery facilities.⁸ In a study of operating room nurses and patients undergoing surgery, patients reported that nurses respected patient privacy, but they had less confidence in the confidentiality of their personal information. In the same study, nurses reported that they had difficulty ensuring and maintaining pa-

tient privacy due to some factors beyond their control (e.g., no private rooms, no curtains, and no control over visitor access).⁹ According to Shen et al.’s systematic review, the patient privacy perspective is dynamic, complex and still not well understood.¹⁰ In addition, although patient privacy is among the ethical principles of nursing, there is a need for different perspectives on how privacy can be ensured because it is not fully ensured in practice.

It is very important that nurses have a high level of ethical sensitivity in resolving issues related to patient privacy.¹¹ Because, while nurses are trying to provide high quality care, they may sometimes need to take action on behalf of their patients, and nurses are expected to have high ethical sensitivity when faced with this situation.¹² Moral sensitivity is broadly defined as the ability to be aware of an ethical conflict. This awareness is not only about emotions, but also about being aware of one’s own roles and responsibilities in ethically sensitive clinical situations. The moral sensitivity of nurses can be affected by the working environment and the conditions of the clinical environment, the age of people and their attitude towards the profession, culture, education level, ethical education, nursing care burden.⁷

Moral sensitivity is associated positively with ethical decision-making.¹³ In addition to being the source of nursing ethics, moral sensitivity is a prerequisite for nurses’ service behavior.¹⁴ It also positively affects nursing behavior.^{12,15-17} In one study, moral sensitivity was found to be the strongest determinant of individualized care.¹⁸ Moral sensitivity affects quality positively of patient care, but when nurses experience a moral conflict, the quality of patient care decreases.^{19,20}

Care is a concept based on mutual relationship and trust and has a moral dimension. Nursing is based on human and care phenomenon. Nurses are expected to reflect the moral and affective aspects of care to the nurse-patient relationship by combining them with professional knowledge and skills.²¹ In addition, the philosophy of nursing is based on being attentive and sensitive to the physical and emotional needs of patients. Therefore, care based on ethical values,

moral sensitivity and a responsibility is particularly important for nurses. This work aimed to identify the impact of nurses' moral sensitivity on patient privacy.

MATERIAL AND METHODS

AIM AND DESIGN

This study was conducted to determine the relationship between nurses' moral sensitivity and their observance of patient privacy and to make recommendations, if any. This study was designed as a descriptive, cross-sectional and correlational study.

Research Questions;

1. What is the ethical sensitivity level of nurses?
2. What is the level of nurses' privacy sensitivity?
3. Is there a relationship between nurses' moral sensitivity and nurses' privacy sensitivity?

STUDY SETTING AND SAMPLE

The research was done a university hospital in İstanbul during April-June 2023.

Inclusion Criteria: Volunteering to participate in the study and working as a nurse.

Exclusion Criteria: Those who did not volunteer to participate in the study or who volunteered but did not complete the questionnaire were excluded from the sample.

The universe of participants consisted of 1,122 nurses in the hospital where the study was conducted. The known-universe sampling method [$n = Nt2pq/d2(N-1) + t2p q$] was used to determine the sample size of the study. In the sample calculation, the maximum value was calculated with a 50% opinion rate (p). As a result of the calculation, the sample was determined as 287. The sample included 20 percent of the sampled nurses and a total of 345 people were surveyed, considering that there might be missing data. Although the nurses volunteered, the study was terminated because 29 of the 345 questionnaires were not completed and 12 were incomplete. As a result, a total of 304 nurses constituted the sample of the study. The effect size determination (d-value) method developed by Cohen was used to determine the adequacy of the sample.²² Using the findings of the

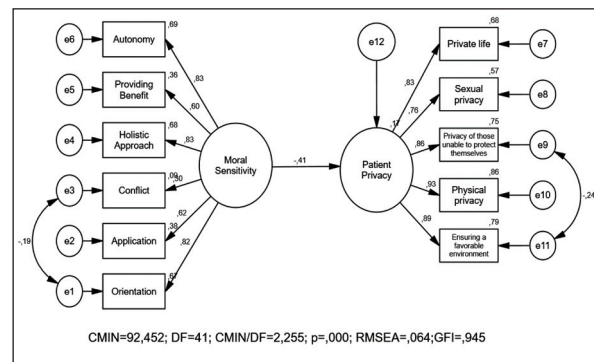


FIGURE 1: Path diagram for the structural equation model.

A-) Standardized path coefficients; RMSEA: Root mean square error of approximation; GFI: Goodness of Fit Index.

study, correlation $\rho H1 = -0.271$, at 95% confidence level ($1 - \alpha$), $1 - \beta$ (test power) = 99% was calculated for the relationship among nurses' level of moral sensitivity and patient privacy. With these findings, it was concluded that the research sample was adequate (Figure 1).

DATA COLLECTION TOOLS

Data were collected with the Nurse Information Form, Moral Sensitivity Questionnaire (MSQ) and Patient Privacy Scale (PPS).

Information Form: The form includes participants' personal and work-related information. The form includes age, gender, marital status, marital status, and education as the personal information of the participants, while professional experience, duration of work in the unit, unit, and type of work are included in the work-related information.

MSQ: It was used in the study to determine the ethical sensitivity of nurses and was developed by Lützen and adapted into Turkish by Tosun.²³ The scale has six subdimensions including autonomy (10, 12, 15, 16, 21, 24, and 27. items), benefits (2, 5, 8 and 25. items), holistic approach (1, 6, 18, 29 and 30. items), conflict (9, 11 and 14. items), practice (4, 17, 20 and 28. items), orientation (7, 13, 19 and 22. items), and three items (3, 23, 26. items) are not included in any subdimension. The items in the scale are evaluated among "(1) I strongly agree" and "(7) I strongly disagree". Scores between 30-210 are gained from the scale. The lower the score obtained from the scale, the higher the moral sensitivity, and

the higher the score, the lower the moral sensitivity. While it is found that Cronbach's alpha coefficient was 0.84 in Tosun's study, it was found as 0.884 in our sample.²³

PPS: The scale was developed by Ozturk et al. in 2014.²⁴ The scale includes 27 items and is a five-point Likert type. The scale consists of five sub-dimensions. These are privacy of private life/personal information (10 items), privacy related to gender (4 items), privacy of those who cannot protect themselves (4 items), physical privacy (5 items) and providing an appropriate environment (4 items). The total score range of the scale is between 27-155. A score close to 135 on the scale indicates that nurses comply with patient privacy or confidentiality, whereas a score close to 27 indicates that nurses do not comply with patient privacy or confidentiality. The total Cronbach alpha value of the instrument is 0.93. In this research, the Cronbach alpha (α) coefficient value was calculated as 0.956.

DATA COLLECTION

Ethics committee permission and written permission were obtained from the organization where the study was conducted. The charge nurse or head nurse of each unit was interviewed and informed about the purpose of the research. The first page of the form including the consent form, information about the purpose, risks and benefits of the study, and telephone and e-mail addresses where they could reach the researchers if they had any questions. Participation was voluntary and no identifying information was included in the sample. The questionnaires were collected by the researchers within 5-10 days after they were given.

DATA ANALYSIS

In the quantitative variables are presented as frequency (n, %) and as average \pm standard deviation for continuous variables. The effect size determination (d-value) method developed by Cohen was used to determine the adequacy of the sample included in the study.²² Cronbach alpha reliability coefficients were determined to measure the reliability of the scales. In continuous variables, comparisons among two groups were made with the Independent sample t-test. Com-

parisons among more than two groups were made with one-way ANOVA (variance) test. Pearson correlation test was analyzed to determine the level of relationship among two quantitative variables. The structural equation model was created using AMOS 24 (IBM Corp., Armonk, NY, USA) program. The results were evaluated at 95% confidence interval and significance was accepted as $p < 0.05$. Statistical calculations were performed using SPSS software version 26 (IBM Corp., Armonk, NY, USA).

ETHICAL CONSIDERATIONS

Approval was obtained from İstanbul University Social Sciences and Humanities Research Ethics Committee (date: March 8, 2023, no: E-35980450-663.05-1672132) and the organization where the study was conducted (no: E-89969066-044-1708490). The authors' permission was obtained for the scales used in the study. Informed consent was obtained from the nurses who agreed to participate in the study. Helsinki Declaration's principles were followed throughout the research.

RESULTS

DESCRIPTIVE CHARACTERISTICS

The median age of the nurses who participated in the study was 32.5 ± 8.7 years (range: 20-64), 82% were female, 56% were married, and 81% had a bachelor's degree or more. It was found that 37% of the nurses had more than 10 years of professional experience, 60% worked in the clinic and 71% worked in the shift system (Table 1).

NURSES' LEVEL OF MORAL SENSITIVITY

The moral sensitivity level of the nurses was evaluated with the MSQ. The mean total score of MSQ was calculated as 83.1 ± 22.2 ; 3 (1%) of the nurses had a low level of moral sensitivity, 108 (35.5%) had a medium level and 193 (63.5%) had a high level (Table 2, Table 3). There was no association among the moral sensitivity levels of nurses according to their demographic characteristics ($p > 0.05$) (Table 4).

NURSES' LEVEL OF PRIVACY SENSITIVITY

The patient privacy level of the nurses was evaluated with the PPS. While the mean total score of the PPS

TABLE 1: Descriptive characteristics (n=304).

Variables	n (%)
Age ($\bar{X}\pm SD$: 32.5 \pm 8.7)	
<30 years	160 (52.6)
\geq 30 years	144 (47.4)
Gender	
Female	250 (82.2)
Male	54 (17.8)
Marital status	
Single	134 (44.1)
Married	170 (55.9)
Education	
Health vocational high school	26 (8.6)
Associate degree	32 (10.5)
Bachelor's degree	208 (68.4)
Postgraduate degree	38 (12.5)
Nursing experience	
<10 years	192 (63.2)
\geq 10 years	112 (36.8)
Unit	
Clinic	183 (60.2)
Intensive care-Operating room	72 (23.7)
Other	49 (16.1)
Shift	
Rotational	217 (71.4)
Fixed	87 (28.6)

SD: Standard deviation; Other: Outpatient clinic, specialty units.

was calculated as 4.51 \pm 0.49, 1 (0.3%), 7 (2.3%), 80 (26.3%) and 216 (71.1%) of the nurses had low, high

and very high levels of patient privacy, respectively (Table 2, Table 3). There was no association among the patient privacy levels of nurses according to their demographic characteristics ($p>0.05$) (Table 4).

LEVEL OF RELATIONSHIP BETWEEN CONTINUOUS VARIABLES

It was found that as the moral sensitivity of the nurses increased (as the MSQ score decreased), their level of ensuring patient privacy increased statistically significantly ($r=-0.271$; $p<0.001$). The level of relationship among the total and sub-dimension scores of the nurses' MSQ and PPS is presented in detail in Table 2.

STRUCTURAL EQUATION MODELING

Figure 1 shows the standardized path coefficients and error values in the path diagram. Standardized factor loading values were 0.30 and above, and standardized error values were less than 0.90. From this finding, it was determined that the items in the model represented the relevant construct adequately (Figure 1).

The basic fit index values [χ^2/df , root mean square error of approximation (RMSEA), standardized root mean square residual (SRMR) and Goodness of Fit Index (GFI)] of the structural model are shown in Table 5. The RMSEA, SRMR and GFI val-

TABLE 2: Means, standard deviations and correlations (n=304).

Measurement	Mean (SD)	1	2	3	4	5	6	7	8	9	10	11	12
MSQ-Autonomy	14.24 (5.35)	NA											
MSQ-Benefit	12.50 (4.31)	0.458**											
MSQ-HA	11.14 (4.14)	0.661**	0.496**										
MSQ-Conflict	12.08 (4.41)	0.255**	0.390**	0.217**									
MSQ-Practice	11.35 (4.14)	0.526**	0.457**	0.496**	0.361**								
MSQ-Orientation	8.35 (3.79)	0.679**	0.371**	0.684**	0.071	0.398**							
MSQ-Total	83.17 (22.21)	0.819**	0.715**	0.775**	0.566**	0.756**	0.666**						
PPS-CIPL	4.53 (0.51)	-0.299**	-0.096	-0.262**	-0.011	-0.102	-0.302**	-0.224**					
PPS-SP	4.28 (0.64)	-0.350**	-0.191**	-0.288**	-0.100	-0.195**	-0.331**	-0.335**	0.665**				
PPS-PUP	4.57 (0.57)	-0.328**	-0.113*	-0.272**	0.036	-0.110	-0.306**	-0.240**	0.728**	0.635**			
PPS-PP	4.59 (0.57)	-0.292**	-0.121*	-0.250**	0.090	-0.097	-0.309**	-0.202**	0.734**	0.632**	0.797**		
PPS-EFE	4.59 (0.59)	-0.267**	-0.104	-0.206**	0.082	-0.072	-0.283**	-0.166**	0.686**	0.606**	0.711**	0.842**	
PPS-Total	4.51 (0.49)	-0.353**	-0.141*	-0.296**	0.008	-0.134*	-0.351**	-0.271**	0.915**	0.820**	0.866**	0.891**	0.852**

Due to the calculation methods of the scales, statistically determined negative relationships indicate the presence of a clinically positive relationship; * $p<0.05$; ** $p<0.01$; SD: Standard deviation; Pearson correlation test; MSQ: Moral Sensitivity Questionnaire; Benefit: Providing Benefit; HA: Holistic approach; PPS: Patient Privacy Scale; CIPL: Confidentiality information and private life; SP: Sexual privacy; PUP: The privacy of those unable to protect themselves; PP: Physical privacy; EFE: Ensuring a favorable environment.

TABLE 3: Nurses' patient privacy and moral sensitivity scores (n=304).

Variables	n	%
Patient Privacy Scale		
Low	1	0.3
Medium	7	2.3
High	80	26.3
Very high	216	71.1
Moral Sensitivity Questionnaire		
Low	3	1.0
Medium	108	35.5
High	193	63.5

ues of the model were 0.064, 0.075 and 0.945, respectively. The chi-square value was statistically significant ($\chi^2=92.45$; $n=304$, $df=41$, $p<0.001$). In the model, $\chi^2/df=2.25$ and this value was <3 , indicating that the model was within acceptable fit limits. It is seen that the other fit index values in the table meet the good fit criteria. According to these results, the structural equation model was found to fit the data (Table 5).

The path coefficients of the latent variables in the model are presented in Table 6. When the path

TABLE 4: The correlation between nurses' level of patient privacy and moral sensitivity according to their descriptive characteristics (n=304)

Variables	n	Moral Sensitivity Questionnaire		Patient Privacy Scale	
		$\bar{X}\pm SD$	p-value	$\bar{X}\pm SD$	p-value
Age			0.356 ^a		0.110 ^a
<30 years	160	82.06 \pm 25.98		4.55 \pm 0.52	
\geq 30 years	144	84.42 \pm 17.08		4.46 \pm 0.45	
Gender			0.719 ^a		0.293 ^a
Female	250	83.39 \pm 21.74		4.52 \pm 0.47	
Male	54	82.19 \pm 24.48		4.44 \pm 0.59	
Marital status			0.898 ^a		0.172 ^a
Single	134	83.36 \pm 24.40		4.55 \pm 0.53	
Married	170	83.03 \pm 20.39		4.47 \pm 0.46	
Education level			0.702 ^b		0.868 ^b
Health vocational high school	26	83.35 \pm 27.84		4.53 \pm 0.68	
Associate degree	32	85.16 \pm 25.40		4.47 \pm 0.48	
Bachelor's degree	208	82.25 \pm 21.44		4.50 \pm 0.48	
Postgraduate degree	38	86.42 \pm 19.60		4.56 \pm 0.42	
Nursing experience			0.951 ^a		0.578 ^a
<10 years	192	83.27 \pm 25.19		4.52 \pm 0.53	
\geq 10 years	112	83.01 \pm 15.95		4.49 \pm 0.43	
Unit			0.701 ^b		0.377 ^b
Clinic	183	82.32 \pm 23.26		4.48 \pm 0.49	
Intensive Care-Operating Room	72	84.75 \pm 21.96		4.51 \pm 0.46	
Other	49	84.06 \pm 18.49		4.59 \pm 0.55	
Shift			0.820 ^a		0.624 ^a
Rotational	217	82.99 \pm 24.54		4.50 \pm 0.52	
Fixed	87	83.63 \pm 15.02		4.53 \pm 0.40	

^aIndependent sample t-test; ^bOne-way analysis of variance test; SD: Standard deviation.

TABLE 5: Fit indices of the structural equation model.

Fit criteria	Good fit criteria	Acceptable fit for indices	Fit indices results
χ^2/df	$0 \leq \chi^2/df \leq 2$	$2 \leq \chi^2/df \leq 3$	2.255
RMSEA	$0 < RMSEA < 0.05$	$0.05 < RMSEA < 0.08$	0.064
SRMR	$0 < SRMR < 0.05$	$0.05 < SRMR < 0.10$	0.075
GFI	$0.95 < GFI < 1.00$	$0.90 < GFI < 0.95$	0.945

RMSEA: Root mean square error of approximation; SRMR: Standardized root mean square residual; GFI: Goodness of Fit Index.

TABLE 6: Path coefficients in the structural equation model (n=304).

Structural relations			β_1	SE	β_2	t	p-value
PPS	←	MSQ	-0.055	0.009	-0.407	-6.246	<0.001*
MSQ-Orientation	←	MSQ	1.000		0.821		
MSQ-Practice	←	MSQ	0.785	0.083	0.616	9.454	<0.001*
MSQ-Conflict	←	MSQ	0.375	0.093	0.302	4.031	<0.001*
MSQ-Holistic approach	←	MSQ	1.107	0.073	0.827	15.252	<0.001*
MSQ-Providing benefit	←	MSQ	0.791	0.088	0.603	9.040	<0.001*
MSQ-Autonomy	←	MSQ	1.435	0.094	0.831	15.209	<0.001*
PPS-Confidentiality of personal information and private life	←	PPS	1.000		0.827		
PPS-Sexual privacy	←	PPS	1.145	0.074	0.757	15.510	<0.001*
PPS-The privacy of those unable to protect themselves	←	PPS	1.178	0.065	0.865	18.103	<0.001*
PPS-Physical privacy	←	PPS	1.250	0.066	0.926	19.006	<0.001*
PPS-Ensuring a favorable environment	←	PPS	1.217	0.071	0.886	17.060	<0.001*

*p<0.05; PPS: Patient Privacy Scale; MSQ: Moral Sensitivity Questionnaire; β_1 : Estimates of unstandardized regression weights; β_2 : Estimates of standardized regression weights; SE: Standard error.

coefficients of the structural equation model were examined, it was found that the level of moral sensitivity of nurses was an effective factor in ensuring patient privacy ($\beta_2=-0.407$, $p<0.001$, $t=-6.246$). From this finding, it was determined that the level of moral sensitivity of nurses increased the provision of patient privacy (Table 6).

DISCUSSION

The purpose of this study is to investigate the association among the moral sensitivities of nurses and their observance of patient privacy. According to the findings of the study, it was determined that the increase in nurses' moral sensitivity levels positively affected their perceptions of patient privacy.

In the study, ethical sensitivity of nurses was found to be high (83.17 ± 22.21) and no relationship was found between it and sociodemographic characteristics. In the literature, there are studies indicating that there is a relationship between ethical sensitivity and nurses' age, gender, education level, clinic, working time, position, membership to a professional association and attending a training/conference on ethics.²⁵⁻²⁷ It may be related to the result that "personal factors" have the greatest impact on the formation/expression of nurses' ethical sensitivity.²⁸

In the study, the importance given by nurses to patient privacy was high (4.51 ± 0.49). This result is similar to other studies in the literature.^{5,29,30} There are different results in the literature regarding whether there is a difference in the importance nurses attach to patient privacy according to their sociodemographic characteristics. It was determined that there was no relationship between nurses' age, gender, marital and educational status, and professional experience and their observance of patient privacy.^{5,31} Aktan et al. found that nurses with postgraduate education attach more importance to patient privacy than undergraduate graduates.³¹ Kim et al., found that nurses' perceptions of the importance of privacy protection behaviors differed significantly according to marital status, education level, and nursing position; married, nurses with high educational level, nurses in charge nurse and positions higher gave more importance to privacy protection behaviors, and there was no difference according to age, years of clinical experience, and the clinic where they worked.³²

In the paper, it determined that the level of moral sensitivity of nurses is an effective factor in ensuring patient privacy, and the level of moral sensitivity of nurses increases the provision of patient privacy. While respect for patient privacy is one of the ethical rules of nursing, it is not enough to be aware of ethi-

cal rules and it is necessary to be sensitive enough to apply them. Nurses' moral sensitivity is a characteristic that nurses should have. Similar to some studies in the literature, there are also studies reporting that nurses' moral sensitivity positively affects patient privacy perceptions. It has been observed that there is a positively and significant relationship between the moral sensitivity of nurses and patient privacy and that this is a more predictor variable for patient privacy than others.⁷ In addition, in a study conducted with student nurses, it was shown that the behaviors of trainee nurses to protect patient privacy were significantly positively related to patient privacy protection cognition, moral sensitivity and empathy.³³

LIMITATIONS

Limitations of this study; 1. The study was conducted in a single center 2. The questionnaires are based on self-report, nurses may have expressed what should be in practice regarding moral sensitivity and patient privacy.

CONCLUSION

The results of the study showed that the level of moral sensitivity of nurses increased the provision of patient privacy. Respecting patient privacy is one of the ethical rules. However, being aware of ethical rules is not enough, it is also necessary to be sensitive enough to apply them. Moral sensitivity enables them to notice ethical conflicts, analyze the situation properly, and make suitable ethical decisions in patient

care. A multi-center and multicultural study is recommended to determine the privacy and moral sensitivity levels of nurses. It is recommended to study moral sensitivity and other factors affecting patient privacy. Therefore, studies and interventions aimed at improving the moral sensitivity of nurses may also support the protection of patient privacy.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Eylem Toğluk Yiğitoğlu, Şehrinaz Polat, Leyla Afşar Doğrusöz; **Design:** Eylem Toğluk Yiğitoğlu, Şehrinaz Polat; **Control/Supervision:** Eylem Toğluk Yiğitoğlu, Leyla Afşar Doğrusöz, Şehrinaz Polat; **Data Collection and/or Processing:** Eylem Toğluk Yiğitoğlu, Leyla Afşar Doğrusöz; **Analysis and/or Interpretation:** Eylem Toğluk Yiğitoğlu, Şehrinaz Polat; **Literature Review:** Eylem Toğluk Yiğitoğlu, Şehrinaz Polat, Leyla Afşar Doğrusöz; **Writing the Article:** Eylem Toğluk Yiğitoğlu, Şehrinaz Polat; **Critical Review:** Eylem Toğluk Yiğitoğlu, Şehrinaz Polat, Leyla Afşar Doğrusöz; **References and Fundings:** Eylem Toğluk Yiğitoğlu, Şehrinaz Polat, Leyla Afşar Doğrusöz.

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