



Moral sensitivity in nursing and interactions with care: integrative review

Sensibilidade moral na enfermagem e interações com o cuidado: revisão integrativa

Sensibilidad moral en enfermería e interacciones con el cuidado: revisión integrativa

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ABSTRACT

Objective: to identify, in the literature, the assessment of the moral sensitivity of nursing professionals and its relationship with care through the application of the Moral Sensitivity Questionnaire. **Method:** integrative review including original studies obtained through systematic searches in eight databases. **Results:** 33 articles published from 2010 to 2021, in Iran, Turkey, South Korea, and Brazil, whose study locations included hospital units, primary care, and educational centers. The analysis resulted in two categories: moral sensitivity and its dimensions as attributes of nursing professionals, and the relationships between moral sensitivity and nursing care practice. **Final considerations:** the development of moral sensitivity, coupled with improvements in working conditions and the promotion of healthy work environments, including the encouragement of professional autonomy and in-service education, converge towards the quality of nursing care.

Descriptors: Nursing Care; Moral Development; Nurses; Ethics, Nursing; Morale.

RESUMO

Objetivo: identificar, na literatura, a avaliação da sensibilidade moral dos profissionais de enfermagem e as relações com o cuidado a partir da aplicação do Questionário de Sensibilidade Moral. **Método:** revisão integrativa incluindo estudos originais obtidos por busca sistematizada em oito bases de dados. **Resultados:** foram encontrados 33 artigos publicados de 2010 a 2021, no Irã, na Turquia, na Coreia do Sul e no Brasil, cujo local de estudo incluiu unidades hospitalares, da Atenção Primária e centros de educação. A análise resultou em duas categorias: a sensibilidade moral e suas dimensões como atributo do profissional da enfermagem, e as relações da sensibilidade moral com a prática do cuidado na enfermagem. **Considerações finais:** o desenvolvimento da sensibilidade moral, agregado às melhorias das condições de trabalho, à promoção de ambientes de trabalho saudáveis, incluindo o estímulo à autonomia do profissional e à educação em serviço, converge para a qualidade do cuidado de enfermagem.

Descritores: Cuidados de Enfermagem; Desenvolvimento Moral; Enfermeiras e Enfermeiros; Ética em Enfermagem; Moral.

RESUMEN

Objetivo: identificar, en la literatura, la evaluación de la sensibilidad moral de profesionales de enfermería y su relación con el cuidado a través del Cuestionario de Sensibilidad Moral.

Método: revisión integradora que incluye estudios originales obtenidos mediante búsquedas sistemáticas en ocho bases de datos. **Resultados:** se encontraron 33 artículos publicados entre 2010 y 2021, en Irán, Turquía, Corea del Sur y Brasil, cuyos lugares de estudio incluyeron unidades hospitalarias, atención primaria y centros educativos. El análisis resultó en dos categorías: sensibilidad moral y sus dimensiones como atributos de los profesionales de enfermería, y las relaciones entre la sensibilidad moral y la práctica de cuidado de enfermería. **Consideraciones finales:** el desarrollo de la sensibilidad moral, junto con mejoras en las condiciones de trabajo y la promoción de entornos laborales saludables, incluyendo el estímulo a autonomía profesional y la educación en servicio, convergen hacia la calidad del cuidado de enfermería.

Descriptores: Atención de Enfermería; Desarrollo Moral; Enfermeras y Enfermeros; Ética en Enfermería; Moral.

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INTRODUCTION

Moral sensitivity (MS) in nursing care refers to the integration of cognitive abilities, skills, individual feelings, and sensations mobilized in recognizing the vulnerabilities of the person receiving care and the ethical consequences of care actions.¹ Similarly, it is regarded as a resource to be developed for ethical actions and congruent care. It stands out as the primary component of ethical competence in recognizing ethical issues in care, becoming essential for the decision-making process.²⁻⁴

It is worth noting that the ethical decision-making process is in line with the occurrence of ethical issues. Therefore, the early identification of situations that generate doubt, involving the tensioning of values, principles, and duties, becomes essential for the development of ethical competence in professional practice.⁵

Nursing requires assessments of care decisions, which are analyzed in light of moral issues that emerge not only in life-and-death situations but also in everyday work and should be recognized.⁶ Thus, developing moral sensitivity has repercussions not only for recognition but also for mobilizing the professional in the face of ethical problems, leveraging the capabilities that assist in resolving similar situations. To this end, other elements have been attributed to the development of MS, such as gender, ethical education, and family background.⁷

When analyzing the preliminary literature on the subject, there is a limitation in fields of study on moral sensitivity in nursing, as well as few studies applying the concept in Brazilian nursing, such as those available in primary care and hospital units like intensive care.^{8,9}

There are instruments developed and adapted to assess nurses' moral sensitivity, including the Moral Sensitivity Questionnaire (MSQ),¹⁰ adapted to the Brazilian context.¹¹ This instrument was developed in the 1990s and initially tested with 35 items. However, the MSQ was later validated with 30 items distributed across six dimensions related to the care relationship between nurses and patients.¹⁰ A literature review has not been identified analyzing the relationship between the level of moral sensitivity assessed by this instrument and the elements that permeate care.

Considering the scarcity of studies on moral sensitivity and the importance of this element of moral competence in dealing with ethically sensitive issues in nursing work, guiding questions were delineated for this study: "What evidence in the literature exists regarding the level of moral sensitivity of nursing professionals assessed by the Moral Sensitivity Questionnaire?" and "What are the associations between the level of moral sensitivity of nursing professionals and care?".

OBJECTIVE

The objective of this review is to identify, in the literature, the assessment of the moral sensitivity of nursing professionals and their relationships with care through the Moral Sensitivity Questionnaire.

METHOD

This is an integrative literature review based on six adapted steps for the procedure applied in this study: 1) A preliminary review was conducted to situate the topic and

formulate guiding questions with the assistance of a review question formulation strategy; 2) The search strategy for the databases was established, based on the previous step, with the definition of inclusion and exclusion criteria; 3) Access to the databases for data collection was carried out using an online tool; 4) The included studies were evaluated, with statistical analysis and content analysis of the data; 5) The discussion of the results was conducted based on the emerging data; and 6) A synthesis of knowledge about moral sensitivity in nursing and its interactions with care was presented.¹²

For the formulation of the research question, the PICO strategy was adopted, with Population (nursing professionals), Phenomenon of interest (moral sensitivity), and Context (areas of nursing professionals' practice). The guiding questions established were: "What evidence in the literature exists regarding the level of moral sensitivity of nursing professionals assessed by the Moral Sensitivity Questionnaire?" and "What are the associations between the level of moral sensitivity of nursing professionals and care?".

Based on the research question, keywords and subject headings were defined to create the search strategy in the databases/access systems: Medical Literature Analysis and Retrieval System Online (MEDLINE/PUBMED), Cumulative Index to Nursing and Allied Health Literature (CINAHL/EBSCO), Web of Science/CLARIVATE ANALYTICS, Latin American and Caribbean Health Sciences Literature (LILACS/BVS), Cochrane Library, EMBASE, SCOPUS/Elsevier, and Scientific Electronic Library Online (SCIELO).

Following consultation with a librarian, controlled vocabulary terms from Medical Subject Headings (MeSH), Health Sciences Descriptors (DeCS), and synonyms (keywords) were used to compose the search strategy, which was adapted for different databases, structured as follows: ("nurses"[MeSH Terms] OR "nurse*" [Title/Abstract] OR "Nursing"[MeSH Terms] OR "Nursing"[Title/Abstract] OR "ethics, nursing"[MeSH Terms] OR "nursing ethic*" [Title/Abstract]) AND ("moral sensitivit*" [Title/Abstract] OR "ethical sensibilit*" [Title/Abstract]) AND ("Evaluation Studies" [Title/Abstract] OR "Evaluation Study" [Title/Abstract] OR "Evaluation Studies as Topic" [MeSH Terms] OR "Surveys and Questionnaires" [MeSH Terms] OR "Survey" [Title/Abstract] OR "Questionnaire" [Title/Abstract]) AND ("english" [Language] OR "portuguese" [Language] OR "spanish" [Language]) AND 2010/01/01:2021/12/31 [Date - Publication].

The choice to focus on nursing professionals was due to the diverse training backgrounds and the lack of uniformity in distinguishing workers within the nursing categories in international contexts.

Inclusion criteria selected original studies published in article format in English, Spanish, or Portuguese, addressing the study of moral sensitivity in nursing professionals

(nurses and/or other nursing categories), with a time frame from 2010 to 2021, obtained through remote access to databases via the Coordination for the Improvement of Higher Education Personnel (CAPES) Periodicals Portal.

Exclusion criteria considered materials meeting at least one of the following criteria: review studies, editorials, studies involving other healthcare professionals or students as participants, as well as studies that did not address the review's question, did not use the proposed questionnaire, or did not describe the origin of the original instrument or used a reduced version of the nine-item instrument with differing dimensions. Temporality was indicated for the literature search and was performed automatically in the databases.

Using institutional login credentials to access the CAPES Periodicals Portal, the databases and platforms were accessed, and an advanced search was conducted in December 2022, maintaining the previously used criteria to ensure the reproducibility of the search strategy during this period. Materials from the searched databases were collected and exported to the online tool Rayyan, where duplicates were removed, and articles for analysis in this study were selected.

Article selection was conducted by two researchers, with independent evaluation, followed by contrasting selections to define the material to be analyzed. In case of persistent divergence, a third researcher was included in the selection process to reach a consensus on whether to include the material.

A form was developed by the authors for data extraction, with a focus on information related to publication data, the instrument used, participants, and the main findings of the assessment of moral sensitivity in nursing professionals, such as the assessed dimensions, the level of moral sensitivity of nursing professionals, and relationships with elements of care.

In the analysis of the obtained material, descriptive statistics of objective data frequencies, consisting of data on publication characteristics, country, institution, and level of moral sensitivity, were used. A descriptive synthesis of content was performed for qualitative data.

Since this review involved secondary and public data access, it was not submitted to an Ethics Committee for Research. However, to ensure good research practices, the accuracy and identification of the authors were considered.

RESULTS

Initially, 376 studies were identified through the search, applying the temporal filter from 2010 to 2021. Of these, 240 were duplicates, and 05 were not automatically filtered by the databases regarding the timeframe, leading to manual exclusion. This resulted in 131 materials for pre-selection. After reviewing the title and/or abstract, 71 texts were removed as they did not correspond to the study's objective, including population, instrument used, publication type, or study design. Of the 60 pre-selected for full-text access, 07 were not retrieved, leaving 53 studies subjected to full-text reading, of which 33 articles were included.

Following the process described above, summarized in Figure 1, the review included articles in which the Moral Sensitivity Questionnaire, originally constructed and validated with 30 items by Lutzen,¹⁰ was the instrument used in the research. Studies were identified that used versions of the instrument to assess the moral sensitivity of nursing professionals in Iran,^{6,13-26} Korea,²⁷⁻³³ Turkey,³⁴⁻⁴¹ and Brazil,^{8,11,42} which provide sources of evidence for the phenomenon, as described in Figure 2.

Regarding the country of origin, Iran represented 45.5% of the studies included in this review, followed by Turkey (24.2%), South Korea (21.2%), and Brazil (9.1%). The oldest study within the defined research period was conducted in South Korea in 2010, while the most recent publications were released in 2021 in all mentioned countries. The year 2021 stood out with ten (30.3%) publications, followed by 2019 with eight (24.2%), representing more than half of the publications.

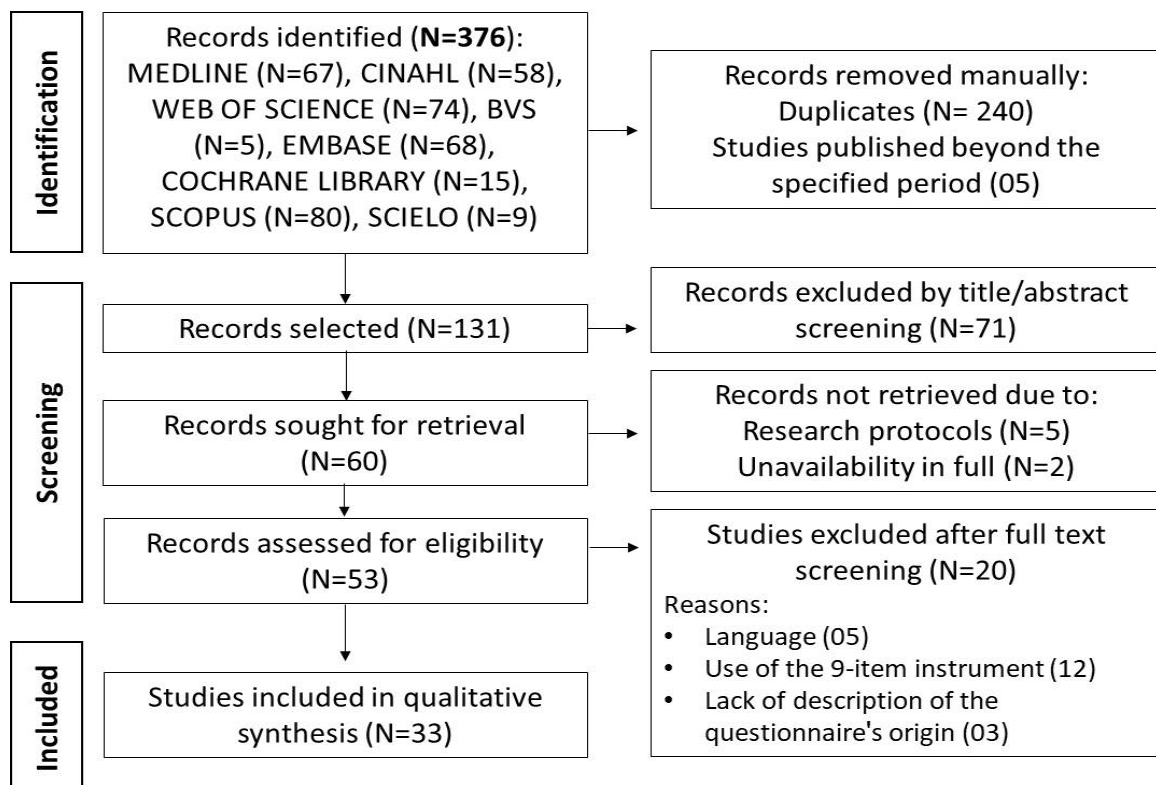


Figure 1. Synthesis of the study selection process for inclusion in the integrative review.

Among the studies, three aimed to assess the validity of the measurement instrument;^{11,27,42} four measured the level of moral sensitivity of professional;^{8,17,35,38} four evaluated ethics education activities;^{16,20,25,29} and the rest explored the level of moral sensitivity concerning individual characteristics or factors involved in the practice of nursing professionals. These factors included the application of the code of ethics;²⁸ patient satisfaction with nursing care;^{18,19,21} self-esteem;¹⁵ moral self-concept;¹³ compassion;⁴¹ ethical experiences;^{34,36} decision-making;³³ caregiving behaviors and performance;^{22,30,39,40} patient safety;^{24,31} and working conditions,⁶ which were also addressed in studies related to Burnout,³⁷ moral distress,¹⁴ workload,²³ ethical climate, and work stress.²⁶

Studies have shown an increase in sensitivity after ethics education, with one study categorizing it as high²⁹ and another finding a higher frequency of high sensitivity among nurses.¹⁸ A validation study presented factor analysis to delineate dimensions without focusing on the total MSQ score.²⁷ In many studies, moral sensitivity was categorized as moderate.

Regarding the study settings, hospital institutions predominated, with exceptions such as studies in health education centers⁶ and primary healthcare settings,⁸ as well as one study encompassing various fields of practice.¹¹ Among hospital sectors, intensive care units, psychiatric departments, surgical units, and emergency departments, as well as medical and pediatric wards, comprised the study locations.

Regarding nursing education level, South Korea characterized education as three years, four years, or above undergraduate;²⁷⁻²⁹ Turkey's studies distinguished between vocational training, associate degree, and license;^{39,41} in Iran, participants were categorized based on nursing diploma, bachelor's in nursing, and master's in nursing.²⁴ In Brazil, information about postgraduate education was also requested from participants, characterized as specialization, residency-style specialization, master's, and doctorate degrees.⁸

Study (country)	Year	Summary of the study objective	Local	MS Level	Relationships with care
E1 ²⁷ (South Korea)	2010	To validate a questionnaire to assess the ms of korean nurses.	Teaching and general hospitals	Dimensions assessment	There was agreement among the nurses about the responsibility of knowing the patient fully, being honest with them and maintaining a positive attitude.
E2 ²⁸ (South Korea)	2013	To correlate the clinical application of the code of ethics and ms.	Secondary and tertiary health units	5.14 out of 7	The clinical application of the code of ethics and nurses' MS were positively correlated.
E3 ²⁹ (South Korea)	2015	To examine the effects of education on end-of-life decision-making, care performance, and mh.	ICU in university hospitals	Case Group: Pre = 97.71 and Post = 104.18;	There were significant differences between the MS of the intervention and control groups. Participation in an ethics education program resulted in increased moral sensitivity and decision-making attitude.
E4 ¹³ (Iran)	2015	To determine the correlation between moral self-concept and ms in nurses.	Teaching hospitals	4.71 out of 7	A positive and significant association was found between moral self-concept and moral sensitivity.
E5 ¹⁴ (Iran)	2017	To determine the relationship between ms and moral distress.	ICU - Teaching hospitals	Moderate 68.6±7.8	There was no significant association between nurses' sensitivity and moral distress.
E6 ⁸ (Brazil)	2017	To characterize the profile and describe the moral sensitivity of primary care nurses.	Pirmary healthcare units	4.5 out of 7	Nurses showed greater agreement in the interpersonal orientation domain: respecting the patient's decision, knowing them, and being honest.
E7 ¹⁵ (Iran)	2017	To determine the correlation between ms and self-esteem.	University hospitals	Moderate 69.15 ± 5.70	There was a significant relationship between nurses' moral sensitivity and self-esteem.
E8 ¹⁶ (Iran)	2017	To determine the effects of education on nurses' ms	University hospital	Case group Pre = 71.0 Powders = 84.24	MS assessed before the educational intervention did not show significant differences between the case and control groups. After the intervention, yes, with a higher level of MS for the case group.
E9 ³⁰ (South Korea)	2017	To understand the effect of vocation, ms, and the recognition of a good death on care performance.	General hospitals	5.0 out of 7	The performance of care for terminally ill patients positively correlated with MS, which was correlated with the vocation and recognition of a good death in terminal care.
E10 ³⁴ (Türkiye)	2018	To determine pediatric nurses' ethical experiences and level of ms and related factors.	Hospital pediatric clinics	Moderate 95.89±24.34	61.5% of professionals responded that they had experienced ethical problems in relationships with children's families; the

						remainder reported ethical problems with doctors or nursing colleagues.
E11 ¹⁷ (Iran)	2018	To investigate ms rates among nurses.	Hospital	Moderate to high: 62 to 84		MS presented different indices depending on the nurse's work sector.
E12 ¹⁸ (Iran)	2018	To investigate the relationship between nurses' ms and patient satisfaction with the quality of care.	University-affiliated hospital	High by 93.5%		Patient satisfaction with the quality of care was positively associated with nurses' level of moral sensitivity.
E13 ³⁵ (Türkiye)	2019	To assess the ethical sensitivity of nurses in surgical intensive care.	State, university, and private hospitals	Moderate 90.9 ± 19.9		The work institution, length of experience, and work period were associated with the level of moral sensitivity.
E14 ¹⁹ (Iran)	2019	To determine the relationship between ms and the quality of care patients receive.	University hospital wards.	Moderate 136.47 ± 13.30		There were no associations between MetS and patient satisfaction with care. The conflict dimension had a negative association with the quality of care.
E15 ²⁰ (Iran)	2019	To determine the effect of an ethical empowerment program on decision-making in intensive care.	ICU – university hospital	Pre: 68.00 ± 11.61 Powders: 77.17 ± 8.92		In the pre-intervention assessment, the case and control groups showed moderate levels of MS Immediately after the intervention. For the following two months, moral sensitivity remained high in the intervention group.
E16 ⁶ (Iran)	2019	To determine the relationship between ms and the nurses' work environment conditions.	Health education centers	Moderate 66.57 ± 7.88		Working conditions were significantly associated with MS, in general aspects and terms of communication between boss and colleagues, work engagement, stress, and physical and mental problems.
E17 ³⁶ (Türkiye)	2019	To investigate the moral sensitivity of icu nurses regarding ethical dilemmas.	State and university hospitals	Moderate 82.08 ± 21.13		60.8% of ICU nurses had some ethical dilemma. The "orientation" dimension achieved greater agreement, while "autonomy" achieved lower levels.
E18 ³⁷ (Türkiye)	2019	To determine the relationship between ms and levels of burnout and job satisfaction.	Emergency hospital services	Moderate 90.4 + 18.1		Despite the weak correlation, nurses with lower MS had lower levels of Burnout than professionals with higher MS.
E19 ¹¹ (Brazil)	2019	To validate a scale to examine moral sensitivity in nurses.	PHC, SE, and hospital units	4.45 out of 7		The instrument was evaluated for use by nurses in Brazil, maintaining four dimensions of moral sensitivity.
E20 ³⁸ (Türkiye)	2019	To assess nurses' ms and occupational and socio demographic influences	University hospital	Moderate 88		The level of MS showed differences according to work experience, being higher in nurses with 20 to 28 years of work, with 11 to 21 patients

E21 ³⁹ (Türkiye)	2020	To evaluate the relationship between care behaviors and ms, emotional intelligence of intensive care nurses.	University hospital	83.37 ± 18.31	under care, and with moderate satisfaction. The care behaviors of nurses in intensive care were related to their instructional level, work style, emotional intelligence, and moral sensitivity.
E22 ²¹ (Iran)	2020	To describe the relationship between nurses' ms and patient satisfaction with care.	University hospital wards	High: 32.8% Moderate: 66.7% Low: 0.5%	There was no association between nurses' moral sensitivity and patients' level of satisfaction.
E23 ⁴⁰ (Türkiye)	2020	To determine the relationship between nurses' caring behaviors and ethical sensitivity.	Surgical department in hospitals.	Moderate 89	The moral sensitivity indices converged with the perception of the quality of care and the longer time working in the area.
E24 ²² (Iran)	2021	To determine the correlation between nurses' caring behavior and ms.	Clinical ward in a teaching hospital	Moderate 59.5	Nurses who have greater moral sensitivity have better caring behaviors.
E25 ²³ (Iran)	2021	To investigate the effects of mental workload on the ms of critical care nurses.	ICU in a cardiovascular institution	> average 69.88 in men; 71.14 in women	A positive association was found between clinical experience and moral sensitivity, and a negative association between MS and mental workload.
E26 ⁴² (Brazil)	2021	To adapt and validate the moral sensitivity questionnaire to assess nurses' ms.	Public and philanthropic hospital	Evaluated the dimensions	The instrument maintained six dimensions: respect for patient autonomy, modifying autonomy, experiencing conflict, confidence in knowledge, moral significance, and teamwork.
E27 ³¹ (South Korea)	2021	To investigate the effects of ms on patient silence and safety.	Infirmaries and ICU university hospitals	4,911 out of 7	Patient safety activities were inversely associated with safety silence and were positively associated with MS.
E28 ²⁴ (Iran)	2021	To assess moral courage, ms, and safe nursing care caring for patients with covid-19.	University-affiliated hospitals	High 178.61	There was a strong correlation between moral courage and MS in nurses who cared for people with COVID-19 and those with safe nursing care.
E29 ³² (South Korea)	2021	To explore factors that influence elderly care, focusing on empathy and ms.	General hospitals	130.17 ±13.71	Empathy and caring attitudes toward elderly people were associated with nurses' moral sensitivity.
E30 ⁴¹ (Türkiye)	2021	To relate the level of compassion and ethical sensitivity of health professionals.	University hospital	3.08 out of 7	Compassion was associated with moral sensitivity. The "interpersonal orientation" domain presented higher sensitivity scores.
E31 ³³	2021	To identify decision-making based	University	4.8 out of 7	Moral sensitivity, working in the clinical

(South Korea)		on nurses' ms for end-of-life patients.	hospital		department, and ethics education formed a model associated with better decision-making capacity.
E32 ²⁵ (Iran)	2021	To evaluate the effect of an empowerment program on nurses' ms.	Emergency department at a teaching hospital	Pre Case Group = 149.48 Post = 181.9	After the intervention, differences in moral sensitivity between the intervention and control groups became significant.
E33 ²⁶ (Iran)	2021	To assess the relationship between ms, ethical climate, and work tension on patient privacy.	Surgical center of teaching hospitals	Moderate 81.41	There was a positive association between MS and patient privacy.

Figure 2. Studies assessing the moral sensitivity of nursing professionals and their relationships with elements of care, Brazil, 2022.

Moral sensitivity and its dimensions as attributes of nursing professionals

When assessing the moral sensitivity of Korean nurses, the items with higher average agreement scores comprised the dimensions of patient-centered care and professional responsibility^{27,28,32}.

Both studies agreed that the nurse's responsibility to understand the patient's overall situation was paramount. This item also had the highest average among nurses in Primary Care. However, it maintained similar agreement levels as the items related to the importance of being honest with the patient and respecting their decisions, all contributing to the interpersonal orientation domain⁸. In this regard, other studies^{19,21,36} also highlight relational orientation as a dimension with agreement landmarks among nurses in different cultural contexts.

In Brazil, a questionnaire adapted to assess nurses' moral sensitivity was identified, consisting of 27 items distributed across four dimensions of the original questionnaire: interpersonal orientation, professional knowledge, moral conflict, and moral meaning.⁸ This questionnaire was also presented with six dimensions and 18 items, including a dimension related to teamwork.⁴²

In other countries, dimensions such as autonomy and relational orientation are categorized, along with following rules, experiencing moral conflict, structuring moral meaning, and expressing benevolence.^{19,21} Other dimensions were also found, such as the holistic approach in Turkey.^{34,35} In a study in South Korea, the instrument also contained 27 items distributed across five dimensions: conflict, meaning and benevolence, patient-oriented care, and professional responsibility.^{27,32,33}

Among studies that tested relationships between the total moral sensitivity score and various variables, no significant associations were identified with certain personal and professional characteristics, such as gender, marital status, experience, and educational level.¹⁵ However, when analyzing other studies, differences in the moral sensitivity levels of nursing professionals were evident concerning years of practice,³⁴ age,¹⁴ gender, and marital status,³⁵ as well as ethical education in-service.^{20,35,37}

Data presented on nursing professionals working in surgical intensive care units showed a higher level of moral sensitivity in men, married individuals with a high school education, aged between 36 and 44 years.³⁵ In a study in an intensive care unit in a cardiology center, when only the variable "gender" was evaluated, there were no statistically significant differences between men and women.^{22,23} Studies on the various influences are

necessary, considering the phenomenon's complexity, such as the importance of experience in the development of moral sensitivity.^{38,40}

Professionals aged 41 and above had higher moral sensitivity than younger people. Years of work experience also influenced moral sensitivity, with higher levels of moral sensitivity among professionals with 21 or more years of experience compared to those with 12 years or less.³⁴ For these nurses, other sociodemographic data such as gender, marital status, having children, or educational history did not show significant differences in the overall moral sensitivity score.

When evaluating the relationship between moral sensitivity and job satisfaction, a significant association was found between higher moral sensitivity and an emotional attachment to the profession, a love for the vocation,³⁷ as well as associations with the workplace and the type of unit.^{17,35}

Some studies assessed certain working conditions and the moral sensitivity of nursing professionals. In studies conducted in Iran,^{15,18} no relationship was observed between moral sensitivity, work shift, and department in university-affiliated hospitals. However, in other hospitals, a difference in moral sensitivity scores was revealed depending on the nursing professional's department, with lower scores in pediatrics and higher scores in gynecological surgical clinics.¹⁷ Clinical experience also proved to be one of the factors associated with moral sensitivity, with critical care nurses having higher sensitivity levels as their experience increased.²³

In Turkey, significant differences were noted regarding the type of healthcare unit where the professional worked, including the type of institution. Moral sensitivity was higher among professionals in university hospitals compared to those working in private institutions.³⁵

When nurses participated in an ethics education program, there was an increase in overall moral sensitivity scores, with significant differences compared to the control group.^{16,20,25,29} These differences were also observed in the dimensions of "professional responsibility," "experiencing moral conflict," and "constructing moral meaning" when assessing the dimensions of the phenomenon.²⁹

Nurses emphasize the need for ethics training with a focus on ethics.³⁴ There was an association between in-service ethics education and higher moral sensitivity.^{16,25} Regarding its domains, positive associations were found with the "benefit" dimension when in-service training was provided and the "conflict" dimension when it only occurred during undergraduate studies.³⁵ Studies with emergency room nurses indicate that postgraduate ethics education is significantly associated with moral sensitivity scores.³⁷

The MSQ was used to evaluate the outcome in a group of intensive care nurses who received ethics education intervention, showing that both groups exhibited moderate moral sensitivity before the intervention. After the intervention, the experimental group showed higher levels of moral sensitivity, which decreased after two months but remained elevated compared to the initial data.²⁰

The presentation of moral sensitivity values in different ways partially limited the establishment of a comparison between studies. However, the most frequent category in the studies shows professionals with a moderate level of moral sensitivity,^{6,14,15,19,22,34-38,40} High levels of moral sensitivity were also evidenced in professionals who provided patient care during the COVID-19 pandemic.²⁴

Relations of Moral Sensitivity to Nursing Care Practice

Moral sensitivity has been evaluated in its relation to the clinical application of nursing ethics codes,²⁸ moral self-concept,¹³ patient satisfaction with the quality of nursing care,¹⁸ patient safety,^{24,31} concern for patient privacy,²⁶ moral courage,²⁴ compassion,⁴¹ ethical decision-making,³³ professional self-esteem,¹⁵ and moral distress,¹⁴ as well as other phenomena related to performance or care attitudes.^{30,39}

The application of the nursing ethics code in clinical nursing practice has been positively and significantly correlated with the moral sensitivity index.²⁸ In studying the phenomenon of moral sensitivity in terms of moral self-concept in Iranian nurses, a positive and significant relationship was evident, including a predominance of associations between the domains of moral sensitivity when assessed separately, except for the dimension related to following rules related to institutional policies.¹³

When associations were examined through the analysis of moral sensitivity dimensions, a significant inverse association was found between the dimension of experiencing moral conflict and the dimensions of the quality of nursing care.²¹ In other words, the more moral conflict was experienced, the lower the quality of nursing care.

Total scores for the quality of care received by patients and patient satisfaction with nursing care were not associated with the moral sensitivity of professionals in some studies.^{19,21} However, another study¹⁸ included in this review found that the association between patient satisfaction, care quality, and moral sensitivity of nursing was significant and positive.

Furthermore, a significant association was found between moral sensitivity and self-esteem among nursing professional¹⁵ and concern for moral issues, which can elevate moral

sensitivity and favor consistent behaviors in ethical decision-making.¹³ Thus, the higher the professional satisfaction, the better the conditions for ethical decision-making.³³

In order to assess the working conditions and moral sensitivity of nurses, a study was conducted in health education centers affiliated to universities in Iran, where commitment to service and interpersonal communication were associated with moral sensitivity, and an association with physical, mental, and stress-related problems was observed.⁶ In another study, moral sensitivity levels were not associated with moral distress among nurses in intensive care units.¹⁴

Care behavior was associated with the level of moral sensitivity of nursing professional,³⁶ including care for the elderly³² and other contexts, such as end-of-life care.³⁰ As moral sensitivity increased, there was also a greater perception of care quality among nurses in surgical departments.⁴⁰

Thus, when studying the mediation of moral sensitivity in behaviors aimed at patient safety or otherwise, it was observed that patient safety-promoting behavior is significant when moral sensitivity is more developed.³¹ In addition to patient safety, moral courage, defined as the willingness to take risks to uphold ethical integrity and care values, showed a strong correlation with moral sensitivity.²⁴

DISCUSSION

It is evident that moral sensitivity is experienced in various contexts of nursing practice, especially when assessing other phenomena that bring greater vulnerability to patients, as predicted in issues involving privacy,²⁶ end-of-life care,^{29,30} care for the elderly,³² and the ongoing COVID-19 pandemic.²⁴ This observation supports the theory of moral sensitivity, which is an important capacity for recognizing vulnerability and ethical issues in care.¹

The items that make up the MSQ are distributed across dimensions, which, even when undergoing cross-cultural adaptations of the instrument in different study contexts, resemble or converge with the original instrument described in six dimensions of moral sensitivity¹⁰. Relational orientation reflects the professional's concern about how their actions will affect their relationship with the patient;³⁶ this was a dimension highlighted in the studies.

Regarding the application of the instrument, it is evident that studies conducted with the questionnaire show a higher usage in hospital institutions, with a predominance of female participants. Only in a study conducted exclusively in hospital emergency

departments in Turkey did the number of male and female professionals have a closer distribution, with 47.5% male participants.³⁷

Nursing is a predominantly female field of work. Gender differences are studied concerning the moral development of these professionals; this factor, not in isolation, can influence moral sensitivity. Factors internal and external to professionals are related to moral sensitivity.⁴⁴ Thus, the divergences found between different contexts in which the moral sensitivity questionnaire was applied can be elucidated through studies on the influence of cultural and labor distinctions involving autonomy, the internal good of the profession, the social value attributed to nursing, social, economic, political, and gender-related issues. Also, sensitivity is associated with affective and cognitive factors such as empathy and prosocial behavior.⁴³

Differences in the level of moral sensitivity also occurred when nurses from different care sectors were evaluated.¹⁷ However, this relationship may not be evident in studies conducted in other professional practice contexts.

Also, ethics education programs yield positive results when developed in service environments. Resolving conflicts that emerge from daily practice gives meaning to training programs, one of the factors associated with higher moral sensitivity in nursing.²⁹ It is anticipated that the ethical climate of the institution is an important factor in the development of moral sensitivity.⁴⁵ In environments where work is carried out with a focus on maintaining an ethical climate, also fostered by education, there are opportunities for collaborative discussions that lead to structured decision-making and subsequent action, strengthening professional autonomy and converging to support the notion that educational actions carried out by the service and on-site practice align with the realities experienced by nursing professionals, promoting healthier relationships.

Understanding moral sensitivity is important for predicting nursing actions guided by values. Nurses with higher levels of moral sensitivity tend to apply the nursing code of ethics more in their care practice,²⁸ representing an application of ethical norms in patient care and also revealing the need for periodic reflections on codes, given their guiding importance to the profession.

One study demonstrated that nurses with higher moral sensitivity are more willing to perform their role as prescribed and exhibit extra-role behavior,⁴⁶ i.e., going beyond what is expected in their professional role, compared to nurses with lower levels of moral sensitivity. On the other hand, the latter scored higher on the moral responsibility component, related

to the moral obligation to work according to the rules and regulations available, performing the role restricted to the formal requirement of the function.

A study that evaluated the weekly working hours identified that the lower the workload, the higher the moral sensitivity of nurses.²³ This raises the reflection that, to raise questions of care quality, including moral dimensions of care, it is necessary to improve the working time of professionals, which includes investing in the valorization of the profession as an important aspect.

Situations that present greater moral sensitivity and negative effects on professionals or their practice may be related to the basis of problem recognition, which depends on higher moral sensitivity. However, these problems will not always be effectively resolved. Thus, not mobilizing appropriate coping strategies can negatively affect professionals. An association of moral sensitivity with Burnout Syndrome³⁷ was observed.

From another perspective, a negative phenomenon related to professionals' work concerns moral stress or distress, which did not show a significant association with moral sensitivity in an Iranian ICU context¹⁴ but was significant when assessing psychiatric nursing professionals in Japan and Finland.⁴⁷

The complexity of moral sensitivity in care is a topic that highlights the need for further investigation to improve structures and processes in various healthcare services, leading to significant outcomes in care practice by recognizing the need to qualify care, taking into account the guarantee of dignified working conditions for professional practice.

Study Limitations

The review sought to assess most of the existing literature. However, some limitations in this process may occur since studies published in other languages and on indexing databases are not included in this study. Similarly, the authors acknowledge that our search strategy may have omitted important published research. From another perspective, the non-uniform presentation of data partly limited the comparative assessment of moral sensitivity levels in various studies. Furthermore, this study is limited to the evaluation of a single instrument for measuring moral sensitivity.

Contributions to Practice

Recognizing moral sensitivity as a necessary component of moral motivation for action reveals its fundamental role in nursing care contexts. However, there are intervening factors in ethical decision-making that are contextualized in the studies of this review. The

expression derived from moral sensitivity stands out when stimulated, and thus, the discussion of moral issues of daily practice becomes a necessity for ethical decision-making, especially when observing phenomena related to the fluidity of human relationships and the need to recognize the ethical consequences of actions.

FINAL CONSIDERATIONS

The evidence gathered on the development of moral sensitivity in the daily work of nursing professionals converges with the professional competencies needed to deal with the inherent complexities of care. Thus, ethical education has been considered essential for the development of moral sensitivity. Likewise, the divergences regarding the outcomes of study variables, multiple fields of work, and the experiences of nursing professionals highlight the need for studies on caring practice in different contexts.

It is emphasized that the care of individuals under nursing care can be improved through the moral development of the nursing team's professionals. This is consistent with the investment in improving working conditions and promoting healthy work environments that provide inclusive actions to ensure professional autonomy and in-service education.

Moral sensitivity has become a vast and complex field of study in various nursing practice and training contexts. Recognizing that several elements are involved in determining the level of moral sensitivity suggests a deeper understanding of the subject, paying attention to the work placement contexts of the professionals who provide care.

CONTRIBUTIONS

Conception: MOAF, CRDN, DOSR.

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Data analysis and interpretation: MOAF, SSO, ISJ, GNA

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CONFLICT OF INTERESTS

Nothing to declare.

REFERENCES

1. Lützén K, Dahlqvist V, Eriksson S, Norberg A. Developing the concept of moral sensitivity in health care practice. *Nurs Ethics*. 2006 [cited 2020 Dec 26];13(2):187–96. Available from: <https://doi.org/10.1191/0969733006ne837oa>
2. Rego S. Teoria do Desenvolvimento Moral de Jean Piaget e Lawrence Kohlberg. In: FIOCRUZ. A formação ética dos médicos: saindo da adolescência com a vida (dos outros) nas mãos [online]. Rio de Janeiro; 2003 [cited 2021 Feb 3]. p. 75–105. Available from: <https://books.scielo.org/id/b37sm/pdf>
3. Rest JR. A Psychologist Looks at the Teaching of Ethics. *Hastings Cent Rep*. 1982 [cited 2021 Mai 2];12(1):29. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.2307/3560621>
4. Nora CRD, Schaefer R, Alvarez EJS, Ramos MDB. Moral sensitivity and related factors: the perception of nurses. *Cogitare Enferm*. 2016 [cited 2021 Feb 3];21(4):1–8. Available from: <https://revistas.ufpr.br/cogitare/article/view/47410>
5. Zoboli E. The use of moral deliberation in empirical research in bioethics. *Rev Iberoam Bioética*. 2016 [cited 2021 Nov 27];0(2):1–19. Available from: <https://doi.org/10.14422/rib.i02.y2016.006>
6. Shoeibi SU, Bezayeh FA, Sabet MS, Khanghah AG, Leyli EK. Investigating the Work Environment Conditions and Its Effect on the Moral Sensitivity of Nurses Working in Health-Education Centers of Rasht. *J Pharm Res Int*. 2019 [cited 2021 Apr 30];28(1):1–11. Available from: <https://doi.org/10.9734/JPRI/2019/v28i130193>
7. Tuveson H, Lützén K. Demographic factors associated with moral sensitivity among nursing students. *Nurs Ethics*. 2017 [cited 2021 Apr 30];24(7):847–55. Available from: <http://dx.doi.org/10.1080/01612840.2017.1324929>
8. Nora CRD, Zoboli ELCP, Vieira MM. Moral sensitivity in Primary Health Care nurses. *Rev Bras Enferm*. 2017 [cited 2021 Apr 06];70(2):308–16. Available from: <https://doi.org/10.1590/0034-7167-2016-0453>
9. Schallenberger CD, Barlem JGT, Barlem, Luiz ED, Rocha LP, Dalmolin G de L, Pereira LA. Moral Sensitivity components identified among nurses from Intensive Care Units. *Rev Bras Enferm*. 2019 [cited 2021 Apr 06];72(Suppl 1):2–8. Available from: <https://doi.org/10.1590/0034-7167-2017-0202>
10. Lutzen K, Sc RNM, Nordstrom G, Sc RNM, Evertzon M. Moral Sensitivity in Nursing Practice. *Scand J Curing Sci*. 1995 [cited 2020 Dec 26];9:131–8. Available from: <https://doi.org/10.1111/j.1471-6712.1995.tb00403.x>
11. Nora CRD, Zoboli EL, Vieira MM. Validation of a Brazilian version of the moral sensitivity questionnaire. *Nurs Ethics*. 2019 [cited 2021 Jan 26];26(3):823–32. Available from: <https://doi.org/10.1177/0969733017720849>
12. Mendes KDS, Silveira RC de CP, Galvão CM. Integrative literature review: a research method to incorporate evidence in health care and nursing. *Texto Context - Enferm*. 2008 [cited 2020 Dec 26];17(4):758–64. Available from: <https://doi.org/10.1590/S0104->

13. Borhani F, Keshtgar M, Abbaszadeh A. Moral self-concept and moral sensitivity in Iranian nurses. *J Med Ethics Hist Med*. 2015 [cited 2021 Jan 26];8(4):1–7. Available from: <https://doi.org/10.1177/0969733015604700>
14. Borhani F, Abbaszadeh A, Mohamadi E, Ghasemi E, Hoseinabad-Farahani MJ. Moral sensitivity and moral distress in Iranian critical care nurses. *Nurs Ethics*. 2017 [cited 2021 Jun 3];24(4):474–82. Available from: <https://doi.org/10.1177/0969733015604700>
15. Rahnema F, Mardani-Hamooleh M, Kouhnavard M. Correlation between moral sensitivity and self-esteem in nursing personnel. *J Med Ethics Hist Med*. 2017 [cited 2021 May 30];10(16):1–8. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6150914/>
16. Bahrieni F, Azodi P, Hajivandi A, Jahanpour F. The Effect of Education in Nurse's Moral Sensitivity. *Pharm. Sci. & Res*. 2017 [cited 2022 Dec. 03];9(10):1817-1821. Available from: <http://www.jpsr.pharmainfo.in>
17. Shirzadegan R, Hasanvand S, Mahmoodi N, Tahery N, Gorjian Z. Investigating the moral sensitivity of nurses in the shahid rahimi hospital in khorramabad city in 2015. *Ukr J Ecol*. 2018 [cited 2021 May 30];8(3):119–23. Available from: <https://www.ujecology.com/articles/investigating-the-moral-sensitivity>
18. Shahvali EA, Mohammadzadeh H, Hazaryan M, Hemmatipour A. Investigating the relationship between nurses' moral sensitivity and patients' satisfaction with the quality of nursing care. *Ann Trop Med Public Heal*. 2018 [cited 2021 May 30];6(Special Issue):S134. Available from: <https://doi.org/10.20933/ejac/85009>
19. Amiri E, Ebrahimi H, Vahidi M, Asghari Jafarabadi M, Namdar Areshtanab H. Relationship between nurses' moral sensitivity and the quality of care. *Nurs Ethics*. 2019 [cited 2021 May 30];26(4):1265–73. Available from: <https://doi.org/10.1177/0969733017745726>
20. Jamshidian F, Shahriari M. Effects of an ethical empowerment program on critical care nurses' ethical decision-making. *Nurs Ethics*. 2019 [cited 2021 Apr 30];26(4):1256–64. Available from: <https://doi.org/10.1177/0969733018759830>
21. Amiri E, Ebrahimi H, Namdar Areshtanab H, Vahidi M, Asghari Jafarabadi M. The relationship between nurses' moral sensitivity and Patients' satisfaction with the care received in the medical wards. *J Caring Sci*. 2020 [cited 2021 May 30];9(2):98–103. Available from: <https://doi.org/10.34172/jcs2020.015>
22. Afrasiabifar A, Mosavi A, Dehbanizadeh A, Khaki S. Nurses' caring behaviour and its correlation with moral sensitivity. *J Res Nurs*. 2021 [cited 2021 Dec 28];26(3):252–61. Available from: <https://doi.org/10.1177/1744987120980154>
23. Zahednezhad H, Shokrollahi N, Gheshlagh RG, Afshar PF. Does heavy mental workload affect moral sensitivity among critical care unit nursing professionals? a cross-sectional study. *BMC Nurs*. 10 de dezembro de 2021 [cited 2021 Dec 28];20(1):140. Available from: doi.org/10.1186/s12912-021-00662-8

24. Khodaveisi M, Oshvandi K, Bashirian S, Khazaei S, Gillespie M, Masoumi SZ, et al. Moral courage, moral sensitivity and safe nursing care in nurses caring of patients with COVID-19. *Nurs Open*. 4 de novembro de 2021 [cited 2021 Dec 28];8(6):3538–46. Available from: <https://doi.org/10.1002/nop2.903>
25. Bagherzadeh M, Jafari H, Charati JY, Shafipour V. The effect of an empowerment program on the moral sensitivity and caring behaviors of emergency nurses in Iran. *Nurse Educ Pract*. 2021 [cited 2022 Dec. 03];57: 103243. Available from: <https://doi.org/10.1016/j.nepr.2021.103243>
26. Sepehrirad E, Heidarzadeh M, Asl Z, Abbasian Z, Ashtari S. The relationship between moral sensitivity, ethical climate, and job strain with patient privacy from viewpoint of operating room staffs. *Iran J Nurs Midwifery Res*. 2021 [cited 2022 Dec. 03];26(2). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8132858/>
27. Han S-S, Kim J, Kim Y-S, Ahn S. Validation of a Korean version of the Moral Sensitivity Questionnaire. *Nurs Ethics*. 2010 [cited 2021 Aug 24];17(1):99–1. Available from: <http://nej.sagepub.com/content/17/1/99>
28. Kim YS, Kang SW, Ahn JA. Moral sensitivity relating to the application of the code of ethics. *Nurs Ethics*. 2013 [cited 2021 Aug 24];20(4):470–8. Available from: [10.1177/0969733012455563](https://doi.org/10.1177/0969733012455563)
29. Jo KH, An GJ. Effects of an educational programme on shared decision-making among Korean nurses. *Int J Nurs Pract*. 2015 [cited 2021 May 30];21(6):839–46. Available from: [doi:10.1111/ijn.12306](https://doi.org/10.1111/ijn.12306)
30. Kim JH, Kim YS, Jeon SJ. Effect of the calling, moral sensitivity and recognition of good death of nurses on terminal care performance. *J Eng Applied Sci*. 2021 [cited 2022 Dec. 03];12(especial):5821-5825. Available from: <https://medwelljournals.com/abstract/?doi=jeasci.2017.5821.5825>
31. Jeong H, Nam K, Kim H, Son Y. Patient Safety Silence and Safety Nursing Activities: Mediating Effects of Moral Sensitivity. *Int J Environ Res Public Health*. 1 de novembro de 2021 [cited 2021 Dec 28];18(21):11499. Available from: <https://doi.org/10.3390/ijerph182111499>
32. Kim BS, Lee M, Jang SJ. Hospital nurses' empathy and moral sensitivity toward elderly care: A cross-sectional study. *J Nurs Manag*. 2021 [cited 2021 Dec 28];(May 2019):0–2. Available from: <https://doi.org/10.1111/jonm.13442>
33. Lim A, Kim S. Nurses' ethical decision-making during end of life care in South Korea: a cross-sectional descriptive survey. *BMC Med Ethics*. 2021 [cited 2021 Dec 28];22(1):1–9. Available from: <https://doi.org/10.1186/s12910-021-00665-9>
34. Arslan FT, Calpbinici P. Moral sensitivity, ethical experiences and related factors of pediatric nurses: A cross-sectional, correlational study. *Acta Bioeth*. 2018 [cited 2021 May 30];24(1):9–18. Available from: <http://dx.doi.org/10.4067/S1726-569X2018000100009>
35. Basar Z, Cilingir D. Evaluating ethical sensitivity in surgical intensive care nurses. *Nurs Ethics*. 2019 [cited 2021 May 30];26(7–8):2384–97. Available from: <https://doi.org/10.1177/0969733018792739>

36. Kavurmaci M, Tan M. Determining the Moral Sensitivities of Intensive Care Nurses. *Crit Care Nur*. 2019 [cited 2021 May 30];42(3):278–84. Available from: doi.org/10.1097/CNQ.0000000000000270
37. Palazoglu CA, Koç Z. Ethical sensitivity, burnout, and job satisfaction in emergency nurses. *Nurs Ethics*. 2019 [cited 2021 Apr 30];26(3):809–22. Available from: doi.org/10.1177/0969733017720846
38. Öztürk EA, Sener A, Koç Z, Duran L. Factors influencing the ethical sensitivity of nurses working in a university hospital. *East J Med*. 2019 [cited 2022 Dec. 03];24(3): 257-264. Available from: <https://search.trdizin.gov.tr/yayin/detay/326586/>
39. Taylan S, Özkan İ, Şahin G. Caring behaviors, moral sensitivity, and emotional intelligence in intensive care nurses: A descriptive study. *Perspect Psychiatr Care*. 2020 [cited 2021 Apr 28];57(2):734–46. Available from: <https://doi.org/10.1111/ppc.12608>
40. Mert Boğa S, Aydın Sayılan A, Kersu Ö, Baydemir C. Perception of care quality and ethical sensitivity in surgical nurses. *Nurs Ethics*. 2020 [cited 2021 May 30];27(3):673–85. Available from: <https://doi.org/10.1177/0969733020901830>
41. Kumsar AK, Polat S, Yilmaz FT. The effect on ethical sensitivity of compassion level in nurses. *Electron J Gen Med*. 2021 [cited 2021 Dec 28];18(5). Available from: <https://doi.org/10.29333/ejgm/11011>
42. Ferreira AG, Barlem ELD, Rocha LP, Barlem JGT, Dalmolin G de L, Figueira AB. Cultural adaptation and validation of the Moral Sensitivity Questionnaire among brazilian nurses. *Texto Context - Enferm*. 2021 [cited 2021 Dec 28];30:1–12. Available from: <https://doi.org/10.1590/1980-265X-TCE-2019-0266>
43. Suazo I, Pérez-Fuentes MDC, Jurado MDMM, Martínez ÁM, Márquez MDMS, Martín ABB, et al. Moral sensitivity, empathy and prosocial behavior: Implications for humanization of nursing care. *Int J Environ Res Public Health*. 2020 [cited 2021 Apr 28];17(23):1–14. Available from: [10.3390/ijerph17238914](https://doi.org/10.3390/ijerph17238914)
44. Nora CRD, Zoboli E, Vieira MM. Moral sensitivity of nurses assessed through scoping review. *Cogitare Enferm*. 2017 [cited 2021 Apr 06];2(22):e47162. Available from: <https://dx.doi.org/10.5380/ce.v22i1.47162>
45. Lützén K, Blom T, Ewalds-Kvist B, Winch S. Moral stress, moral climate and moral sensitivity among psychiatric professionals. *Nurs Ethics*. 2010 [cited 2021 May 30];17(2):213–24. Available from: <https://nej.sagepub.com/content/17/2/213>
46. Zhang N, Li M, Gong Z, Xu D. Effects of ethical leadership on nurses' service behaviors. *Nurs Ethics*. 2019 [cited 2021 May 30];26(6):1861–72. Available from: <https://doi.org/10.1177/0969733018787220>
47. Ohnishi K, Kitaoka K, Nakahara J, Välimäki M, Kontio R, Anttila M. Impact of moral sensitivity on moral distress among psychiatric nurses. *Nurs Ethics*. 2019 [cited 2021 Apr 30];26(5):1473–83. Available from: <https://doi.org/10.1177/0969733017751264>

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